

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

PRINTED: 08/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OR SUPPLIER 1ST OPTION ADULT DAY SERVICES & HOME HEALTH INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6111 HARRISON STREET SUITE 225 MERRILLVILLE, IN 46411		
(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	
G 000	INITIAL COMMENTS This visit was a Federal Focused Infection Control Survey. Survey Dates: 8/10/2020 - 8/11/2020 Facility: 012812 Current Census: 16 1st Option Adult Day Services & Home Health Inc was found not to be in compliance with the 42 CFR 484.70 Condition of Participation: Infection Prevention and Control in regard to this Infection Control Focused survey of a home health agency. These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Refer to state form for additional state findings.	G 000			
G 682	Quality Review Completed 08/20/2020 Area 1 Infection Prevention CFR(s): 484.70(a) 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. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the agency failed to follow standards of practice including the use of standard precautions to prevent the transmission of infections and communicable diseases for 1 of 1 patient observed receiving a bed bath from a home health aide. (#1)	G 682			

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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G 682	<p>Continued From page 1</p> <p>The findings include:</p> <p>The undated policy titled "Handwashing" received on 8/10/2020 at 10:15 a.m., stated " Policy: In an effort to reduce the risk for infection in clients and staff members, thorough handwashing is required of all employees ... Purpose to prevent the transmission of infectious agents between clients and health care staff workers or between staff via hands ... 3. Hand washing is indicated a. Before performing invasive procedures b. Before caring for clients at high risk for infection c. When there is prolonged or intense contact with the client (bathing the client) d. Between tasks on the same client ... f. After removing gloves g. After touching objects that are potentially contaminated l. before eating drinking, handling or serving food"</p> <p>The undated document titled "Infection Control Policy and Procedure" stated, "Policy: 1st Option Adult Day Services & Home Health Support and Infection Prevention (IP) Program designed to ensure the safety of the patients, staff, and visitors within our facility environment, and by reducing the risk of acquiring a healthcare-associated infection ... 7.41 Hand Washing and Hand Care ... are considered the most important measures in infection control. Skin in a natural defense against infection ... Hands must be washed and dried before any direct client contact and/or the removal of gloves. Hands should be washed with a soap or cleaning agent covering all surfaces. Protective gloves must be worn when handling blood or body substances. 7.4.2 Protective Barriers ... (eye shields, gloves, owns ad masks)are to be used whenever there is a potential for exposure to blood and bodily substances"</p>	G 682			

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G 682	<p>Continued From page 2</p> <p>The undated document "Infection Control/prevention Surveillance Steps" stated, " ... Hand Washing and Hand Care Basic hand washing and hand care are considered the most important measures in infection control. -Hands must be washed and dried before and after any direct client contact and/or the removal of gloves. - Hands should be washed with a soap or cleaning agent covering all surfaces. Protective materials must be worn when providing direct series for infected person or handling blood/or [sic] and body substances.</p> <p>The undated and untitled agency document received on 8/11/20 at 11:02 a.m., stated, "0 Wet hands with water 1 apply enough soap to cover all surfaces 2 rub hands palm to palm 3 right palm over left dorsum with interlaced fingers and vice versa 4 palm to palm with fingers interlaced 5 backs of fingers to opposing palms with fingers interlocked s 6 rotational rubbing of left thumb clasped in right palm and vice versa 7 rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa. Scrub for 20-30 seconds 8 Rinse hands with water 9 dry thoroughly with a single use towel 10 use towel to turn off faucet 11 and your hands are safe"</p> <p>Observation of a home visit for Patient # 1 on 8/1/20 at 8:53 a.m., evidenced Employee D, HHA (Home Health Aide) enter the home and place her bag on the end table failing to place a barrier on table under her bag. She removed soap and paper towels and proceeded to the bathroom and washed her hands. Employee D donned gloves and gathered supplies for patient #1's bed bath. Employee D returned to the bathroom, filled basin</p>	G 682			

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G 682	Continued From page 3 with water added soap and a wash cloth. She washed patient #1's face and failed to use different areas of the cloth for each eye. She then washed behind both of his ears. Employee D had patient #1 roll onto his left side, she washed his back and detached his adult diaper, she proceeded to wash his left buttock and between both cheeks of buttocks, then proceeded to wash both of his legs and then placed the wash cloth in the basin of water, failing to use clean water and a clean washcloth to wash his legs. She helped patient #1 roll to his right side, moved the basin of water to the other side of the bed and washed the right buttock and between both cheeks of buttocks. She then washed the left side of his back with the same washcloth. Employee D failed to change water and the washcloth after washing patient #1's buttocks and before she washed the left side of his back. Employee D then placed a new adult diaper on patient #1, and failed to wash his perineal area or do catheter care. She then applied lotion on his legs and removed her gloves. Employee D went to the bathroom and washed her hands failing to wash for at least 20 seconds and scrub all surfaces of her hands. Employee D failed to use a paper towel to turn off the water. Employee D donned gloves and put on patient #1's shirt and pajama bottoms and failed to ensure his catheter bag remained off of the floor while she placed on his pants. She then stood patient up with his walker, picked up his catheter bag from the floor and hooked it to his walker. She dumped the water from the basin, removed her gloves and placed them in the trash bag. Patient #1 started to walk with walker to the living room, employee D donned gloves and walked with the patient, employee D failed to wash or sanitize her hands prior to donning clean gloves.	G 682			

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G 682	Continued From page 4	G 682			
G 684	<p>During an interview on 8/11/2020 at 11:20 a.m., Employee B indicated employees should always wash their hands when their gloves come off, she indicated handwashing should be done for 20 to 30 seconds.</p> <p>17-12-1(m) Infection control CFR(s): 484.70(b)(1)(2)</p> <p>Standard: Control. The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection control program must include:</p> <p>(1) A method for identifying infectious and communicable disease problems; and</p> <p>(2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the agency failed to have an active infection control program to maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infections and communicable diseases.</p> <p>The findings include:</p>	G 684			

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G 684	<p>Continued From page 5</p> <p>Record review of agency documents on 8/10/20 failed to evidence documentation staff and clients were monitored for signs and symptoms of Covid-19 infection prior to the start of care.</p> <p>Record review of agency policies failed to evidence a policy of when the agency should notify public health officials of clusters of respiratory illness or cases of Covid-19.</p> <p>Record review of agency documents failed to evidence tracking, monitoring and / or reporting of fever, respiratory illness or other signs and symptoms of Covid-19.</p> <p>Upon arrival to the agency on 8/10/20 at 9:26 a.m., a note was observed on the door to call 219-455-6259 for assistance, due to coronavirus visitors were not allowed in the office. Employee C, Administrative Assistant, answered the phone and opened the door at 9:26 a.m., she asked surveyors to wait in the waiting room for the administrator. The Administrator arrived at 9:45 a.m. The agency failed to screen this writer or the other surveyor present for Covid-19 signs and / or symptoms at any time during the two days present at the agency</p> <p>During a home visit on 8/11/2020 at 8:54 a.m., Employee D, HHA [Home Health Aide] failed to screen patient #1 for signs and symptoms of the Covid-19 virus upon arrival for care.</p> <p>During an interview on 8/10/2020 at 2:41 p.m., the administrator indicated there was no need at this time to have contact with the local or state health officials as they had no active Covid-19 cases.</p>	G 684			

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G 684	Continued From page 6 During an interview on 8/11/2020 at 10:30 a.m., when queried as to whether the agency was screening staff and clients for signs and symptoms of Covid-19, the Director of Nursing stated that "staff would stay home if they have symptoms of the virus." She indicated all staff was informed if they have any symptoms of Covid-19 to stay home and not to come to work. She also indicated all staff was notified via email or when they come into the office, of updates on Covid-19. No documentation of these updates were evidenced as of the time of exit.	G 684			
E 000	Initial Comments This visit was for a Focused Infection Control Survey which included aspects of Emergency Preparedness. Survey Dates: 8/10/2020 - 8/11/2020 Facility: 012812 Current Census: 16	E 000			
E 024	Policies/Procedures-Volunteers and Staffing CFR(s): 484.102(b)(5) [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency	E 024			

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E 024	<p>Continued From page 7</p> <p>plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years (annually for LTC).] At a minimum, the policies and procedures must address the following:] (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.</p> <p>*[For RNHCIs at §403.748(b):] Policies and procedures. (6) The use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency.</p> <p>*[For Hospice at §418.113(b):] Policies and procedures. (4) The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to develop and implement emergency preparedness policies and procedures which addressed staffing strategies during an emergency.</p> <p>The findings include:</p> <p>Record review on 8/10/2020 and 8/11/2020 of the agency's undated emergency preparedness policy B-386, titled "Emergency Preparedness</p>	E 024			

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E 024	Continued From page 8 Policy" failed to evidence staffing strategies during an emergency. During an interview on 8/11/2020 at 10:30 a.m., the administrator indicated staffing during a pandemic is difficult "if you look on indeed all you will see is home health positions, no one wants to work these positions, we cannot get extra staff." He indicated for now they are staffed okay so there is no need to worry about it.	E 024			