

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/12/2017
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NAME OF PROVIDER OR SUPPLIER FIREFLY HOME HEALTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 103 E WARREN STREET MIDDLEBURY, IN 46540
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N 0000 Bldg. 00	<p>This survey was an initial state licensure survey only.</p> <p>Facility #: 014116</p> <p>Survey Dates: July 11, 12; 2017</p> <p>Census Service Type: Skilled: 6 Discharged: 4 Home Health Aide Only: 0 Personal Care Only: 0 Unduplicated: 6 Active Patients: 4</p> <p>Sample: Record Review with Home Visit: 1 Home Visit without Record Review: 0 Record Review without Home Visit: 5 Total: 6</p>	N 0000	Acknowledged.	
N 0458 Bldg. 00	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to</p>			

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 that other safeguards provide sufficient protection to the patients. (see 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.

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	<p>perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:</p> <ol style="list-style-type: none"> (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. <p>Based on document review, policy review, and interview the agency failed to obtain a national background check that were not over 3 months old and within 3 days of first patient contact for 2 of 6 employee records reviewed (Employees A, E).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During review of employee files on 7/12/17, the list of current employees included employee A, the Administrator/Director of Nursing, date of hire 4/13/17 and first patient contact 4/20/17. The employee file failed to evidence a national background check that was within 3 days of patient contact but not older than 3 months. The national background check was completed on 11/30/17. <p>A. The agency document from Safe Hiring Solutions indicated that an</p>	N 0458	<p>Because the background screens for the referenced employees were conducted prior to submission of the initial application to operate a home health agency, as required by ISDH, and there does not appear to be a written rule or law indicating a requirement that background checks may not be over three (3) months old, the agency believes this is an isolated incident, as the agency's policy is to conduct a background check on all employees at hire, and it is unlikely that an employee would be hired and not have patient contact for a three (3) month period. However, to ensure compliance, the agency's Criminal Background Check (D-190) policy was updated on 7/27/17 to include the time frames cited in this deficiency: within three (3) days of first patient contact and no more than three (3) months old. Moving forward, the agency's Criminal Background Check (D-190) policy will be followed by the hiring</p>	07/27/2017

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	<p>expanded criminal history/national search with report ID 300252 was completed on 11/30/17.</p> <p>2. During review of employee files on 7/12/17, the list of current employees included employee E, Alternate Administrator/Alternate Director of Nursing, date of hire 11/30/16 and first patient contact 5/4/17. The employee file failed to evidence a national background check that was within 3 days of patient contact but not older than 3 months. The national background check was completed on 11/30/17.</p> <p>A. The agency document from Safe Hiring Solutions indicated that an expanded criminal history/national search with report ID 300253 was completed on 11/30/17.</p> <p>3. During an interview on 7/12/17 at 1:33 PM, Employee B stated that the administrator/director of nursing and the alternate administrator/assistant director of nursing had their national background checks ran to submit with the application for their license. They didn't think about it being completed again since these staff also provide patient care.</p> <p>4. The undated agency policy titled "CRIMINAL BACKGROUND</p>		<p>manager and enforced by the Administrator/Director of Nursing. Further, quarterly audits are conducted to ensure personnel records meet company policies, as well as applicable state and federal regulations.</p>				

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N 0462 Bldg. 00	<p>CHECKS," Policy # D-190, stated "POLICY: Agency requires background screening to be completed on all final candidates for employment. ... SPECIAL INSTRUCTIONS: 2. The employee will also be required to complete documentation required to obtain a criminal background study. The criminal background check includes a state and national criminal history check."</p> <p>5. The undated agency job description titled "Agency Administrator Job Description" stated "The agency administrator is responsible for overseeing the administrative function of [agency]. Responsibilities include: Organizing and directing the home health agency's ongoing functions. ... Ensuring that the home health agency meets all rules and regulations for licensure."</p> <p>410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.</p>			

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	<p>Based on document review, policy review, and interview the agency failed to ensure that employees had physical examination prior to providing care for 1 of 6 employee records reviewed (Employee D).</p> <p>Findings include:</p> <p>1. During review of employee files on 7/12/17, the list of current employees included employee D, a Registered Nurse, date of hire 5/1/17 and first patient contact 5/4/17. The employee file failed to evidence the employee had a physical examination prior to providing patient care.</p> <p>A. The agency document titled "EMPLOYEE PHYSICAL STATEMENT," indicated "[Employee], who stated she is a patient of yours, will be working in home healthcare with direct patient contact. To the best of my knowledge, the individual named above will not spread communicable diseases to patients." This document was signed by a physician on 5/4/17. This record fails to evidence that an actual physical examination was completed but rather a statement from the physician.</p> <p>2. The undated agency policy titled "HEALTH SCREENING," Policy #</p>	N 0462	As noted, the agency did have an "Employee Physical Statement" form signed by a physician and on file for each employee, but the form did not include documentation of the date of the physical examination. On 7/12/17 this form was updated to include a physical examination date field, and this is the form that will be used by the agency moving forward. The hiring manager will be responsible for sending and receiving this form for all new hires moving forward, and the Administrator/Director of Nursing will be responsible for ensuring compliance. Further, this form will be reviewed during the personnel records review audit, which is conducted by the agency on a quarterly basis.	07/12/2017			

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N 0470 Bldg. 00	<p>D-240, stated "PURPOSE: to ensure adequate health status of each worker ... SPECIAL INSTRUCTIONS: 1. Pre-employment physical examination will be performed by a physician or nurse practitioner as mandated by state law."</p> <p>3. During an interview on 7/12/17 at 1:10 PM, the administrator/director of nursing agreed that the physical needed to be the actual physical or a statement that the employee was examined on specific date rather than just a statement from the physician that they were free to work and not spread communicable diseases.</p> <p>4. The undated agency job description titled "Agency Administrator Job Description" stated "The agency administrator is responsible for overseeing the administrative function of [agency]. Responsibilities include: Organizing and directing the home health agency's ongoing functions. ... Ensuring that the home health agency meets all rules and regulations for licensure."</p> <p>410 IAC 17-12-1(m) Home health agency administration/management 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</p>						

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	<p>laws.</p> <p>Based on observation, policy review and interview, the agency failed to ensure staff followed infection control policies for 1 of 1 home visit observations (#1).</p> <p>Findings include:</p> <p>1. The clinical record of patient #1 was reviewed and indicated a start of care date of 4/20/17. The record contained a plan of care dated 4/20/17-6/19/17, which indicated "SN [Skilled Nurse] 01 week for 8 weeks."</p> <p>A. During a Home visit observation on 7/12/17 at 11:30 AM, the surveyor observed Employee C providing patient care. Employee completed handwashing three times for surveyor. Handwashing lengths of times were 10 seconds, 3 seconds, and 16 seconds. The Home Health Aide failed to complete handwashing per agency policy (15 seconds) for 2 of 3 handwashing's.</p> <p>B. During an interview on 7/12/17 at 12:59 PM, Employee B stated that the policy for length of handwashing time is 15 seconds.</p> <p>C. During an interview on 7/12/17 at 1:00 PM, the administrator/director of nursing stated that the handwashing will</p>	N 0470	<p>As indicated, it is agency policy that employees wash hands for at least 15 seconds. All employees review this policy during new hire orientation and document that they have reviewed and understand the policy; additionally, all home health aides must pass a competency skills examination and appear on the home health aide registry prior to patient contact. The employee referenced in this deficiency acknowledged review and understanding of the handwashing policy during orientation by providing her signature, and demonstrated proper handwashing technique during the competency examination. However, given this finding the Administrator/Director of Nursing notified this employee of the deficiency on 7/27/17, as well as the need to comply with company policy moving forward. Further, employees will be assessed for proper handwashing technique during supervised visits moving forward. The Administrator/Director of Nursing is and will be responsible for ensuring compliance with this policy.</p>	07/27/2017			

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N 0524 Bldg. 00	<p>need to be monitored more often.</p> <p>2. The undated agency policy titled "HANDWASHING/HAND HYGIENE," Policy # D-330, stated "POLICY: In an effort to reduce the risk for infection in clients and staff members, thorough handwashing/hand antiseptics is required of all employees."</p> <p>3. The undated agency job description titled "Director of Nursing Job Description" stated "The Director of Nursing is responsible for supervising and directing nursing and other therapeutic services offered by [agency], as required by federal and state regulations."</p> <p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations.</p>						

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	<p>(vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on record review, policy review and interview, the agency failed to ensure the plans of care contained all accurate and pertinent information for 4 of 6 clinical records reviewed (#2, 3, 4, 6).</p> <p>Findings include:</p> <p>1. The clinical record of patient #2 was reviewed and indicated a start of care date of 6/5/17. The record contained a plan of care dated 6/5/17-8/4/17, which indicated "SN [Skilled Nurse] to visit every other week for full assessment with pulse oximeter, medication reconciliation with med box set up if desired." The record failed to evidence a duration of services for the SN on the plan of care.</p> <p>2. The clinical record of patient #3 was reviewed and indicated a start of care date of 6/30/17. The record contained a plan of care dated 6/30/17-8/29/17, which indicated "SN to visit weekly x 4 and then every other week for full</p>	N 0524	<p>The agency's Plan of Care (C-580) policy was reviewed and determined to be appropriate based on the requirement that the plan of care shall include "c.Type, frequency, and duration of all visits/services." The agency's Clinical Record Review Tool, which is also part of the QAPI program, was reviewed and updated on 7/27/17 to include the following review item: "7. All disciplines have appropriate current MD orders with frequency and duration, and the 485 plan of care reflects this frequency and duration." Moving forward, all plans of care will be evaluated by the QA nurse, which is currently the Administrator/Director of Nursing or Alternate Administrator/Director of Nursing, and specifically to include the frequency and duration of visits. The Administrator/Director of Nursing is responsible for ensuring compliance with company policy and state and federal regulations.</p>	07/27/2017

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	<p>assessment, medication reconciliation with med box set up and disease teaching/management. Pulse oximetry per visit." The record failed to evidence a duration of services for the SN on the plan of care.</p> <p>3. The clinical record of patient #4 was reviewed and indicated a start of care date of 6/8/17. The record contained a plan of care dated 6/8/17-8/7/17, which indicated "SN to visit every other week for full assessment with pulse oximeter, medication reconciliation with med box set up and disease teaching/management-Assess home safety. Report any changes to PCP [Primary Care Physician]." The record failed to evidence a duration of services for the SN on the plan of care.</p> <p>4. The clinical record of patient #6 was reviewed and indicated a start of care date of 4/28/17. The record contained a plan of care dated 4/18/17-6/27/17, which indicated "SN 02 week for first 2 weeks and then 1 time per week until diabetes education complete and can demonstrate compliance with insulin dose and injections." The record failed to evidence a duration of services for the SN, completed safety measures, and completed functional limitations on the plan of care.</p>			

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	<p>A. The Safety Measures on the plan of care were not completed.</p> <p>B. The Functional limitations on the plan of care were not completed.</p> <p>C. The agency document titled "PHYSICIAN ORDERS," indicated, "REDUCE SN VISIT FREQUENCY TO EVERY OTHER WEEK UNTIL DISCHARGE DUE TO PATIENT NON COMPLIANCE." The record failed to evidence a duration for the new frequency order.</p> <p>D. During an interview on 7/11/17 at 4:30 PM, the administrator/director of nursing agreed that the safety measures and functional limitations should have been completed. It was an oversight since they write everything out and then type it into the 485 template.</p> <p>5. During an interview on 7/11/17 at 4:28 PM, the administrator/director of nursing stated that with VA [Veteran Affairs] patients, the VA will provide a duration of orders for a year so that is why there was not a duration on the 485 only for care during the certification period. Stated ongoing they will make sure that every 485 has a duration for the 60 day certification period.</p>			

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N 0529 Bldg. 00	<p>6. The undated agency policy titled "PLAN OF CARE," Policy # C-580, stated "SPECIAL INSTRUCTIONS: 1. An individualized Plan of Care signed by a physician shall be required for each client receiving home health ... 2. The Plan of Care shall be completed in full to include: ... c. Type, frequency, and duration of all visits/services."</p> <p>7. The undated agency job description titled "Director of Nursing Job Description" stated "The Director of Nursing is responsible for supervising and directing nursing and other therapeutic services offered by [agency], as required by federal and state regulations."</p> <p>410 IAC 17-13-1(a)(2) Patient Care 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.</p>	N 0529	The agency's policy Physician Summary (C-560) was reviewed	07/27/2017

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	<p>Based on record review, policy review, and interview the agency failed to complete an accurate written summary to be sent to physician for 1 out of 6 records reviewed (#1).</p> <p>Findings include:</p> <p>1. The clinical record of patient #1 was reviewed and indicated a start of care date of 4/20/17. The record contained a plan of care dated 4/20/17-6/19/17, which indicated "SN [Skilled Nurse] 01 week for 8 weeks."</p> <p>A. The agency document titled "RECERTIFICATION COMPREHENSIVE ASSESSMENT," dated 6/16/17 was completed by the registered Nurse</p> <p>1. During an interview on 7/11/17 at 4:13 PM, the administrator/director of nursing stated the entire comprehensive recertification is sent to the physician as the 60 day summary.</p> <p>2. During an interview on 7/11/17 at 4:18 PM, the administrator/director of nursing stated that she understood that the 60 day summary needed to contain a narrative summary labeled appropriately to be sent to the physician.</p>		<p>and determined to be appropriate based on the inclusion of the requirement that a written summary be provided to the physician at least every 60-days.</p> <p>On 7/27/17 the Clinical Record Review Tool, which is also part of the QAPI program, was updated to include the following review item: "5. 60-day summary includes written summary (per policy C-560) and 485 goals updated." The updated Clinical Record Review tool will be used by the QA nurse moving forward.</p> <p>The Administrator/Director of Nursing is responsible for ensuring compliance with all agency policies and applicable state and federal regulations.</p>	

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N 0533 Bldg. 00	<p>3. The undated agency policy titled "PHYSICIAN SUMMARY," Policy # C-650, stated "POLICY:A summary report will be provided to the physician no less than every sixty (60) days. The summary will provide a written report of the client's current condition, the treatment/services provided, and the client's response to the current treatment and/or medications, and pertinent changes in the client's physical, emotional, or environmental condition since last report. ... The report may be submitted on a summary form or as an addendum to the Physician Plan of Care."</p> <p>4. The undated agency job description titled "Director of Nursing Job Description" stated "The Director of Nursing is responsible for supervising and directing nursing and other therapeutic services offered by [agency], as required by federal and state regulations."</p> <p>410 IAC 17-13-2 Nursing Plan of Care Rule 13 Sec. 2(a) A nursing plan of care must be developed by a registered nurse for the purpose of delegating nursing directed patient care provided through the home health agency for patients receiving only home health aide services in the absence of</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/12/2017
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NAME OF PROVIDER OR SUPPLIER FIREFLY HOME HEALTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 103 E WARREN STREET MIDDLEBURY, IN 46540
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	<p>a skilled service.</p> <p>(b) The nursing plan of care must contain the following:</p> <ol style="list-style-type: none"> (1) A plan of care and appropriate patient identifying information. (2) The name of the patient's physician. (3) Services to be provided. (4) The frequency and duration of visits. (5) Medications, diet, and activities. (6) Signed and dated clinical notes from all personnel providing services. (7) Supervisory visits. (8) Sixty (60) day summaries. (9) The discharge note. (10) The signature of the registered nurse who developed the plan. <p>Based on record review, document review, and interview the agency failed to ensure the Registered Nurse (RN) reviewed and updated the aide care plan for 1 of 6 records reviewed (#1).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The clinical record of patient #1 was reviewed and indicated a start of care date of 4/20/17. The record contained a plan of care dated 4/20/17-6/19/17, which indicated "SN [Skilled Nurse] 01 week for 8 weeks." <p>A. The agency document titled "AIDE CARE PLAN" was initiated on 5/3/17. On recertification the aide care plan was not signed and dated as reviewed. There is no signature of</p>	N 0533	<p>The Home Health Aide Care Plan policy was reviewed and determined to be appropriate. Although the aide care plan was developed in accordance with company policy, the RN failed to sign a specific box on the home health aide care plan indicating that she reviewed the care plan. On 7/27/17, the Clinical Record Review Tool, which is also part of the QAPI program, was updated to include the following review item: "12. If applicable, home health aide care plan developed in accordance with Home Health Aide Care Plan (C-751) policy, and care plan reviewed and signed by RN at least every 60 days." This review tool will be used by the QA nurse moving forward. The Administrator/Director of Nursing is responsible for ensuring compliance with all company</p>	07/27/2017

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	<p>review on this form.</p> <p>2. During an interview on 7/11/17 at 4:23 PM, the administrator/director of nursing stated that she understood that the aide care plan needed to be signed upon recertification to provide proof it was reviewed.</p> <p>3. The undated agency policy titled "HOME HEALTH AIDE CARE PLAN," Policy # C-751, stated "POLICY: A complete and appropriate Care Plan, identifying duties to be performed by the Home Health Aide, shall be developed by a Registered Nurse."</p> <p>4. The undated agency job description titled "Director of Nursing Job Description" stated "The Director of Nursing is responsible for supervising and directing nursing and other therapeutic services offered by [agency], as required by federal and state regulations."</p>		policies and state and federal regulations.	