

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K005	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2020
NAME OF PROVIDER OR SUPPLIER OHIO VALLEY HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP COD 1513 STATE ST NEW ALBANY, IN 47150		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. 00	<p>This visit was for a Focused Infection Control COVID-19 Emergency Preparedness Survey.</p> <p>Survey Date: November 4th of 2020</p> <p>Facility ID: IN006094 Provider #: 15K005 Medicaid Vendor ID: 200097860A</p> <p>Census: (Unduplicated Last 12 Months)</p> <p>Skilled Patients: 20 Home Health Aide Patients: 123 Personal Service Only Patients: 8</p> <p>At this Focused Infection Control Emergency Preparedness survey, in regards to staffing and implementation of staffing Ohio Valley Home Health was found to be in compliance with 42 CFR 484.102 Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers for Home Health Agencies.</p>	E 0000		
G 0000 Bldg. 00	<p>This visit was for a Focused Infection Control COVID-19 Survey in conjunction with a Federal/State complaint investigation.</p> <p>Complaint IN00329952-Unsubstantiated due to lack of evidence/Unrelated findings cited</p> <p>Survey Date: November 4th, 2020</p>	G 0000		

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.

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

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G 0682 Bldg. 00	<p>Facility ID: IN006094 Provider #: 15K005 Medicaid Vendor ID: 200097860A</p> <p>Census: (Unduplicated Last 12 Months): Skilled Patients: 20 Home Health Aide Patients: 123 Personal Service Only Patients: 8</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 17.</p> <p>Quality Review completed on 11/6/2020 A4</p> <p>484.70(a) Infection Prevention 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.</p> <p>Based on record review and interview, the agency failed to ensure staff were following acceptable standards of practice by actively taking their temperatures and documenting absence of illness or signs/symptoms of Covid-19 for 1 of 1 Home Health Agency.</p> <p>Findings include:</p> <p>1. A 3/23/2020 CMS Infection Control COVID-19 questionnaire tool indicated, but was not limited to, "Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes</p>	G 0682	<p>As Of 11/15/2020 Ohio Valley Home Health has completed an in-service training for 100% of staff in regards to completing a COVID self assessment screening prior to beginning of daily shifts using the Axxess Home Care System tool as well as the COVID assessment policies and procedures. The Administrator and the DON created the in-service as well as a follow-up test for the staff to complete, sign and return (Documents included). Clinical Managers have been trained by The Administrator and DON regarding protocol and policy related to this matter and they are</p>	11/15/2020

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	<p>available)? Ref: QSO 20-20-All</p> <p>2. During an interview on 11/04/2020 at 10:36 a.m. the Administrator stated that field staff were not mandated to document daily self screening results indicating absence of symptoms for Covid-19 each day prior to patient care. The Administrator stated the employees know to self screen and contact the office with any symptoms. When asked how the agency verifies self screenings were being completed if not documented the administrator stated through education.</p> <p>17-12-1(m)</p>			now monitoring the use of this tool during their daily and weekly QA of the field staff's documentation. We also have them continuing education while completing supervisory visits. Ohio Valley has the Axxess COVID assessment tool set up as a mandatory screening for staff that must be completed prior to beginning their shift and it cannot be skipped.