

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K152	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/27/2023	
NAME OF PROVIDER OR SUPPLIER TEAM SELECT HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5614 INDUSTRIAL ROAD, FORT WAYNE, IN, 46825		
(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
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Condition Revisit of a Federal Complaint survey of a Home Health Agency Provider.</p> <p>Survey Dates: July 25, 26, and 27, 2023</p> <p>12-month unduplicated skilled census: 96</p> <p>During this post condition revisit survey, two (2) condition-level deficiencies, two (2) standard-level deficiencies, and eight (8) element-level deficiencies were corrected; one (1) element-level deficiencies and one (1) standard-level deficiencies were re-cited.</p> <p>Based on the Condition-level deficiencies during the June 05, 2023, survey, your Home Health Agency was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act, on June 2, 2023. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency is precluded from providing its own home health aide training and competency evaluation programs for a period of two years beginning June 5, 2023, and continuing through June 4, 2025.</p> <p>QR by Area 2, 8/01/23</p>	G0000		
G0682	Infection Prevention	G0682	The DON provided additional	2023-08-18

484.70(a)

Standard: Infection Prevention.

The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.

Based on record review, observation, and interview, the agency failed to ensure staff used proper hand hygiene (handwashing or use of alcohol-based hand rub) to prevent the spread of infection in 1 of 1 skilled nurse home observations, Registered Nurse (RN) 7, and with the potential to affect all patients in which RN 7 provided direct care.

Findings include:

Review of an agency policy titled "Handwashing/Hand Hygiene" indicated hand washing must be completed between tasks on the same patient and after contact with inanimate objects including equipment in the immediate vicinity of the patient.

During a home observation visit of RN 7, during the provision of direct care with Patient #8 on 07/25/2023, RN 7 applied a cough assist mask (helps to clear lung secretions) to the face of the patient. Prior to

re-education and confirmed proper return demonstration for RN #7 accepted infection control standards, including the requirement to complete hand hygiene prior to performing patient care or treatments. This re-education has been provided to all employees performing direct patient care. All incoming employees will continue to receive this education during the orientation and skills competency process, prior to the provision of patient care.

The Director of Clinical Services or designated RN will confirm adherence to infection control standards during every in-home visit where the employee is present, and this observation will be documented in the supervisory component of each visit note. If employee is found not to be compliant in this area, immediate re-education with return demonstration will be completed with that employee. Each employee performing direct patient care will demonstrate competency upon hire and annually to ensure

	<p>performing the procedure, RN 7 failed to complete hand hygiene.</p> <p>During an interview on 07/25/2023 at 4:20PM, the director of clinical services indicated hand hygiene was to be performed before providing cough assist to the patient.</p> <p>410 IAC 17-12-1(m)</p>		<p>employees remain compliant with practicing proper infection control measures.</p> <p>The DON or RN designee will audit 100% of supervisory visit documentation for a period of 60 days to ensure compliance with observation of infection control including proper hand hygiene during in home visits where staff is present. To ensure ongoing compliance, the Administrator will review at least 10% of employee files quarterly to verify completion of the initial and annual competency assessment and the DON or RN designee will include a review of infection control adherence during the quarterly 10% clinical record audit as part of the Agency's QAPI program.</p> <p>The Administrator and DON are responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur.</p> <p>Completed 8/18/23</p>	
G0710	<p>Provide services in the plan of care</p> <p>484.75(b)(3)</p>	G0710	<p>All Agency nurses, including LPN #4, have been re-educated on the requirement to follow all MD orders as</p>	2023-08-18

<p>Providing services that are ordered by the physician or allowed practitioner as indicated in the plan of care;</p> <p>Based on record review and interview, the agency failed to provide services as ordered by the physician and as indicated within the plan of care for 1 of 1 active records reviewed with trach care ordered (Patient #10).</p> <p>Findings include:</p> <p>Review of an undated licensed practical nurse (LPN) job description indicated the LPN provides skilled nursing care in accordance with physician orders and the plan of care.</p> <p>Review of the clinical record for Patient #10 included a plan of care for the certification period 07/05/2023 to 09/02/2023 that included a skilled nurse order to clean the trach stoma (surgical opening (stoma) through the neck into the windpipe) site daily and as needed with water and antibacterial soap and cover with a gauze pad.</p> <p>Review of skilled nurse visit notes completed by LPN 4 on 07/06/2023, 07/07/2023, 07/10/2023, 07/24/2023, and 07/26/2023 failed to evidence documentation for completion</p>		<p>written on the plan of care.</p> <p>This education will continue to be presented to all incoming Agency nurses as part of the orientation and training process.</p> <p>The DON or RN designee will audit 100% of LPN #4's nursing notes for 30 days to ensure adherence to the plan of care. To ensure ongoing compliance with the requirement to provide care according to the written plan of care, the DON or RN designee will include a review of nursing notes during the quarterly 10% clinical record audit as part of the Agency's QAPI program.</p> <p>The DON is responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur.</p> <p>Completed 8/18/2023</p>	
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	<p>of trach stoma care.</p> <p>During an interview on 07/27/2023 at 9:20AM, LPN 4 confirmed the status of the trach stoma and they did not document trach care was performed as ordered.</p> <p>410 AIC 17-14-1(a)(2)(F)</p>			
N0000	<p>Initial Comments</p> <p>This was a revisit of a State Complaint survey of a Home Health Agency Provider.</p> <p>Survey Dates: July 25, 26, and 27, 2023</p> <p>12-month unduplicated skilled census: 96</p> <p>During this revisit survey, one (1) element-level deficiency was corrected.</p> <p>QR: Area 2 8/01/23</p>	N0000		

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

TITLE

(X6) DATE

PRINTED: 08/21/2023

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Jon Rocholl	Administrator	8/18/2023 3:10:58 PM
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