

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/18/2019  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K091	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/28/2019
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NAME OF PROVIDER OR SUPPLIER  HELP AT HOME SKILLED CARE	STREET ADDRESS, CITY, STATE, ZIP COD 9025 COLDWATER RD STE 400 FORT WAYNE, IN 46825
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(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
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G 0000  Bldg. 00	<p>This was a federal home health recertification survey with 2 complaint investigations. This was a partial extended survey.</p> <p>Survey Dates: March 21, 22, 25, 26, 27, and 28, 2019 Partial extended dates: March 27 and 28, 2019</p> <p>Facility Number: 012855 Medicaid Number: 200811660K</p> <p>Complaint #1: IN00213756; Unsubstantiated: lack of sufficient evidence Complaint #2: IN00182705; Unsubstantiated: lack of sufficient evidence</p> <p>Census Service Type: Skilled: 44 Home Health Aide Only: 48 Personal Care Only: 0 Total: 92</p> <p>Sample: RR w/HV: 3 RR w/o HV: 11 Total: 14</p>	G 0000		
G 0682  Bldg. 00	<p>Based on observation, record review and interview, the agency failed to ensure staff followed infection control policies and procedures during 3 of 3 home visits (# 1, 2 and 3).</p>	G 0682	<p>1. Each employee observed during the home visits were retrained on hand hygiene practices and directly observed.</p> <p>2. 25 % of direct care employees</p>	04/28/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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	<p>Findings include:</p> <p>1. The agency's undated policy titled "Hand Hygiene Policy and Compliance Program," # 5.7.1, stated "Procedure ... indications for staff performing hand hygiene are: before and after using gloves; before and after direct patient care; before and after each procedure ... after any contact with contaminated materials; before re-entering nursing bag or patient's clean supplies ... 6. The Agency will follow the Centers for Disease Control and Prevention (CDC) guidelines for hand hygiene ...."</p> <p>2. During a home visit observation with patient #1 on 3/25/19 at 09:00 AM, employee A was observed washing hands less than 15 seconds after gloves were removed. Employee A then donned another pair of gloves, checked the INR paperwork, picked up the pillboxes and moved them to the table, then picked up the tray of medications and placed them on the table. After checking the second medication against the medication list, the pill was cut in half and placed into the pillbox. Both pill halves dropped in the same slot of the pillbox on two occasions. After the week's slots were filled employee A went back and removed the extra pills with a gloved hand. While employee A was completing the pillbox fill, employee B washed hands less than 10 seconds and proceeded to assist the patient as he put in his eye drops by steadying his hand. Employees A and B failed to wash hands for 30 seconds. Employee A failed to change gloves and wash hands after handling paperwork, pillboxes and medication tray prior to having direct contact with the patient's pills.</p> <p>3. During a home visit observation with patient #3</p>		<p>will be directly observed performing hand hygiene to ensure compliance with the infection control/hand hygiene policy.</p> <p>3. Direct care employees will be in-serviced on the Hand Hygiene Policy and Compliance Program 5.7.1.</p> <p>4. 10% of direct care employees will be directly observed performing hand hygiene quarterly to ensure compliance with the policy. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	
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	<p>on 3/27/19 at 09:00 AM, employee D was observed initially washing hands in the bathroom about 15 seconds, turned off the faucet with wet hands and went to the kitchen to dry hands after realizing there were no paper towels in the bathroom. Gloves donned and employee D spoke to the patient about care to be provided. Employee D removed gloves and went to the bathroom where hands were washed less than 10 seconds. Employee again turned off the faucet with wet hands then walked to the kitchen to dry hands with paper towel. The employee reached into her bag to remove more gloves. Gloves donned and the patient followed to the bathroom for a shower. After patient undressed, Employee D carried the patient's dirty clothing to the clothes hamper, then returned to the patient and assisted in washing patients back, legs and feet. The HHA finished assisting the patient with drying and dressing. Employee D then washed hands in the kitchen sink about 25 seconds and dried hands with a paper towel. Employee D repeatedly failed to wash hands for 30 seconds and failed to follow policy for changing gloves after handling dirty linen.</p> <p>In an interview on 3/27/19 at 09:40 AM, during an observation of patient care, Employee D was asked about facility policy on length of time for handwashing. Employee D first responded 30 minutes, then was corrected by Employee M who stated 30 seconds. Employee D then reiterated it was 30 seconds.</p> <p>4. In an interview on 3/27/19 at 2:35 PM, with the Clinical Supervisor about handwashing time, the Clinical Supervisor stated handwashing was to be done for 30 seconds.5. During a home visit observation on 3/25/19 at 11:00 AM with patient #2, employee C was observed making the patient's</p>			

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G 0852  Bldg. 00	<p>bed and preparing for the patient's bath. Employee C washed her hands for approximately 10 seconds. Employee C failed to wash hands per agency policy.</p> <p>Based on record review and interview, the agency failed to ensure they notified the Indiana State Department of Health in a timely manner regarding changes in the administration for 1 of 1 agency (Employee I and J).</p> <p>Findings include</p> <p>During review of the governing body appointments on 3/25/19, the appointments to the administrator, alternate administrator, director of nursing, and alternate director of nursing positions occurred on 2/25/19.</p> <p>During an interview on 3/25/19 at 9:45 AM, the director of nursing (DON) stated the administrator, alternate administrator, director of nursing, and alternate director of nursing just got promoted the previous week and the state was notified of those changes on 3/24/19, which was after the Indiana State Department of Health entered the agency on 3/21/19. At 9:48 AM, the notification to the state documentation was requested. As of 3/28/19 at 2:21 PM, these documents failed to be provided.</p>	G 0852	<ol style="list-style-type: none"> <li>1. The change in Administrator, Alt Admin, Nursing Supervisor, and Alt Nursing Supervisor was faxed to ISDH on 03-20-19. A confirmation that the fax was completed was received.</li> <li>2. Future changes in the administration of the agency will be reported to ISDH in a timely manner.</li> <li>3. The State Clinical Director will be responsible for reporting administrative changes to ISDH to ensure that this deficiency will not recur.</li> </ol>	04/28/2019
N 0000  Bldg. 00	<p>This was a home health state licensure survey with 2 complaint investigations.</p>	N 0000		

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N 0408 Bldg. 00	<p>Survey Dates: March 21, 22, 25, 26, 27, and 28, 2019</p> <p>Facility Number: 012855 Medicaid Number: 200811660K</p> <p>Complaint #1: IN00213756; Unsubstantiated: lack of sufficient evidence Complaint #2: IN00182705; Unsubstantiated: lack of sufficient evidence</p> <p>Census Service Type: Skilled: 44 Home Health Aide Only: 48 Personal Care Only: 0 Total: 92</p> <p>Sample: RR w/HV: 3 RR w/o HV: 11 Total: 14</p> <p>410 IAC 17-10-1(d) Licensure Rule 10 Sec. 1(d) Disclosure of ownership and management information must be made to the department at the time of the home health agency's initial request for licensure, for each survey, and at the time of any change in ownership or management. The disclosure must include the names and addresses of the following: (1) All persons having at least five percent (5%) ownership or controlling interest in the home health agency. (2) Each person who is: (A) an officer; (B) a director; (C) a managing agent; or</p>			

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	<p>(D) a managing employee; of the home health agency and evidence supporting the qualifications required by this article.</p> <p>(3) The corporation, association, or other company that is responsible for the management of the home health agency.</p> <p>(4) The chief executive officer and the chairman or equivalent position of the governing body of that corporation, association, or other legal entity responsible for the management of the home health agency.</p> <p>Based on record review and interview, the agency failed to ensure they notified the Indiana State Department of Health in a timely manner regarding changes in the administration for 1 of 1 agency (Employee I and J).</p> <p>Findings include</p> <p>During review of the governing body appointments on 3/25/19, the appointments to the administrator, alternate administrator, director of nursing, and alternate director of nursing positions occurred on 2/25/19.</p> <p>During an interview on 3/25/19 at 9:45 AM, the director of nursing (DON) stated the administrator, alternate administrator, director of nursing, and alternate director of nursing just got promoted the previous week and the state was notified of those changes on 3/24/19, which was after the Indiana State Department of Health entered the agency on 3/21/19. At 9:48 AM, the notification to the state documentation was requested. As of 3/28/19 at 2:21 PM, these documents failed to be provided.</p>	N 0408	<p>1. The change in Administrator, Alt Admin, Nursing Supervisor, and Alt Nursing Supervisor was faxed to ISDH on 03-20-19. A confirmation that the fax was completed was received.</p> <p>2. Future changes in the administration of the agency will be reported to ISDH in a timely manner.</p> <p>3. The State Clinical Director will be responsible for reporting administrative changes to ISDH to ensure that this deficiency will not recur.</p>	04/18/2019

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N 0460  Bldg. 00	<p>410 IAC 17-12-1(g) Home health agency administration/management Rule 12 Sec. 1(g) As follows, personnel records of the supervising nurse, appointed under subsection (d) of this rule, shall:</p> <p>(1) Be kept current. (2) Include a copy of the following: (A) Limited criminal history pursuant to IC 16-27-2. (B) Nursing license. (C) Annual performance evaluations. (D) Documentation of orientation to the job. Performance evaluations required by this subsection must be performed every nine (9) to fifteen (15) months of active employment.</p> <p>Based on record review and interview, the agency failed to ensure employee medical information did not also contain other non-medical documents for 7 of 9 employee files reviewed. (C, D, E, G, M, N, and O).</p> <p>Findings include</p> <p>1. The agency's undated policy titled "Personnel Records," # 4.8.1, stated "2. The health record for applicable employees will include: PPD tests or chest x-ray results based on Agency's TB risk assessment. ... Any other Agency required health requirements. Employee health information must be maintained in files separate from personnel files and in a separate location."</p> <p>2. Employee file C was reviewed on 3/27/19. The medical file for employee C also contained the I-9 Employment Eligibility Verification form (I-9 form), a copy of the social security card (SS card), and a copy of the driver's license.</p>	N 0460	<p>1. All medical files were reviewed and non-medical documents were removed.</p> <p>2. 100% of the medical records will be audited to ensure non-medical documents have been removed from the medical files and maintained in separate files.</p> <p>3. Office support staff will be in-serviced on the contents of the medical record to ensure non-medical information is not stored in the medical file.</p> <p>4. 10% of medical files will be audited quarterly to ensure compliance is maintained. The Administrator will be responsible for these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	04/28/2019

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N 0468 Bldg. 00	<p>3. Employee file D was reviewed on 3/27/19. The medical file for employee D also contained the I-9 form, a copy of the SS card, and a copy of the driver's license.</p> <p>4. Employee file E was reviewed on 3/27/19. The medical file for employee E also contained the I-9 form, a copy of the SS card, and a copy of the driver's license.</p> <p>5. Employee file G was reviewed on 3/27/19. The medical file for employee G also contained the I-9 form, a copy of the SS card, and a copy of the driver's license.</p> <p>6. Employee file M was reviewed on 3/27/19. The medical file for employee M also contained the I-9 form, a copy of the SS card, and a copy of the driver's license.</p> <p>7. Employee file N was reviewed on 3/27/19. The medical file for employee N also contained the I-9 form, a copy of the SS card, and a copy of the driver's license.</p> <p>8. Employee file O was reviewed on 3/27/19. The medical file for employee O also contained the I-9 form, a copy of the SS card, and a copy of the driver's license.</p> <p>9. During an interview on 3/28/19 at 2:36 PM, employee K stated the agency considered I-9 forms, SS card and driver's license information confidential so they put it with the medical files, and that the agency had always done it that way.</p> <p>410 IAC 17-12-1(k) and (l) Home health agency administration/management Rule 12 Sec. 1(k) The following records shall</p>			

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	<p>be made available, on request, to the department for review:</p> <p>(1) Personnel records and policies that document the home health agency's compliance with subsection (f).</p> <p>(2) Records of physical examinations that document the agency's compliance with subsection (h).</p> <p>(3) Records of the following:</p> <p>(A) Tuberculosis evaluations.</p> <p>(B) Appropriate clinical follow-up for positive findings.</p> <p>(C) Any other records that document the home health agency's compliance with subsection (i).</p> <p>(l) The department shall:</p> <p>(1) treat the information described in subsection (k) as confidential medical records; and</p> <p>(2) use it only for the purposes for which it was obtained.</p> <p>Based on record review, and interview, the agency failed to ensure the employee files for the administrator, alternate administrator, and alternate director of nursing (ADON) were present and in the office for 2 of 9 employee files reviewed (I and J).</p> <p>Findings include</p> <p>1. The agency's undated policy titled "Personnel Records," # 4.8.1, stated "Personnel files will be established and maintained for all staff."</p> <p>2. On 3/21/19 at 1:25 PM, the administrator provided the documents for the administrator and administrator/alternate director of nursing employee files and stated they had been on the</p>	N 0468	<p>1. The personnel file for the Administrator and the Alt. Administrator/Alt. Nursing Supervisor were in the office on 03/21/2019.</p> <p>2. The personnel files for the Administrator, Alt Administrator/Alt Nursing Supervisor will be maintained in the office.</p> <p>3. The Administrator provided the documents to the survey team 3-21-19.</p> <p>4. The State Clinical Director will review the administrative files quarterly to ensure that the personnel files for Administrator, Alt Administrator and Alt Nursing</p>	03/28/2019



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	<p>Based on observation, record review and interview, the agency failed to ensure staff followed infection control policies and procedures during 3 of 3 home visits (# 1, 2 and 3).</p> <p>Findings include:</p> <p>1. The agency's undated policy titled "Hand Hygiene Policy and Compliance Program," # 5.7.1, stated "Procedure ... indications for staff performing hand hygiene are: before and after using gloves; before and after direct patient care; before and after each procedure ... after any contact with contaminated materials; before re-entering nursing bag or patient's clean supplies ... 6. The Agency will follow the Centers for Disease Control and Prevention (CDC) guidelines for hand hygiene ...."</p> <p>2. During a home visit observation with patient #1 on 3/25/19 at 09:00 AM, employee A was observed washing hands less than 15 seconds after gloves were removed. Employee A then donned another pair of gloves, checked the INR paperwork, picked up the pillboxes and moved them to the table, then picked up the tray of medications and placed them on the table. After checking the second medication against the medication list, the pill was cut in half and placed into the pillbox. Both pill halves dropped in the same slot of the pillbox on two occasions. After the week's slots were filled employee A went back and removed the extra pills with a gloved hand. While employee A was completing the pillbox fill, employee B washed hands less than 10 seconds and proceeded to assist the patient as he put in his eye drops by steadying his hand. Employees A and B failed to wash hands for 30 seconds. Employee A failed to change gloves and wash hands after handling paperwork, pillboxes and</p>		<p>the home visits were retrained on hand hygiene practices and directly observed.</p> <p>2. 25 % of direct care employees will be directly observed performing hand hygiene to ensure compliance with the infection control/hand hygiene policy.</p> <p>3. Direct care employees will be in-serviced on the Hand Hygiene Policy and Compliance Program 5.7.1.</p> <p>4. 10% of direct care employees will be directly observed performing hand hygiene quarterly to ensure compliance with the policy. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	

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	<p>medication tray prior to having direct contact with the patient's pills.</p> <p>3. During a home visit observation with patient #3 on 3/27/19 at 09:00 AM, employee D was observed initially washing hands in the bathroom about 15 seconds, turned off the faucet with wet hands and went to the kitchen to dry hands after realizing there were no paper towels in the bathroom. Gloves donned and employee D spoke to the patient about care to be provided. Employee D removed gloves and went to the bathroom where hands were washed less than 10 seconds. Employee again turned off the faucet with wet hands then walked to the kitchen to dry hands with paper towel. The employee reached into her bag to remove more gloves. Gloves donned and the patient followed to the bathroom for a shower. After patient undressed, Employee D carried the patient's dirty clothing to the clothes hamper, then returned to the patient and assisted in washing patients back, legs and feet. The HHA finished assisting the patient with drying and dressing. Employee D then washed hands in the kitchen sink about 25 seconds and dried hands with a paper towel. Employee D repeatedly failed to wash hands for 30 seconds and failed to follow policy for changing gloves after handling dirty linen.</p> <p>In an interview on 3/27/19 at 09:40 AM, during an observation of patient care, Employee D was asked about facility policy on length of time for handwashing. Employee D first responded 30 minutes, then was corrected by Employee M who stated 30 seconds. Employee D then reiterated it was 30 seconds.</p> <p>4. In an interview on 3/27/19 at 2:35 PM, with the Clinical Supervisor about handwashing time, the</p>			

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	Clinical Supervisor stated handwashing was to be done for 30 seconds.5. During a home visit observation on 3/25/19 at 11:00 AM with patient #2, employee C was observed making the patient's bed and preparing for the patient's bath. Employee C washed her hands for approximately 10 seconds. Employee C failed to wash hands per agency policy.				