

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157533		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2021
NAME OF PROVIDER OR SUPPLIER HOME CARE SERVICES OF NORTHWEST		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Commerce Square Drive, Michigan City, Indiana, 46360			
(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 survey was a re-visit for re-licensure of a home health agency.</p> <p>Facility ID 002684</p> <p>Survey Dates: 8/2/2021 - 8/5/2021</p> <p>During this survey, 4 deficiencies were recited, 1 deficiency was corrected and 2 deficiencies were added.</p>		N0000		
N0447	<p>Home health agency administration/management</p> <p>CFR(s): 410 IAC 17-12-1(c)(4)</p> <p>Rule 12 Sec. 1(c)(4) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following:</p> <p>(4) Ensure the accuracy of public information materials and activities.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review and interview, the home health agency failed to ensure accurate information to the public regarding the administrator, clinical manager and location of the agency.</p> <p>The findings include:</p> <p>A review of Indiana Department of Health pre-survey documents on 7/29/2021, evidenced the agency address as 8959 Broadway, Merrillville, IN 46410.</p>		N0447		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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N0447	<p>Continued from page 1</p> <p>The agency location of 8959 Broadway Merrillville, IN was evidenced to no longer be the agency's address.</p> <p>Review of the agency's license application dated 7/22/21, and signed by the Administrator/Clinical Manager evidenced the parent location address as 240 Commerce Square, Michigan City, Indiana, and a branch location of 9800 Connecticut Street Suite B2-202, Crown Point, Indiana, 46307.</p> <p>During an interview on 8/2/2021 at 2:31 PM, the administrator indicated the branch (the agency located in Crown Point, IN) hours were Monday - Friday 8AM-4PM. She indicated there were about 4-5 patients being serviced through the branch location. When a list of patients being serviced through the branch location was requested, the administrator indicated she would need to call RN [registered nurse] B to see who was still being serviced out of the branch location. After the phone call the administrator indicated they are using the "branch" location as a workstation, which she defined as a place where the nurses can stop in to document or pick up supplies needed. The administrator indicated they are not using the branch location due to staffing and insurance purposes. She indicated she was unsure if the plan was to keep the branch open or not.</p> <p>Clinical record review of the agency's handbook on 2/9/2021, evidenced an untitled section on the first page which evidenced [RN A] as the Administrator and the address of 240 Commerce Square Michigan City IN 46360 as the parent agency. The following page of the handbook evidenced a letter to the patient which was signed [RN B name] administrator. There was a section titled, "PATIENT'S BILL OF RIGHTS/RESPONSIBILITIES AND TRANSFER/DISCHARGE CRITERIA," this section stated, "... Voice concerns related to care, treatment or services and patient safety issues: Please call Agency Director of Clinical Services Administrator/Director of Clinical Services - [B, RN] 219-879-9300 ... Name of Clinical Manager B, RN Administrator." There was a section of this handbook titled "Admission Agreement," which stated, "... Call the office at 219-879-9300 between 8:00 a.m. and 4:00 p.m., and ask for the</p>	N0447		

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N0447	<p>Continued from page 2</p> <p>Administrator/Director of Clinical Services [B, RN]. There was a section of this handbook titled "REHABILITATION ACT OF 1973 SECTION 504 GRIEVANCE PROCEDURE" which stated, "contact the administrator [RN B name]...."</p> <p>During an interview on 2/9/2021 at 11:23 a.m., the administrator indicated she was aware the agency handbook had the incorrect information for the administrator and clinical supervisor, she indicated the new books were printed and then they were informed they could not use RN B as the administrator and clinical manager so she was moved to another location. She indicated the books have not been changed since they do not have a permanent administrator/clinical manager as she is just filling in until they find someone.</p>	N0447		
N0470	<p>Home health agency administration/management</p> <p>CFR(s): 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> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review and interview, the home health agency failed to ensure all employees practiced standard precautions and followed agency infection control policies and procedures in 2 of 2 home health visits conducted. (#1, #4)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Record review on 8/4/2021, evidenced an agency policy titled "Exposure Control Plan: OSHA Regulations," revised March 2018. This policy stated, "... Hand Hygiene is the most important procedure in the prevention of infections. Hand washing will be performed by all staff according to established Hand Hygiene Policy...." 2. Record review on 8/4/2021, evidenced an agency policy titled "Standard Precautions," revised March 2018. This policy stated, "Policy Blood and body fluid precautions will be followed for all" 	N0470		

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N0470	<p>Continued from page 3</p> <p>patients. Purpose to prevent transmission of communicable diseases. Procedure ... 2. The principles of Standard Precautions are to be followed by all employees when contacting any such substances or areas. Standard Precautions include the following procedures: all health care workers routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when in contact with blood or other bodily fluids of any patient is anticipated. Gloves will be worn before touching blood and body fluids, mucous membranes or non-intact skin of all patients; for handling items with blood or bodily fluids; and for performing venipuncture and other vascular access procedures. Gloves will be changed and hands washed after contact with each patient ... 3.</p> <p>Hands and other skin surfaces will be washed immediately and thoroughly if contaminated with blood or other bodily fluids...."</p> <p>3. Record review on 8/4/2021, evidenced an agency policy titled " Hand Hygiene Policy and Compliance Program," revised March 2018. This policy stated, "Policy Hand hygiene will be done by all employees to reduce the transfer of microbes to patients and to prevent the growth of microorganisms on the nails, hands and forearms. Purpose To prevent transfer of germs and transmission of infections to patients and caregivers and to implement a hand hygiene compliance program ... Procedure 1.</p> <p>Indications for staff performing hand hygiene are: before and after direct patient care. Before and after each procedure ... When hands are soiled. After contact with contaminated materials ... 2.</p> <p>All employees are responsible for implementing hand hygiene procedures in an ongoing attempt to prevent and/or contain infectious processes and communicable disease ... Indications for handwashing and hand antisepsis A. Visible dirt , blood or body fluids on hands of health care worker ... After contact with blood, body fluids, mucous membranes, non-intact skin and wound dressings ... Moving from a contaminated patient body site to a clean site during patient care ... Use of gloves: A. Gloves are not a substitute for hand hygiene ... D. Change gloves if moving from contaminated to clean patient site or the environment...."</p> <p>4. Record review on 8/4/2021, evidenced an agency policy titled " Bag Technique Procedure," revised March 2018. This policy stated, "1. Designate two</p>	N0470		

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N0470	<p>Continued from page 4</p> <p>"clean" compartments, one for clean disposables and the other for patient records. 2. Pack the bag with necessary supplied before leaving for visits. Pack hand washing supplied near the top or in a side pocket where they are easily accessible. 3. Store the health care bag in a clean storage container or other separate compartment of your care ... ALWAYS A HARD SURFACE (No cloth furniture) ... 7. Plan where you will discard disposable items and sharps ahead of time 8. Spread an impervious barrier on the surface before setting the bag down ... 9. Remove hand washing supplies first. Wash and dry hands thoroughly, following proper hand washing technique. 10. Remove any items needed for patient care, including necessary protective equipment. 11. Close bag before performing patient care 12. Wash your hands if you need to re-enter the bag for additional supplies during patient care ... 14. Discard disposables in a sealed trash bag or biohazard bag ... Wash your hands then reclose the healthcare bag 16. Wash your hands and repack and close the healthcare bag...."</p> <p>5. During a home visit on 8/4/2021 at 10:00 AM, HHA (home health aide) L was observed giving a shower to patient #1. HHA L was observed removing paper towels and soap from her bag and preceded to the bathroom to wash her hands. HHA L failed to wash her hands with soap and water for a minimum of 20 seconds. She proceeded to the assist the patient to the restroom and helped her take of her clothing. HHA L removed her gloves and sanitized her hands with hand sanitizer, she then waved her hands in the air to dry them, failing to rub all surfaces of her hands until dry. HHA handed a washcloth to patient #1 to wash her face and upper body, HHA washed patient #1's back, arms, breasts and underarms, checked her nails, wash stomach and handed the patient the dry wash cloth to dry her face. She handed her the wash cloth with soap and told her to wash her legs and she would wash whatever the patient could not get. HHA washed the patients legs, feet and toes, removed her gloves, and sanitized her hands failing to allow the hand sanitizer gel to dry using friction. She donned new gloves and told the patient to "wash her front butt and I will get the back butt." The patient washed her peri area handed the wash cloth to HHA L who proceeded to make two passes through the crack of patient #1's buttocks. HHA failed to use a clean wash cloth after patient was peri area and failed to wash her cheeks of buttocks and back of</p>	N0470		

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N0470	<p>Continued from page 5</p> <p>thighs. She place the patient's robe on and failed to remove her gloves and wash her hands prior to picking up her clothing. HHA L retrieved more paper towels from her bag put them under her armpit washed her hands with soap, failing to wash and use friction for a minimum of 20 seconds. She took the patient to her room applied lotion to her legs removed her gloves and placed dirty gloves in her pocket. She assisted patient with putting moisture barrier cream on her fold under her stomach removed gloves and put them in her pocket and sanitized her hands. HHA put on the patients undergarments, put on her socks, removed her gloves and placed them in her pocket, sanitized hands and donned new gloves. HHA L finished dressing the patient then proceeded to wash her hands with soap and water failing to wash for 20 seconds.</p> <p>6. During a home visit on 8/5/2021 at 9:30 AM, RN (registered nurse) C was observed doing a wound care visit for patient #4. RN C placed his bag on the couch, failing to ensure the bag was placed on a hard surface. RN C was observed obtaining paper towels and soap from his bag. He proceeded to the kitchen sink, turned on the sink, applied soap to his hands, rubbed the soap into his hands, and rinsed the soap off while under the water. RN C looked over the patient record on his tablet and then proceeded to place the tablet on the arm of the couch, failing to make sure it was on a hard surface with a barrier under it. RN C failed to use soap and water to wash his hands and failed to wash his hands for a minimum of 20 seconds. He obtained the patients vital signs, and checked pulses. RN C removed his gloves and sanitized his hands failing to use the hand sanitizer between his fingers. He donned gloves and assess the patients wound, he removed his glove sanitized his hands failing to sanitize between his fingers. RN C donned gloved and applied the dressing to the patient's wound. RN C removed his gloves, turned on the water and rubbed soap in his dry hands. RN C failed to wash his hands with soap and water and failed to wash for a minimum of 20 seconds, RN C picked up his bag and his tablet, failing to clean the tablet cover from it being on the arm of the couch and placed it in his bag.</p> <p>During an interview on 8/6/2021 at the clinical manager indicated all staff should be following the infection control policies. She indicated</p>	N0470		

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N0470	Continued from page 6 staff would be re-educated to ensure they are following policy.	N0470		
N0486	<p>Q A and performance improvement CFR(s): 410 IAC 17-12-2(h)</p> <p>Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the home health agency failed to ensure they coordinated care with other health care providers in 1 of 1 clinical record reviewed of patients receiving wound care, out of a total of 7 clinical records reviewed (#4)</p> <p>The findings include: Record review on 8/5/2021, evidenced an agency policy titled "Coordination of Patient Care," revised March 2019. This policy stated, "Policy Agency staff members regularly communicate to ensure that their efforts are coordinated effectively and ultimately support the objectives outlined in the plan of care. Purpose To ensure quality services are being provided to patients; to provide a mechanism for representatives from various disciplines to discuss patient care in a group meeting; and to determine eligibility for care. Procedure 1. The Agency must: Assure communication with all physicians involved in the plan of care ... Integrate orders from all physicians involved in the plan of care to ensure the coordination of all services and interventions provided to the patient ... 8. Care will be coordinated with other involved external organizations e.g. home medical equipment providers, infusion therapy/pharmacy companies and community agencies...."</p> <p>Clinical record review on 8/3/2021 for patient #4, start of care 3/19/2021, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 3/19/2021 - 5/17/2021. This document indicated the patient had a primary diagnosis of a stage 4 pressure ulcer to the right buttock (sore that can extend through</p>	N0486		

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N0486	<p>Continued from page 7 the layers of skin down to the bone).</p> <p>Clinical record review evidenced patient #4 was being seen by hospital B wound clinic for wound care. Clinical record review indicated he was receiving wound care weekly.</p> <p>Clinical record review evidenced a document titled "Physician Order Details" dated 7/12/2021. This document indicated the wound care orders for patient #4 and indicated he would return for wound care follow up in one week. The clinical record failed to evidence any weekly coordination of care with patient #4's wound clinic.</p> <p>During a home visit on 8/5/2021 at 9:30 AM, patient #4 indicated he goes to the wound clinic every week for wound check up and dressing changes. He indicated the physical to him they will be doing surgery soon to further fix his wound now that it was healed more.</p> <p>During an interview on 8/6/2021 at 3:30 PM, the clinical manager indicated there should be documents in patient #4's clinical record for every wound visit. When queried as to where we could find the missing records, she looked in the chart and stated, "hmm not sure why they are not here."</p>	N0486		
N0488	<p>Q A and performance improvement</p> <p>CFR(s): 410 IAC 17-12-2(i) and (j)</p> <p>Rule 12 Sec. 2(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least fifteen (15) calendar days before the services are stopped.</p> <p>(j) The fifteen (15) day period described in subsection (i) of this rule does not apply in the following circumstances:</p> <p>(1) The health, safety, and/or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency</p>	N0488		

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N0488	<p>Continued from page 8 continued to provide services to the patient.</p> <p>(2) The patient refuses the home health agency's services.</p> <p>(3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home health agency informs the patient of community resources to assist the patient following discharge; or</p> <p>(4) The patient no longer meets applicable regulatory criteria, such as lack of physician's order, and the home health agency informs the patient of community resources to assist the patient following discharge.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the home health agency failed to ensure a policy was developed and implemented requiring a 15 calendar day discharge notice prior to agency services being discontinued.</p> <p>The findings include:</p> <p>Record review of the agency handbook on 8/2/2021, evidenced a section titled "Agency Discharge Criteria" revised October 2017, which stated "Patient will be discharged based on Agency Discharge Criteria Policy." This document failed to evidence patients were to receive a 15 day discharge notice.</p> <p>Record review on 8/2/2021, evidenced an agency policy titled "Discharge Criteria," revised March 2019. This policy stated, "... 2. The patient is informed of discharge plan in a timely manner and acknowledges understanding reason...." The policy failed to evidence the patient was to receive a 15 day discharge notice.</p> <p>During an interview on 8/6/2021 at 2:29 PM, the clinical manager indicated she thinks the agency gives a 15 day discharge notice. She indicated she would look at the policy to see what it says.</p> <p>After the administrator reviewed the policy she indicated patients were informed in a timely</p>	N0488		

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N0488	Continued from page 9 manner of discharge plans.	N0488		
N0526	Patient Care CFR(s): 410 IAC 17-13-1(a)(2) Rule 13 Sec. 1(a)(2) The total medical plan of care shall be reviewed by the attending physician, dentist, chiropractor, optometrist or podiatrist, and home health agency personnel as often as the severity of the patient's condition requires, but at least once every two (2) months. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	N0526		
N0529	Patient Care CFR(s): 410 IAC 17-13-1(a)(2) Rule 13 Sec. 1(a)(2) A written summary report for each patient shall be sent to the: (A) physician; (B) dentist; (C) chiropractor; (D) optometrist or (E) podiatrist; at least every two (2) months. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	N0529		
N0546	Scope of Services CFR(s): 410 IAC 17-14-1(a)(1)(G) Rule 14 Sec. 1(a) (1)(G) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (G) Inform the physician and other appropriate medical personnel of changes in the patient's condition and needs, counsel the patient and family in meeting nursing and related needs, participate in inservice programs, and supervise	N0546		

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N0546	<p>Continued from page 10 and teach other nursing personnel.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the agency failed to ensure the physician was promptly alerted of patient assessment findings outside of the patient's normal parameters in 5 of 5 clinical records out of a total of 7 records reviewed. (#1, #2, #3, #5)</p> <p>The findings include:</p> <p>1. Record review on 8/4/2021 evidenced an agency policy titled "Coordination of Patient Care," revised March 2019. This policy stated, "Policy Agency staff members regularly communicate to ensure that their efforts are coordinated effectively and ultimately support the objectives outlined in the plan of care. Purpose To ensure quality services are being provided to patients; to provide a mechanism for representatives from various disciplines to discuss patient care in a group meeting; and to determine eligibility for care. Procedure 1. The Agency must: Assure communication with all physicians involved in the plan of care...."</p> <p>2. Record review on 8/4/2021 evidenced an agency policy titled "Pain Assessment and Reassessment," revised March 2019. This policy stated, "Policy Appropriate Agency staff will assess and reassess patients pain ... 1. Each patient receiving skilled nursing services will have pain assessed initially and on an ongoing basis using established criteria that are consistent with the patients age, condition and ability to understand ... 3. When the patient's pain is not relieved the nurse or therapist will intervene appropriately. Such interventions include: Notification of patient's physician...."</p> <p>3. Clinical record review on 8/3/2021 for patient #1, start of care 9/19/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 5/16/2021 - 7/14/2021. This document indicated the patient's diagnoses included, but were not limited to, Urinary Tract Infection (infection of the urinary</p>	N0546		

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N0546	<p>Continued from page 11 tract system), Osteoarthritis (degeneration of joint cartilage and the underlying bone), spinal stenosis (narrowing of the spine) lumbar region(lower back), hypertension (high blood pressure), and hyperlipidemia (high cholesterol level). The plan of care indicated the nurse was to notify the physician patient specific vital sign parameters, pain greater than 5 (on a one 0-10 scale where 0 is no pain and 10 is extreme pain) or other clinical findings.</p> <p>Review of an agency document titled "Physical Therapy Evaluation" dated 5/28/2021 and signed by PT (physical therapist) D which indicated the patient had a pain level of 6/10 in her right hand, 5/10 in her back and 3/10 in her knee. this document failed to evidence the PT D notified the physician of the patient's pain in her right hand.</p> <p>Review of agency documents titled "Skilled Visit Note" dated 5/25/2021, 6/23/217 and 7/8/2021 and signed by LPN (Licensed Practical Nurse) G which indicated the patient had +2 pitting edema to the lower extremities. This document failed to evidence the physician was notified of this change in patient #1's condition.</p> <p>Review of an agency document titled "Skilled Visit Note" dated 6/3/2021 and signed by LPN G which indicated the patient had +3 pitting edema to the lower extremities, diminished lung sounds and slight congestion. This document failed to evidence the physician was notified of these changes in patient #1's condition.</p> <p>Review of an agency document titled "Skilled Visit Note" dated 6/18/2021 and signed by LPN G which indicated the patient had +2 pitting edema to the lower extremities and a non productive cough. This document failed to evidence the physician was notified of these changes in patient #1's condition.</p> <p>Review of an agency document titled "Skilled Visit Note" dated 6/23/2021 and signed by LPN G which indicated the patient had +2 pitting edema to the lower extremities and a non productive cough. This document failed to evidence the physician was notified of these changes in patient #1's</p>	N0546		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157533	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2021
NAME OF PROVIDER OR SUPPLIER HOME CARE SERVICES OF NORTHWEST		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Commerce Square Drive, Michigan City, Indiana, 46360		
(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
N0546	<p>Continued from page 12 condition.</p> <p>Review of an agency document titled "Skilled Visit Note" dated 6/28/2021 and signed by LPN G which indicated the patient had shortness of breath with increased activity. This document failed to evidence the physician was notified of these changes in patient #1's condition.</p> <p>During an interview on 8/5/2021 the clinical manager indicated the physician should be notified of any changes to the patient out side of their normal parameter. When queried as to whether the physician should be notified of new edema she stated "Absolutely."</p> <p>4. Clinical record review on 8/3/2021 for patient #2, start of care 5/11/2021 evidenced an agency document titled "Home Health Certification and Plan of Care," for certification period 5/11/2021 - 7/9/2021 electronically signed by PT D. This document had a subsection titled "Orders for Discipline and Treatments" which stated "Patient-Specific Parameter for notifying the physician in changes in vital signs or other clinical findings ... Physician will be contacted if BP [blood pressure] is [greater than] 160/90...."</p> <p>Record review of an agency document titled "Skilled Visit Note" dated 7/9/2021 and electronically signed by PTA (Physical therapy assistant) E indicated the patient had pain 5/10 (where 0 is no pain 10 is the most excruciating pain) This document failed to evidence the physician was notified of the pain.</p> <p>Record review of an agency document titled "Skilled Visit Note" dated 6/28/2021 and electronically signed by PTA E indicated the patients blood pressure was 128/95. This document failed to evidence the physician was notified of the high diastolic blood pressure.</p> <p>Record review of an agency document titled "Skilled Visit Note" dated 7/9/2021 and electronically signed by PTA E indicated the patients blood pressure was 156/96. This document</p>	N0546		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157533	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2021
NAME OF PROVIDER OR SUPPLIER HOME CARE SERVICES OF NORTHWEST		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Commerce Square Drive, Michigan City, Indiana, 46360		
(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
N0546	<p>Continued from page 13 failed to evidence the physician was notified of the high diastolic blood pressure.</p> <p>During an interview on 8/6/2021 at 11:17 AM the clinical manager indicated she would notify the doctor of this pain, since the patient had never reported pain before. She also indicated the PTA always conferences with the PT and the PT would be the one to notify the physician if there was a need.</p> <p>5. Clinical record review on 8/3/2021 for patient #5, start of care 9/25/2020 evidenced an agency document titled "Home Health Certification and Plan of Care," for certification period 3/24/2021 - 5/22/2021 electronically signed by RN O. The patient has a primary diagnosis of venous insufficiency (veins do not pump the blood back to the heart efficiently). This document has a subsection titled "Orders" which stated "Assess vital signs and all body systems...."</p> <p>Record review of agency documents titled "Nursing Visit Record" dated 4/5/2021 and 5/3/2021 and signed by LPN G. these documents evidenced the patient had +3 bilateral lower leg edema (swelling of the legs). These documents failed to evidence the physician was notified of the edema.</p> <p>Record review of an agency document titled "Nursing Visit Record" dated 4/26/21 and signed by LPN G. these documents evidence the patient had +4 bilateral lower leg edema (swelling of the legs). This document failed to evidence the physician was notified of the edema.</p> <p>During an interview on 8/6/2021 at 12:01 PM the clinical manager indicated the physician should be notified of edema if it is not a usual occurrence for the patient.</p>	N0546		