

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K141	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  10/03/2024
NAME OF PROVIDER OR SUPPLIER  TEAM SELECT HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE  555 E COUNTY LINE ROAD SUITE 105, GREENWOOD, IN, 46143		
(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
E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102 for Home Health Agencies.</p> <p>Survey Dates: 10/01/2024, 10/02/2024, and 10/03/2024.</p> <p>Census: 225</p> <p>At this Emergency Preparedness Survey, Team Select was found to be in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p>	E0000		

	QR completed by Area 3 on 10-07-2024.			
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification and State Re-Licensure survey for a Home Health provider.</p> <p>Partially extended survey on: 10/03/2023 at 9:31 AM.</p> <p>Survey Dates: 10/01/2024, 10/02/2024, and 10/03/2024</p> <p>12 Month Unduplicated Admissions: 110</p> <p>Active Census: 225</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p> <p>QR completed by Area 3 on 10/07/2024.</p>	G0000		

G0682	<p>Infection Prevention</p> <p>484.70(a)</p> <p>Standard: Infection Prevention.</p> <p>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</p> <p>Based on observation, record review, and interview, the agency failed to ensure field staff followed appropriate infection control practices while providing patient care in 1 of 3 home health aide (HHA) and 1 of 2 licensed practical nurse (LPN) home visits conducted. (HHA 2 and LPN 1)</p> <p>Findings include:</p> <p>7. During a home visit on 10/02/2024, Licensed Practical Nurse (LPN) 1 was observed providing skilled nursing care for Patient #8. LPN 1 obtained gloves from the box, and assisted Patient #8 into the bathroom. Patient #8 decided they did not want to use the restroom, and wanted to have their gastrostomy tube (tube inserted into the stomach that brings nutrition and/or medication directly to the stomach) dressing changed.</p>	G0682	<p>The DON has individually re-educated HHA 2 and LPN 1 on infection control measures, specifically related to hand hygiene and glove use. This re-education has been documented in each employee's record. All field employees have received re-education on proper infection control measures, including hand hygiene and glove use.</p> <p>Adherence to infection control standards will continue to be monitored by supervising RNs during all patient visits where an employee is providing care. All direct care employees will continue to complete an initial and annual skills competency evaluation to verify adherence to infection control standards. The DON and Administrator will audit 100% of new employee files for 60 days to ensure competency verification is present. The DON and Administrator will audit 10% of personnel files quarterly as part of the Agency's QAPI program to ensure compliance is maintained.</p> <p>The DON and Administrator are responsible for monitoring these corrective measures to ensure the deficiency is corrected and will not recur.</p> <p>Completed 10/11/2024</p>	2024-10-11
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	<p>the bathroom to the kitchen table. LPN 1 gathered and opened supplies needed to change gastrostomy tube dressing, placed them on the table, donned (put on) gloves, removed the used gastrostomy tube dressing, doffed (removed) gloves, and performed hand hygiene.</p> <p>LPN 1 failed to perform hand hygiene prior to donning gloves.</p> <p>8. During an interview on 10/02/2024, the Alternate Clinical Supervisor indicated they noticed LPN 1 failed to wash their hands before donning gloves.</p> <p>410 IAC 17-12-1(m)</p> <p>1. A review of a policy titled, '3.6 Hand Hygiene/Hand Washing/Hand Cleansing' indicated "... 4. The proper procedure for hand washing ... Turn off water faucet using clean, dry towel ...".</p>			
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	<p>2. A review of a policy titled, '3.4 Specific Procedures for Employee and Patient Infection Control Training' indicated "... Wash hands before and after wearing gloves ...".</p> <p>3. On 10/02/2024 a home visit was conducted to observe HHA 2 provide personal care for Pt #5. HHA 2 began by washing their hands at the bathroom sink, after drying their hands, turned the water off with their bare hand, then donned gloves. HHA 2 assisted Pt #5 with their shower, washing Pt #5 hands, doffed their gloves, without performing hand hygiene donned a clean pair of gloves, and began washing Pt #5 feet. HHA 2 doffed their gloves, without performing hand hygiene donned a clean pair of gloves, and began washing Pt #5 back. Pt #5 then removed their brief, HHA 2 threw the brief into the trash, and doffed their gloves, without performing hand hygiene donned a clean pair of gloves. HHA 2 assisted Pt #5 with drying off and out of the shower. HHA 2 doffed their</p>			
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	<p>gloves, without performing hand hygiene donned a clean pair of gloves, and assisted Pt #5 with dressing. When completed, HHA 2 assisted Pt #5 into the living room, doffed their gloves, washed their hands at the kitchen sink, and turned the water off with their bare hand.</p> <p>4. On 10/02/2024 HHA 2 indicated they were to only perform hand hygiene at the start of the bath and at the end of dressing the patient, they hadn't realized they were to perform hand hygiene with glove changes, and indicated they knew they were to turn the water off with a paper towel.</p> <p>5. On 10/03/2024 RN 1, the Case Manager for Pt #5, indicated they were responsible for providing education with the staff and patients on hand hygiene. When queried if they had done a supervisory visit to observe HHA 2, RN 1 indicated they had but was there to observe a pivot transfer.</p>			
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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 Derek Flook	TITLE Administrator	(X6) DATE 10/11/2024 3:54:14 PM
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