

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157583		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/09/2023
NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 LAKE AVE STE 150, FORT WAYNE, IN, 46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
N0000	<p>Initial Comments</p> <p>This visit was for a State Re-licensure Survey of a deemed Home Health provider.</p> <p>Survey Dates: 1/4, 1/5, 1/6, and 1/9/2023</p> <p>Census: 131</p> <p>QR Completed 1/19/2023 A4</p>	N0000	<p>Please see plan of correction attached. Additional documents were unable to be uploaded in this site and have been sent in an email attachment.</p>		2023-01-27
N0470	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(m)</p> <p>Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p>	N0470	<p>NO470 Home Health agency administration/management</p> <p>The administrator/Director of Operations will be responsible for correcting this deficiency. All active clinical staff and management staff will receive training on the following policies/procedures and will be</p>		2023-01-12

	<p>Based on record review, observation, and interview, the agency failed to ensure infection control measures were practiced in 2 of 5 home visit observations (Patient #4,5).</p> <p>Findings include:</p> <p>1. Review of an agency policy dated 09/30/2021 and titled "Bag Technique" indicated "... staff should not re-enter bag with used gloves ... always perform hand hygiene before entering bag ... cleanses hands prior to accessing material from the supply bag ... wash hands again if ... need to re-enter the bag for additional supplies during patient care ... Do Not go back into the bag without removing gloves and performing hand hygiene"</p> <p>Review of an agency policy dated 06/24/2021 and titled "Hand Hygiene" indicated "... hand hygiene includes both handwashing with soap and water and use of alcohol-based products ... perform hand hygiene ... before donning (putting on) gloves ... after contact with patient's intact skin ... after contact with ... wound dressings ... after removing gloves"</p>		<p>documented and evidenced by sign-in sheet/ attendance list.</p> <p>Policy PCP-001: Hand Hygiene</p> <p>Policy PCP-002: Bag Technique</p> <p>Policy WC-001: The Provision of Wound and Skin Care</p> <p>Corrective Action:</p> <p>All active clinical staff received education regarding the above policies and procedures. All active clinical staff received visual demonstration from Administrator and alternate administrator on proper bag technique and hand hygiene with repeat clinician demonstration. Education completion date 1.12.2023</p> <p>Monitoring Process:</p> <p>Administrator/Director of Operations/Clinical Manager/Agency Designee will perform a total of 5 field visits within the next 30 days with 5 different field staff clinicians, including RN #1 as referenced statement of deficiencies. Then with 100% of field clinicians annually during home visit evaluations.</p>	
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	<p>Review of an agency policy dated 01/20/2022 and titled "The Provision of Wound and Skin Care" indicated "... wound care provision consists of hand hygiene ... at various times during wound care provision ... remove old dressing ... perform hand hygiene"</p> <p>Review of an agency policy dated 01/20/2022 and titled V.A.C. Wound Therapy (Vacuum Assisted Closure) aka Negative Pressure Wound Therapy" indicated "... perform hand hygiene ... don gloves ... clean around the wound ... remove gloves ... perform hand hygiene"</p> <p>2. Review of the clinical record of Patient #4 included a plan of care (POC) for certification period 01/03/2023-03/03/2023 that indicated "... diagnoses ... malignant neoplasm (cancer) of colon ... colostomy (surgical operation in which a piece of the colon is diverted to an opening in the abdominal wall) malfunction"</p> <p>During a home visit on 01/06/2023 at 11:00AM with Patient #4, RN #1 provided</p>			
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<p>wound with a wound vac (vacuum-assisted closure of a wound). Observed RN #1 wearing gloves, remove wound care supplies from supply container and placed on work area, wiped patient's dirty scissors with sani-wipe cloth (pre-moistened wipe with a germicidal solution) and reached into nursing bag with same gloves, removed clean gloves from nursing bag and placed on work area. Observed RN #1 wearing the same gloves remove old abdominal dressings, reached into a package of clean gauze squares, and cleaned edge of wound with gauze squares. Observed RN #1 remove gloves and apply clean gloves without performing hand hygiene, placed dressing around wound edges, removed gloves, and applied clean gloves without performing hand hygiene. Observed RN #1 wearing the same gloves, placed wound vac dressings inside and on top of abdominal wound, covered wound with clear dressing and connected tubing to wound vac.</p> <p>3. Review of the clinical record of Patient #5 included a plan of care for certification period</p>				
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<p>01/06/2023-03/06/2023 that indicated "diagnoses ... cellulitis (skin infection) of left lower limb ... cutaneous abscess (buildup of pus in the skin) of left foot"</p> <p>During a home visit on 01/06/2023 at 8:30AM with Patient #5, observed RN (registered nurse) #1 wearing gloves, place patient's left foot directly onto RN #1's lap without a barrier. Observed nurse remove old dressings and with the same gloves assessed patient's left foot wound by touching upper foot and between toes without removing dirty gloves, performing hand hygiene, or applying clean gloves.</p> <p>4. During an interview on 01/06/2023 at 3:15PM when asked where a patient's foot should be placed when performing wound care, the alternate administrator indicated the foot would be elevated and placed on a barrier. When asked if hand hygiene should be performed after removing an old dressing and applying a new dressing, the alternate administrator</p>			
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	<p>removed, hand hygiene performed, and clean gloves applied before applying the new dressing. When asked if staff should be wearing dirty gloves when reaching into the nursing bag, the administrator indicated no. When asked if hand hygiene should be performed after removing gloves and applying clean gloves, the administrator indicated yes.</p>			
N0478	<p>Q A and performance improvement</p> <p>410 IAC 17-12-2(d)</p> <p>Rule 12 Sec. 2(d) If personnel under contracts are used by the home health agency, there shall be a written contract between those personnel and the home health agency that specifies the following:</p> <ul style="list-style-type: none"> (1) That patients are accepted for care only by the primary home health agency. (2) The services to be furnished. (3) The necessity to conform to all applicable home health agency policies including personnel qualifications. (4) The responsibility for participating in developing plans of care. (5) The manner in which services will be controlled, coordinated, and evaluated by the primary home health agency. (6) The procedures for submitting clinical notes, scheduling of visits, and conducting periodic patient evaluation. (7) The procedures for payment for services 	N0478	<p>NO478 Q A and Performance Improvement</p> <p>The administrator/Director of Operations will be responsible for correcting this deficiency. All active clinical staff and management staff will receive training on the following policies/procedures and will be documented and evidenced by sign-in sheet/ attendance list.</p> <p>Agency provided additional documentation via attachment included with plan of correction documentation.</p> <p>Corrective Action:</p> <p>Administrator/Director of Operations to ensure that all needed documents provided to</p>	2023-01-27

<p>furnished under the contract.</p> <p>Based on record review and interview, the agency failed to ensure the contract for skilled nursing services specified how contracted services were to be controlled, coordinated, or evaluated; the procedure for submitting clinical notes; the scheduling of visits; and conducting periodic patient evaluations; the services to be furnished; the responsibility for participating in developing the plan of care; and that patients are accepted for care only by the primary home health agency for 1 of 2 contracts reviewed with the potential to affect all patients of the agency receiving skilled nursing services (Other B).</p> <p>Findings include:</p> <p>Review of an agency contract dated 08/28/2018 and titled "Master Services Agreement" used for staffing of skilled nursing services failed to evidence how the skilled nursing services would be controlled, coordinated, or evaluated; the procedure for submitting clinical notes; the scheduling of visits; and</p>		<p>state surveyor's during time of onsite visit for all future state survey onsite visits.</p>	
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	<p>evaluations; the services to be furnished; the responsibility for participating in developing the plan of care; and that patients are accepted for care only by the primary home health agency.</p> <p>During an interview on 01/09/2023 at 1:25PM when asked where in the staffing agreements the following wording is found which includes: how the skilled nursing services would be controlled, coordinated, or evaluated; the procedure for submitting clinical notes; the scheduling of visits; and conducting periodic patient evaluations; the services to be furnished; the responsibility for participating in developing the plan of care; and that patients are accepted for care only by the primary home health agency, the alternate administrator indicated would need to check. At 3:14PM, the alternate administrator indicated the agreement says to follow the agency policies and procedures which would tell the staffing employee what they must do.</p>			
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N0522	<p>Patient Care</p> <p>410 IAC 17-13-1(a)</p> <p>Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on document review and interview, the agency failed to ensure there were physician orders for wound and port care for 2 of 15 patient records reviewed (Patients #6, 13).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of an agency policy titled "Medication Administration," last reviewed 4/29/21, stated in part, "... Only medications ... that are included in the patient medication profile will be administered by Amedisys staff" 2. Review of the medical record for Patient #6 evidenced a plan of care for the certification period 6/26/2022 – 8/24/2022, which indicated Patient #6 had an ulcer on the right leg. The 	N0522	<p>NO522 Patient Care</p> <p>The administrator/Director of Operations will be responsible for correcting this deficiency. All active clinical staff and management staff will receive training on the following policies/procedures and will be documented and evidenced by sign-in sheet/ attendance list.</p> <p>Policy MA-002: Drug Regimen Review</p> <p>Policy MA-001: Medication Administration</p> <p>Policy TX-001: Physician orders and Medical Supervision of the Plan of Care</p> <p>Corrective Action:</p> <p>All active clinical staff received education regarding the above policies and procedures.</p> <p>Education completion date 1.12.2023</p> <p>Monitoring Process:</p> <p>Administrator/Director of Operations/Clinical Manager/Agency Designee will audit a 50% of all new admission charts for drug regimen review and ensure MD</p>	2023-01-12
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	<p>plan of care evidenced a medication list which failed to list xeroform (a type of wound dressing) and cream. The plan of care did not contain wound care orders.</p> <p>Review of the physician orders failed to include any orders for wound care.</p> <p>Review of skilled nurse (SN) notes for visits on 6/29/2022 and 7/6/2022 included documentation that wound care was provided by Registered Nurse (RN) 1. On 6/29/2022 RN 1 documented, in part, "... right leg. Applied cream and covered [sic] with xeroform and gauze wrap." On 7/6/2022 RN 1 documented, in part, "... leg ... left open to air and applied cream."</p> <p>3. During an interview on 1/6/2023 at 3:15 PM, Corporate Staff 1 (not an employee of the agency) confirmed a physician order was required for xeroform and/ or cream. During an interview on 1/9/2023 at 8:57 AM, the Administrator confirmed there was no order for xeroform or cream for Patient #6.</p> <p>4. Review of the medical record</p>		<p>treatments monthly until 100% compliance noted times 2 months. Then this will be added to the quarterly QAPI program.</p>	
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	<p>for Patient #13 evidenced a plan of care for the certification period 11/7/2022 – 1/5/2023. The plan of care documented a physician's order, which included but was not limited to, "... continue access to port [implanted device with a tube that connects to a vein; used for administering medication and drawing blood for lab tests]" The plan of care failed to contain orders for heparin, a blood thinner, and normal saline (NS) to be injected into the port.</p> <p>Review of physician orders failed to include orders for heparin or NS.</p> <p>Review of the SN note for a visit on 11/17/2022 evidenced documentation by RN 1 which included, but was not limited to, "... port ... flushed with NS and heparin"</p> <p>5. During an interview on 1/9/2023 at 9:40 AM, the Administrator confirmed an order was required for heparin and NS flushes and there was no order for the certification period 11/7/2022 – 1/5/2023.</p>			
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N0524	<p>Patient Care</p> <p>410 IAC 17-13-1(a)(1)</p> <p>Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on record review and interview, the agency failed to</p>	N0524	<p>NO524 Patient Care</p> <p>The administrator/Director of Operations will be responsible for correcting this deficiency. All active clinical staff and management staff will receive training on the following policies/procedures and will be documented and evidenced by sign-in sheet/ attendance list.</p> <p>Policy TX-001: Physician orders and Medical Supervision of the Plan of Care</p> <p>Corrective Action:</p> <p>All active clinical staff received education regarding the above policies and procedures.</p> <p>Education completion date 1.12.2023</p> <p>Monitoring Process:</p> <p>Administrator/Director of Operations/Clinical Manager/Agency Designee will audit a 50% of all new admission charts for drug regimen review monthly until 100% compliance noted times 2 months. Then this will be added to the quarterly QAPI program.</p>	2023-01-12
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	<p>medications in 1 of 2 infusion patients (Patient #13) and 1 of 2 Skilled Nurse (SN) home visit observations (#4).</p> <p>Findings include:</p> <p>Review of the medical record for Patient #13 evidenced a plan of care for the certification period 11/7/2022 – 1/5/2023. The plan of care failed to contain orders for heparin, a blood thinner, and normal saline (NS) to be injected into the port. The plan of care also failed to identify the infusion medication.</p> <p>During an interview on 1/9/2023 at 9:40 AM, the Administrator confirmed heparin, normal saline, and the infusion medication were not identified on the plan of care for the certification period 11/7/2022 – 1/5/2023.</p> <p>Review of an agency policy dated 09/17/2021 and titled "Physician Orders and Medical Supervision of the Plan of Care" indicated "... when medication additions ... are not received verbally from the physician but identified in the home by review of prescription bottle ... the clinician will complete the</p>			
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	<p>verbal order form and enter the name and dose of medication in the medication tab ... the current 485 (plan of care orders) will include ... medications and treatments"</p> <p>Review of the clinical record of Patient #4, start of care date 11/04/2022, included a plan of care (POC) for certification period 11/04/2022 – 01/02/2023 that indicated "... orders ... medication management; skilled nurse to review medications" The POC failed to evidence medication orders.</p> <p>Review of an agency document titled "Visit Note Report" signed and dated on 11/09/2022 by LPN (licensed practical nurse) #1 indicated "... narrative ... pt (patient) voiced new medication in home ... Entecavir (to treat liver infection caused by hepatitis B virus) ... pill bottle states take 1 tab by mouth daily 2 hours before or after meals"</p>			
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	<p>A home visit was conducted on 01/06/2023 at 11:00AM with Patient #4, with RN (registered nurse) #1 present. RN #1 reviewed patient's two medication bottles sitting on dresser. Observed prescription label on one bottle indicated Tramadol (to help relieve moderate to moderately severe pain) with order date of 12/13/2022 and one bottle indicated Entecavir.</p> <p>Review of orders for Patient #4 failed to evidence orders for Entecavir or Tramadol.</p> <p>During an interview on 01/05/2023 at 3:30PM when asked where medication orders are located for Patient #4, the administrator indicated patient did not have medications at start of care and would need to look into this. No additional information provided.</p>			
N0539	<p>Scope of Services</p> <p>410 IAC 17-14-1(a)(1)</p>	N0539	<p>NO539 Scope of Services</p> <p>The administrator/Director of Operations will be responsible for correcting this deficiency. All</p>	2023-01-12

	<p>Rule 14 Sec. 1(a)(1) The registered nurse shall perform nursing duties in accordance with the Indiana Nurse Practice Act (IC 25-23).</p> <p>Based on record review, observation, and interview, the agency failed to ensure the RN (registered nurse) provided wound care and teaching that was safe for 1 of 2 home visit observations with wound care (Patient #5).</p> <p>Findings include:</p> <p>Review of an agency job description dated 10/2021 and titled "Registered Nurse" indicated "... provides ... home nursing care ... based on agency policies and procedures ... demonstrates knowledge of home care and competency in discipline specific patient care skills"</p> <p>Review of an agency policy dated 01/20/2022 and titled "The Provision of Wound and Skin Care" indicated "... all soiled dressings ... will be double bagged and disposed in the patient's household trash receptacle"</p> <p>Review of the clinical record of Patient #5 included a plan of care for certification period 01/06/2023-03/06/2023 that indicated "diagnoses ... cellulitis</p>		<p>active clinical staff and management staff will receive training on the following policies/procedures and will be documented and evidenced by sign-in sheet/ attendance list.</p> <p>Policy WC-001: The Provision of Wound and Skin Care</p> <p>Corrective Action:</p> <p>All active clinical staff received education regarding the above policies and procedures.</p> <p>Education completion date 1.12.2023. 1 on 1 clinical skills check off completed with RN #1 on 1.11.23 to ensure aseptic technique maintained during wound care treatments.</p> <p>Monitoring Process:</p>	
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<p>(skin infection) of left lower limb ... cutaneous abscess (buildup of pus in the skin) of left foot ... orders for discipline and treatment ... skilled nurse to perform/teach incision care to left foot area ... change dressing every day"</p> <p>Review of an agency document titled "Visit Note Report" signed and dated on 01/06/2023 by RN #1 indicated "... wound assessment ... exudate (fluid that leaks out of wound) amount ... small ... exudate type ... serosang (serosanguinous is thin, watery and pale red to pink in color) ... odor ... faint ... wound care provided ... cover with gauze wrap secure with tape and cover with ace"</p> <p>During a home visit on 01/06/2023 at 8:30AM with Patient #5, observed RN #1 remove ace wrap, rolled gauze and gauze squares from patient's left foot wound. Observed small amount of drainage on gauze squares. Observed RN #1 assess patient's wound and reapply dirty dressings. Asked patient's family member if had wound supplies and family member</p>			<p>Administrator/Director of Operations/Clinical Manager/Agency Designee will perform home field evaluation with 100% of skilled nursing staff within the next 30 days to ensure proper bag technique, hand hygiene, and aseptic technique completed during all visits. Will ensure wound care treatments performed within MD orders. Then with 100% of field clinicians annually during home visit evaluations.</p>	
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	<p>supplies home with patient, and family member also picked up wound care supplies.</p> <p>During an interview on 01/06/2023 at 3:15PM when asked if a dirty dressing with drainage that is removed from a wound should be reapplied, the alternate administrator indicated if a dressing is completely removed, would expect to replace with clean dressings.</p>			
N0543	<p>Scope of Services</p> <p>410 IAC 17-14-1(a)(1)(D)</p> <p>Rule 14 Sec. 1(a) (1)(D) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:</p> <p>(D) Initiate appropriate preventive and rehabilitative nursing procedures.</p> <p>Based on document review and interview, the agency failed to ensure the registered nurse (RN) provided interventions for the patient's management of medications in 1 of 9 active records reviewed of patients receiving skilled nursing services (Patient #15).</p> <p>Findings include:</p>	N0543	<p>NO543 Scope of Practice</p> <p>The administrator/Director of Operations will be responsible for correcting this deficiency. All active clinical staff and management staff will receive training on the following policies/procedures and will be documented and evidenced by sign-in sheet/ attendance list.</p> <p>Policy TX-001: Physician orders and Medical Supervision of the Plan of Care</p> <p>Corrective Action:</p> <p>All active clinical staff received education regarding the above policies and procedures.</p> <p>Education completion date</p>	2023-01-12

1. Review of an agency policy titled "Physician Orders and Medical Supervision of the Plan of Care" last reviewed 1/3/2023 stated, in part, "The individualized plan of care must specify the care and services necessary to meet the patient – specific needs as identified in the comprehensive assessment"
2. Review of the comprehensive admission assessment for Patient #15, completed by RN 1 and dated 11/10/2022, evidenced an assessment of the patient's ability to take oral and injectable medications independently. The assessment indicated Patient #15 was unable to take oral and injectable medication unless administered by another person. The assessment indicated Patient #15 lived alone and had occasional assistance from others, not including agency staff.
3. During an interview on 1/9/2023 at 1:30 PM, the Administrator was queried how the agency ensures the patient received medication, the Administrator indicated the

1.12.2023

Monitoring Process:

Administrator/Director of Operations/Clinical Manager/Agency Designee will audit a 50% of all new admission charts OASIS accuracy in answering management in oral and injectable medications with documented patient/caregiver assistance when needed until 100% compliance noted times 2 months. Then this will be added to the quarterly QAPI program.

someone available to come in and administer the medication to the patient. During an interview at the exit conference, Corporate Staff 1 indicated the agency had the responsibility to ensure the medications were administered by agency staff if the patient did not have someone available to administer the medications.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Heather Siebeneck	TITLE Administrator	(X6) DATE 1/27/2023 12:58:53 PM
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