

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

PRINTED: 02/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157569		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2021	
NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH HOME HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 752 E US HWY 30 SCHERERVILLE, IN 46375			
(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 survey was a recertification, re-licensure, federal focused infection control, emergency preparedness of a home health agency. Survey Dates: 1/13/2021, 1/14/2021, 1/15/2021, 1/19/2021 Facility ID: 004608 Skilled Unduplicated Census: 331 These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Refer to state form for additional state findings.			G 000			
G 442	Written notice for non-covered care CFR(s): 484.50(c)(8) Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care; or in advance of the HHA reducing or terminating on-going care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204. This ELEMENT is not met as evidenced by: Based on record review, the home health agency failed to ensure the patient received proper written notice of non-covered services in 1 of 2 discharged patients, in a total sample of 9 clinical records reviewed. (#9) The findings include: 1. An agency policy, number S03, titled "Patient Rights" revised on 6/30/2020, stated "1.0 Purpose ... 1.1 Inform the patient of his/her rights as a			G 442			

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 442	<p>Continued From page 1</p> <p>patient of the agency during the initial evaluation visit, in advance of furnishing care to the patient ... 1.2 Confirm that the agency promotes and protects the patient's rights ... 2.0 Definitions ... 2.1 Statements of rights are written documents prepared by the agency which identify the patients rights to: ... 2.1.6 Participate in planning the care and treatment and any changes ... 2.1.8 Be informed of the extent to which payment may be expected from Medicare, Medicaid or any other federally funded or aided program known to the agency ... 2.1.12 The agency: 2.1.12.1 Advises the patient of charges that will not be covered by Medicare and the charges for which the patient may be liable ... 2.1.12.2 Provides this information orally and in writing before the care is initiated and as soon as possible but no later than five calendar days from the date that the agency becomes aware of the change ... 2.2 For home health the service agreement is a written statement which identifies ... 2.2.3 The charge is for services that will not be covered by Medicare ... 3.0 Policy ... 3.3 During the process of care delivery... 3.3.3 the Case Manager/nursing personnel informs the patient ... 3.3.3.2 In home health in writing of any changes in the charges, extent of Medicare coverage, or patient liability as soon in advanced or on the next visit ... "</p> <p>2. Clinical record review on 1/19/2021, for patient #9, start of care 11/7/19, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 7/4/2020 - 9/1/2020. This document had an area subtitled "Frequency/Duration of Visits" that stated "PT [physical therapy] effective 07/05/2020 2WK4 [two times a week for four weeks], 1WK4 [one time a week for four weeks] ... " Another area stated "Orders for Discipline and Treatments: PT</p>	G 442			

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G 442	<p>Continued From page 2</p> <p>to eval [evaluate]/assess for body structure and function impairments, activity limitations, and rehab potential ... PT will provide ongoing monitoring for changes in health status, treatment regimens ... PT will develop Plan of Care in coordination with the interdisciplinary care team, physician, and patient ... "</p> <p>Record review evidenced an agency document titled "Notice of Medicare Non-Coverage" which was signed by patient #9. This document stated "The Effective Date Coverage Of Your Current PT [and] Skilled Nursing Services Will End: ... 2/11/2020 with a line drawn through it." Above that date was written "5/5/20 [with a line drawn through it]." Above that date was written "9/1/20". Below the effective end date, the document also stated "Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current SN [skilled nursing]/ PT services after the effective date indicated above ... You may have to pay for any services you receive after the above date ... " On the bottom of page 2 of this notice stated "I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO [Quality Improvement Organization]" followed by the patient's signature dated 1/28/2020 [with a line drawn through it]." Above that date was written "5/5/20 [with a line drawn through it]." Below the original that was written "7/4/20"</p> <p>Record review failed to evidence the patient was receiving skilled nursing services for the certification period reviewed, but was indicated on the "Notice of Medicare Non-Coverage" form. Record review failed to evidence the patient was notified of non-covered services being furnished</p>	G 442			

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G 442	Continued From page 3 in advance for each certification period. When queried why the "Notice of Medicare Non-Coverage" was filled out in that way (crossing out dates, and writing in new dates), employee A, administrator/clinical manager, and employee B, alternate administrator/ alternate clinical manager, remained silent.	G 442			
G 580	Only as ordered by a physician CFR(s): 484.60(b)(1) Drugs, services, and treatments are administered only as ordered by a physician. This ELEMENT is not met as evidenced by: Based on record review, the agency failed to ensure all drugs, services, and treatments were administered only as ordered by the physician for 1 of 7 active clinical records reviewed, from a total sample of 9 clinical records reviewed. (#8) The findings include: 1. Clinical record review on 1/19/2021, for patient #8, start of care 1/2/2021, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 1/2/2021 - 3/2/2021. The document had an area subtitled "Frequency/Duration of Visits" that stated "SN [skilled nurse] 1WK4 [one visit per week, for 4 weeks] ... PT [physical therapy] 1WK1 [once a week for one week] 2WK2 [twice a week for two weeks] 1WK5 [once a week for five weeks] ... OT [occupational therapy] effective 1/3/2021 1WK1 [once a week for one week] ... " Another area subtitled "Orders for Discipline and Treatments" stated "Skilled nurse to perform a comprehensive assessment and evaluate the needs for home health services ... Occupational therapist to	G 580			

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G 580	Continued From page 4 evaluate for OT services ... PT to eval [evaluate]/assess for body structure and function impairments, activity limitations, and rehab potential related to current health conditions ... "	G 580			
	Record review failed to evidence a physician order for Encompass Home Health to provide skilled nursing, physical therapy, and occupational therapy services.				
	During record review, a physician's order for services was requested from employee A, administrator/clinical manager, and employee B, alternate clinical manager. Employee B pointed to the fax cover sheet and indicated it was addressed to Encompass Health. They were informed a fax cover sheet addressed to the agency would not be considered a physician order for home health services.				
G 588	410 IAC 17-13-1(a) Reviewed, revised by physician every 60 days CFR(s): 484.60(c)(1) The individualized plan of care must be reviewed and revised by the physician who is responsible for the home health plan of care and the HHA as frequently as the patient's condition or needs require, but no less frequently than once every 60 days, beginning with the start of care date. This ELEMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure the plan of care was revised as the patient's needs required for 2 of 4 patients who received a home visit. (#3, #6) The findings include:	G 588			

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G 588	<p>Continued From page 5</p> <p>1. An agency policy number S10, titled "Patient reassessment [and] recertification" reviewed 11/11/2020, stated "1.0 Purpose ... Establish guidelines for timely reevaluation of the patient's needs and care delivery ... 2.0 Definitions ... 2.3 Appropriate licensed professional for reassessments is defined as a RN [registered nurse], PT [physical therapist], ST [speech therapist], or OT ... 3.0 Policy ... 3.1 The registered nurse and other licensed professional staff as appropriate, ... 3.1.2 Review the patient's plan of care ... 3.1.2.1 As often as the severity of the patient's condition requires ... 3.5 Following established procedures, staff document ... 3.5.3 Revision and recertification of the plan.... "</p> <p>2. An agency policy number S07, titled "Medications" revised 5/28/2020, stated "1.0 Purpose ... 1.1 Establish guidelines for the appropriate administration and management of medications for patients and establish guidelines for appropriate personnel to administer medications ... 1.2 To facilitate timely, accurate and complete documentation and provide timely interventions for patients involved in medication errors ... 1.3 To implement a quality and risk management monitoring system for medication errors ... 3.0 Policy ... 3.1.3 The case manager consolidates all pertinent orders for medications into the plan of care at the time the medication is prescribed, or for over the counter medications at the time that they are found in the home ... "</p> <p>3. Clinical record review on 1/19/2021, for patient #3, start of care 1/8/2021, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 1/8/2021 - 3/8/2021. This document had an area subtitled</p>	G 588			

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G 588	<p>Continued From page 6</p> <p>"Medications" that stated "Acetaminophen [mild pain reliever] 325 MG Tablet ... 2 Times Daily ... Ativan [sedative] 1 MG Tablet ... 2 [times per] day as needed for anxiety ... Lorazepam [sedative, generic for Ativan] 1 MG Tablet ... 2 Times Daily ... " This document was requested on 1/13/2021 prior to the patients home visit and was failed to be signed by the physician.</p> <p>Record review evidenced a document from entity E, assisted living facility [ALF], titled "Physician's Orders" for the time frame of 1/1/2021 - 1/31/2021. This document had a section subtitled "Medications" that stated "Acetaminophen Tab [tablet] 325 MG ... 2 Tablets (650MG) By Mouth Two Times A Day ... Lorazepam Tab 1MG ... 1 Tablet By Mouth Two Times A day For Anxiety ... Acetaminophen Tab 325MG ... 2 Tablets (650MG) By Mouth Every Four Hours As Needed For Pain Or Temp [temperature/fever] ... " This document was signed by the Nurse Practitioner (NP), for entity E on 1/5/2021. This document was requested from Entity E on 1/14/2021, during a home visit conducted at 10:30 AM.</p> <p>Record review failed to evidence the medication list on the agency's "Home Health Certification and Plan of Care" matched the medication list from entity E, where the patient resides. Record review failed to evidence the Plan of Care was revised to reflect the changes in the patient's medication needs.</p> <p>4. Clinical record review on 1/19/2021, for patient #6, start of care 12/24/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for the certification period 12/24/2020 - 2/21/2021. This document had an area subtitled "Medications" that listed 7</p>	G 588			

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G 588	<p>Continued From page 7</p> <p>medications, which included Acetaminophen, Carvedilol [used to treat high blood pressure], Divalproex [used to treat bi-polar disorder], Donepezil [used to treat Alzheimer's disease], escitalopram, ezetimibe [used to treat high cholesterol] , and hydrocodone/acetaminophen [opioid pain medication]. This document was requested on 1/13/2021 prior to the patient's home visit and was failed to be signed by the physician.</p> <p>Record review evidenced a document from entity E titled "Physician's Orders" for the time frame of 1/1/2021 - 1/31/2021. This document had a section subtitled "Medications" that listed 8 medications which included Carvedilol, Divalproex, Donepezil, Escitalopram, Ezetimbe, Acetaminophen, Loperamide [anti-diarrheal], and Norco [brand name for hydrocodone/acetaminophen]. This document was signed by the Nurse Practitioner (NP), for entity E on 12/30/2020. This document was requested from Entity E on 1/14/2021 during a home visit conducted at 10:30 AM.</p> <p>Record review failed to evidence the medication list on the agency's "Home Health Certification and Plan of Care" matched the medication list from entity E, where the patient resides. Record review failed to evidence the Plan of Care was revised to reflect the changes in the patient's medication needs.</p> <p>During an interview on 1/19/2021, at 5:53 PM, employee A, administrator, indicated medications are reviewed for therapy only cases at every visit. The clinician will ask the patient or the facility nurse. The administrator indicated therapy was made aware of changes in the plan of care via</p>	G 588			

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G 588	Continued From page 8 case conference, conversation, or by looking at the patient orders. Employee A added the home health agency would start to have therapy only cases medications reviewed at each visit. During an interview on 1/19/2021, at 6:42 PM, employee A indicated the Plan of Care was revised with a new order. When queried if the Plan of Care was revised to show the most updated physician orders, they expressed the medication list was updated and sent to the physician and the patient. The new medication list was printed and updated in the patients home.	G 588			
G 590	410 IAC 17-13-1(a)(2) Promptly alert relevant physician of changes CFR(s): 484.60(c)(1) The HHA must promptly alert the relevant physician(s) to any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered. This ELEMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure the physician was promptly notified that patient outcomes were not being achieved and treatment according to the plan of care should have been altered in 1 of 2 discharge records reviewed, in a total sample of 9 records reviewed. (#2) The findings include: 1. An agency policy number S01, titled "Scope of services" revised on 4/23/2020, stated "1.0 Purpose ... 1.2 Define the scope of services the Agency offers. 1.3 Describe the responsibilities	G 590			

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G 590	<p>Continued From page 9</p> <p>of the services ... 3.0 Policy ... 3.1 The Agency establishes and controls the scope of services it provides ... The supervising physician and/or registered nurse supervises and directs skilled nursing and therapeutic services ... 3.4 The Agency provides skilled nursing services by or under the supervision of a registered nurse and in accordance with the plan of care and established policies and procedures. The registered nurse ... 3.4.2 Regularly reevaluates the patient's nursing needs. 3.4.3 Initiates the plan of care and necessary revisions ... 3.4.5 Initiates appropriate preventative and rehabilitative skilled nursing procedures ... 3.4.7 Coordinates services ... Informs the physician and other personnel of changes in the patient's condition and needs ... 3.4.14 Follows the nursing process in identifying nursing-prescribed actions such as assessment and teaching ... "</p> <p>2. An agency policy number S22, titled "Wound ulcer management with Wound etiologies" reviewed on 10/28/2020, stated "1.0 Purpose ... 1.3 To establish acceptable standards of practice as it relates to the appropriate management of a wound/ulcer that promotes and maximizes wound/ulcer-healing process ... 3.0 Policy ... 3.3 Subsequent Assessments / Evaluations: ... 3.3.2 The appropriately licensed professional shall evaluate the patient's response to the current treatment modalities, whether the current treatment modalities require modifications, and any events or conditions that are impeding the normal wound/ulcer healing process and notify the physician. 3.3.3 Wound/Ulcer Measurements and Staging: ... 3.3.3.6 All wounds are numbered and measured individually ... Wound measurements are reported in centimeters. Disposable rulers are used to obtain</p>	G 590			

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G 590	<p>Continued From page 10</p> <p>measurements. Length is derived by measuring the greatest distance of the wound oriented from the patient's head to the patient's toe. Width of the wound is measured perpendicular to the length. It is the greatest side-to-side distance, which is oriented from the patients arm-to-arm. The greatest depth should be measured from the deepest part of the wound ... Depth should not be reported as a '0' if there is necrotic [dead] material or if there is an open wound, as this would calculate the total surface area of any wound (L [length] x W [width] x D [depth]) to be '0' ... To measure depth, place sterile probe into the deepest part of the wound bed. Grasp the probe by the wound margin and place it against the ruler to obtain that measurement ... "</p> <p>3. Clinical record review on 1/19/2021, for patient #2, start of care 2/21/2020, evidenced a document titled "Home Health Certification and Plan of Care" for certification period 8/19/2020 - 10/17/2020. This document was signed by the patient's physician and stated "Patient's Expressed Goals: ... For wound to decrease in size ... Diagnoses: ... Unspecified Open Wound of Right Breast ... Other Specified Type of Carcinoma [type of cancer] in situ [contained in its original place or position] of Right Breast ... "</p> <p>There was an area subtitled "Orders of Discipline and Treatments:" that stated "Skilled nurse to observe and assess skin integrity and hygiene ... Skilled nurse to perform/teach ALF [Assisted living facility] staf [sic] wound care to right breast remove old dressing, cleanse with normal saline, pat fry [sic] apply Bactroban [medication] to woundc [sic]cover with xeroform [gauze soaked in petroleum jelly] or equivalent, apply folded 4x4's [gauze that measures 4 inches on each side] under breast and instructed [skilled nurse] to</p>	G 590			

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G 590	<p>Continued From page 11</p> <p>reform [sic] wound care during nursing visit. ALF to perform wound care on non nursing days. May discontinue wound care when wound is healed ... " Another area subtitled "Goals/Rehabilitation Potential/Discharge Plans:" stated "Patient will be free of exacerbation of skin integrity problems during this episode of care ... Wound status will improve as evidenced by a decrease in size, drainage, absence of infection, and decreased pain.... "</p> <p>Record review evidenced documents titled "Visit Note Report" which had an area designated for a comprehensive assessment subtitled "Wound Assessment" and had section to document the measurements of the wound located on the patient's right breast. The measurements [in L x W x D] for the following dates are as follows: 8/25/2020 - 10.5 cm x 16 cm x 0 cm; 9/1/2020 - 10 cm x 16.5 cm x 3 cm; 9/8/2020 - 10 cm x 15 cm x 3 cm; 9/15/2020 - 10 cm x 15 cm x 0 cm, bloody drainage, 9/23/2020 - 10.5 cm x 15 cm x 2.5 cm, bloody drainage.</p> <p>Record review evidenced a document titled "Visit Note Report" dated 10/15/2020, that had an area subtitled "Narrative" and stated "Patient was transferred to [Entity F, hospital] 10/1 [2020] due to uncontrolled bleeding to right breast cancer lesion ... " signed by person G, registered nurse [RN].</p> <p>Record review failed to evidence the patient's physician was promptly alerted to the worsening of the wound and patient outcomes were not being achieved. Record review failed to evidence the RN alerted the physician for a change in the wound care treatment orders. Record review failed to evidence the physician was notified the</p>	G 590			

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G 590	Continued From page 12 plan of care should be altered. During an interview on 1/19/2021, at 6:35 PM, employee B, alternate clinical manager, indicated the fluctuation in depth measurements could be from how the patient was laying and or the position they were in. When queried if the RN should have notified the doctor about the worsening wound, the need for a change in treatment, or to alter the plan of care employee B stated "I can't speak for the nurse."	G 590			
G 682	410 IAC 17-13-1(a)(2) 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 and record review, the home health agency failed to ensure all employees followed standard precautions to prevent the transmission of infections and communicable diseases in 1 of 4 home visits conducted. (employee E) The findings include: 1. An agency policy number I01, titled "Standard Precautions" reviewed 9/11/2020, stated "1.0 Purpose ... 1.1 To reduce potential cross contamination that may occur through staff/patient contact with provider care and to safeguard the health of the care giver and patient. 1.2 To provide a consistent and uniform	G 682			

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G 682	<p>Continued From page 13</p> <p>approach for health care staff in the prevention of transmission of infection while working with any home care or hospice patients ... 2.0 Definitions ... 2.1 Standard precautions are an approach to infection control. According to the concept of standard precautions, all human body fluids are treated as if known to be infectious for HIV , HBV , and other blood borne pathogens ... 3.0 Policy ... 3.1 It is the policy that the Agency's employees and contracted staff will follow the CDC [Central for Disease Control] Guidelines and OSHA [Occupational Safety and Health Administration] Standards regarding standard precautions. 3.2 All health care workers will routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids, mucous membranes, or non-intact skin for all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other access procedures. Gloves are changed after contact with the patient ... "</p> <p>2. An agency policy number I02, titled "Hand Hygiene" reviewed on 9/11/2020, stated "1.0 Purpose ... 1.1 To remove dirt and transient pathogenic flora aiding in the prevention and the spread of infection ... 2.0 Definitions ... 2.1 Hand hygiene is considered the single most important procedure in the prevention of transmission of infection ... 3.0 Policy ... 3.1 It is the policy of the Agency that all field and office personnel will adhere to the Hand Hygiene procedure ... 4.0 Procedure ... 4.1 Alcohol based hand rubs [ABHR] are the most efficacious agents for reducing the number of bacteria on the hands, and will be used for routine decontamination of the hands for all clinical indications (except when hands are visibly soiled)</p>	G 682			

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G 682	<p>Continued From page 14</p> <p>as recommendation by the Center for Disease Control ... 4.2 Hand washing with soap and water will be used for hand hygiene when hands are visibly soiled ... 4.3.[sic] At a minimum, personnel will perform hand hygiene in the following instances: 4.3.1 Upon entry into the patient's home, before any patient contact ... 4.3.6 After any contact with patient excretion (feces, urine) or secretions (from wounds, nasopharynx, trachea, skin infections, etc.) or with articles/surfaces contaminated by secretions or excretions ... "</p> <p>3. An agency policy number I03, titled "Bag/equipment technique" reviewed on 9/11/2020, stated "1.0 Purpose ... 1.1 To reduce potential cross contamination that may occur through staff/patient contact while providing care ... 3.0 Policy ... 3.1 It is the policy of the Agency that all field staff will adhere to the bag/equipment technique procedure ... 4.0 Procedure ... 4.1 The clinical bag and related equipment will be used in accordance with the following directions: ... 4.1.10 Use paper towels or other barrier such as plastic, underpad, etc., as protective shields while in the performance of various patient care functions ... 4.1.12 After care is given, clean all equipment ... thoroughly with alcohol ... 4.1.13 Clean hands again using proper technique, and return items to bag ... "</p> <p>4. During observation of a home visit which was conducted on 1/14/2021, at 2:33 PM, in the residence of patient #1, at entity E, an assisted living facility. Employee E, physical therapy assistant (PTA) was observed to have first placed their work bag on the counter next to the sink, without placing a barrier between the bag and the surface of the counter. The PTA proceeded to</p>	G 682			

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G 682	<p>Continued From page 15</p> <p>wash hands with soap and water, and dried with paper towels. At 2:38 PM, employee E donned new gloves and assessed the patients blood pressure on the right arm (108/72), temperature (97.7 Fahrenheit), and pulse (87 beats per minute). At 2:52 PM, employee E demonstrated, instructed, and assisted leg exercises including knee raises, toe taps, and heel raises, while the patient sat in the wheel chair. At 3:01 PM, employee E instructed and assisted the patient to stand with a walker from sitting, and back to the sitting position in the wheel chair, three times. At 3:06 PM, employee E began to document on their agency tablet that was not on or returned to a barrier. Next, employee E assisted the patient in using ABHR and cleaned a therapy ball with a disinfectant wipe. At 3:11 PM, the employee and the patient bounced the ball back and forth until the patient became tired. Employee E assisted the patient to use ABHR and cleaned the ball with a disinfectant wipe. With new wipes, employee E cleaned their stethoscope and blood pressure cuff and placed the items back in the employee's bag. Employee E finished documenting and then disinfected the tablet with another wipe. At 3:21 PM, employee E removed their gloves. The employee washed their hands with soap and water, dried with paper towels, discarded in a trash bin, and concluded the visit without wiping the bottom of the bag.</p> <p>The employee failed to use a barrier underneath their work bag to prevent cross contamination between patients. The employee failed to change gloves at the appropriate times during the home visit, such as after patient contact and after coming in contact with contaminated items/surfaces. The employee failed to remove soiled gloves and perform hand hygiene prior to</p>	G 682			

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G 682	Continued From page 16 cleaning reusable equipment, such as the blood pressure cuff and stethoscope, and prior to placing reusable equipment in the employee's work bag. On 1/15/2021, at 4:02 PM, employee A, administrator, was notified of the concerns, which he/she wrote down, then pointed to their notes and stated "I do not like this."	G 682			
E 000	410 IAC 17-12-2(g) Initial Comments An Emergency Preparedness survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 484.102. Facility ID: 004608 Visit dates: 1/13/2021, 1/14/2021, 1/15/2021, 1/19/2021	E 000			
E 024	At this Emergency Preparedness survey, Encompass Health - Home Health was found to not be in compliance with 42 CFR 484.102, Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers. 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 plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section,	E 024			

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E 024	<p>Continued From page 17</p> <p>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:]</p> <p>(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 home health agency failed to ensure the use of volunteers to address surge needs during an emergency.</p> <p>The findings include:</p> <p>1. An agency policy number E06, titled "Emergency preparedness plan" revised on 6/10/2020, stated "1.0 Purpose ... 1.1 To provide employees with established guidelines to respond to disaster situations ... 1.3 To minimize hazards and unsafe situations related to</p>	E 024			

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E 024	<p>Continued From page 18</p> <p>disasters ... 2.0 Definitions ... 2.2 Disasters may include, but are not limited to fires, tornados, winter storms, flooding, bomb threats, civil disturbances, and communicable illnesses affecting a majority of the staff ... 3.0 Policy ... 3.1 The Agency will involve the Administrator, Supervising Nurse/BD [branch director](s) ... and other individuals the Administrator deems appropriate in the development, maintenance and implementation of the emergency preparedness and Response Plan ... 3.4 The plan will be based on a risk assessment that identifies potential disasters from either natural or man-made causes that are most likely to occur in the Agency service area ... 3.7 ... Any hospice volunteer helping during a disaster will be issued a temporary name badge in order to be identified. Other volunteers will not be utilized during an emergency. Staff from other Encompass offices will be used to supplement staffing in an affected branch, both with visits and workflow ... "</p> <p>2. During an interview on 1/13/2021, at 2:45 PM, employee A, administrator/branch director, indicated in the event of emergency staffing needs, they would utilize a volunteer fire department for certain areas to help evacuate patients, as needed. Employee A was then queried if staff and volunteers have documented emergency preparedness training, to which they indicated they do not have volunteers.</p> <p>The agency policy confirmed the agency does not utilize volunteers as the federal emergency preparedness regulations require.</p>	E 024			