

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157653	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/22/2015
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NAME OF PROVIDER OR SUPPLIER  RN2U INC	STREET ADDRESS, CITY, STATE, ZIP CODE 635 S STATE RD 67 MOORESVILLE, IN 46158
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G 0000  Bldg. 00	<p>This was a follow up federal home health recertification survey.</p> <p>Survey dates: December 15, 2015</p> <p>Facility Number: 012905</p> <p>Medicaid Provider ID 201075310</p> <p>Census: 75</p> <p>Clinical records reviewed 4</p> <p>RN2U, Inc. was found to be in compliance with Conditions of Participation 42 CFR 484.10 Patient Rights, 484.14 Organization, Services &amp; Administration, 484.32 Therapy Services, and 484.48 Clinical Records.</p>	G 0000		
G 0207  Bldg. 00	<p>484.36(a)(2) HHA TRAINING - CONDUCT</p> <p>A home health aide training program may be offered by any organization except an HHA that, within the previous two years, has been found:</p> <ul style="list-style-type: none"> <li>- Out of compliance with requirements of this paragraph (a) or paragraph (b) of this section</li> <li>- To permit an individual that does not meet the definition of "home health aide" as specified in §484.4 to furnish home health aide services (with the exception of licensed</li> </ul>			

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>health professionals and volunteers)</p> <ul style="list-style-type: none"> <li>- Has been subject to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the State)</li> <li>- Has been assessed a civil monetary penalty of not less than \$5,000 as an intermediate sanction</li> <li>- Has been found to have compliance deficiencies that endanger the health and safety of the HHA's patients and has had a temporary management appointed to oversee the management of the HHA</li> <li>- Has had all or part of its Medicare payments suspended</li> </ul> <p>Further, under any Federal or State law within the 2-year period beginning on October 1, 1988:</p> <ul style="list-style-type: none"> <li>- Has had its participation in the Medicare program terminated</li> <li>- Has been assessed a penalty of not less than \$5,000 for deficiencies in Federal or State standards for HHAs</li> <li>- Was subject to a suspension of Medicare payments to which it otherwise would have been entitled;</li> <li>- Had operated under a temporary management that was appointed to oversee the operation of the HHA and to ensure the health and safety of the HHA's patients</li> <li>- Was closed or had its residents transferred by the State.</li> </ul> <p>Based on record review and interview, the agency provided home health aide skills competency check off for 2 of 6 home health aide personel files ( # O and Q ) after conditions had been cited on the previous two suveys that were conducted on August 4, 2015 and September 14,</p>	G 0207	<p>RN2U will no longer to competency check offs until HHA responsibilities have been restored</p> <p>Competency checks will be done by an outside entity</p> <p>DON/designee will monitor weekly</p>	12/22/2015	

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N 0000  Bldg. 00	<p>2015.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The personnel record of Employee O, a home health aide, was reviewed on 12/22/15 at 4:30 PM. Employee O date of hire was 11/24/15. A form dated 11/24/15, indicated the Director of Clinical Services conducted a competency evaluation.</li> <li>The personnel record of Employee Q, a home health aide, was reviewed on 12/22/15 at 4:40 PM. Employee Q date of hire was 10/06/15. A form dated 10/21/15, indicated the Director of Clinical Services conducted a competency evaluation.</li> <li>The Administrator and Director of Clinical Services was interviewed on 12/22/15 at 4:20 PM. The Administrator and Director of Clinical Sevices stated there was a misunderstanding on the home health aide competency.</li> </ol> <p>This was a follow up state home health recertification survey.</p>	N 0000			

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N 0464 Bldg. 00	<p>Survey dates: December 15, 2015</p> <p>Facility Number: 012905</p> <p>Medicaid Provider ID 201075310</p> <p>Census: 75</p> <p>Clinical records reviewed 4</p> <p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. (3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis;</p>			

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	<p>or</p> <p>(B) newly positive results to the tuberculin skin test;</p> <p>must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must:</p> <p>(A) be completed annually; and</p> <p>(B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on a tuberculosis evaluation may not:</p> <p>(A) work in the home health agency; or</p> <p>(B) provide direct patient contact; unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:</p> <p>(A) working for the home health agency; or</p> <p>(B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on record review and interview, the agency failed to ensure a two step tuberculin skin test using the Mantoux method or a quantiferon TB assay had been provided to new hires with no previous test in the previous 12 month period for 2 of 9 personnel records reviewed (# N and O).</p> <p>Findings include:</p> <p>1. The personnel record for Employee N, a home health aide, was reviewed on 12/22/15 at 3:15 PM. Employee N date</p>	N 0464	<p>New employee personnel files will be reviewed by DON/designee before employee is allowed to have patient contact</p> <p>DON/designee will monitor all employees requiring a two step PPD to ensure PPD requirements are met</p> <p>DON/designee will train all agency staff who deal with employee files on the PPD requirements</p> <p>All current field employees are having their TB skin test repeated</p> <p>60% will be completed by 1/22/16 the rest will be done by 2/12/16,</p>	02/12/2016

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	<p>of hire was 08/17/15. Employee N personnel record failed to evidence a 2nd Mantoux or a quantiferon TB assay.</p> <p>a. Employee N was interviewed on 12/22/15 at 3:45 PM. Employee N stated he / she never had a mantoux or quantiferon TB assay in the previous 12 month period.</p> <p>2. The personnel record of Employee O, a home health aide, was reviewed on 12/22/15 at 4:30 PM. Employee O date of hire was 11/24/15. Employee O personnel record failed to evidence a 2nd Mantoux or a quantiferon TB assay.</p> <p>a. The Administrator and Director of Nursing Services were not able to provided any further documentation upon request on 12/22/15 at 4:45 PM.</p>		<p>due to availability of TB test material and patient care scheduling New field employees with a proof of negative TB skin test during the last 12 months will receive a 1 step skin test Other new employees without proof of prior skin test, quantiferon or chest xray will receive a 2 step TB skin test Employee files will be reviewed weekly by the DON/designee</p>	