

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

PRINTED: 02/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157685	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/13/2021
NAME OF PROVIDER OR SUPPLIER BAYADA PEDIATRICS			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 DIRECTORS ROW SUITE H INDIANAPOLIS, IN 46241		
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G 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Focused Infection Control and Federal complaint survey of a Deemed Home Health provider.</p> <p>Complaint #: IN00344123; Substantiated. Federal deficiencies were cited</p> <p>Complaint #: IN00313840; Substantiated. No Federal deficiencies were cited.</p> <p>Date of survey: 01-11-2021 to 01-13-2021</p> <p>Facility #: 013748</p> <p>CCN #: 157685</p> <p>Current Active Census: 58 patients</p> <p>During this complaint survey, Bayada Pediatrics was found to be out of compliance with 42 CFR 484.70 Infection Prevention and Control. Based on the Condition-level deficiencies identified during the 1/15/2021, survey, your home health agency was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency is precluded from operating or being the site of a home health aide training and/or competency evaluation programs for two years beginning 1/15/2021, and continuing through 1/14/2023.</p> <p>Quality Review Completed on 02/10/2021 by Area 3</p>	G 000			
G 680	<p>Infection prevention and control</p> <p>CFR(s): 484.70</p>	G 680			

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 680	Continued From page 1 Condition of Participation: Infection prevention and control. The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases. This CONDITION is not met as evidenced by: Based on observation, record review, and interview, the agency failed to ensure they followed their policy in regards to properly prevent and/ or contain COVID-19 in regards to failing to screen an employee prior to entering the agency, failed to remove staff from a home until they have completed a medical evaluation, fit testing, and educational process for N95 respirator use, and failed to ensure all visitors were screened for COVID - 19 (See G682); failed to properly prevent and/ or contain COVID-19 in regards to implementing a surveillance plan, to include early detection, tracking, monitoring, and management of potentially infectious diseases (See G684); and failed to ensure employees received education on the symptoms, transmission, screening criteria, and work exclusion in regards to the COVID -19 pandemic. (See G686). These deficient practices has the potential to affect all 58 patients who receive services from Bayada and all employees who provide those services. The cumulative effect of these systemic problems resulted in the home health agency's inability to ensure the provision of quality health care in a safe environment for the Condition of Participation of 484.70 Infection Prevention and Control.	G 680			
G 682	Infection Prevention	G 682			

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G 682	<p>Continued From page 2 CFR(s): 484.70(a)</p> <p>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 ensure they followed their policy in regards to properly prevent and/ or contain COVID-19 in regards to failing to screen an employee prior to entering the agency for 1 (Employee D) out of 4 employees known to be exposed to COVID-19, failed to remove staff from a home until they have completed a medical evaluation, fit testing, and educational process for N95 respirator use, and failed to ensure all visitors were screened for COVID - 19 for 3 out of 3 days for 1 of 1 agency.</p> <p>The findings include:</p> <p>1. Review of the agency's policy titled "Bayada 0-1440 Contagious Disease Management," updated on November 23, 2020, indicated " ... 2.1.1 Employees who exhibit symptoms of a cold or an acute respiratory infection will not work with clients during the period of contagion ... 2.1.3 Employees with signs and symptoms of COVID - 19 should be advised to consult with their physician about their symptoms and testing to confirm COVID-19 ... 2.2 Notification by a Bayada supervisor will be made to: a. clients, their physicians when appropriate, and staff who have been in contact with an employee who has a physician-confirmed contagious disease " This policy indicated that a temperature and symptom screening log form in Director's tool was</p>	G 682			

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G 682	<p>Continued From page 3</p> <p>to be completed by the office for field employees who are asymptomatic post-exposure to COVID-19.</p> <p>2. Review of the agency's policy titled "Bayada 0-3295 Respiratory Protection Plan" updated on April 21, 2020, indicated " ... 3.1.1 Existing Bayada client. All staff will be removed from the home and not re-enter until they have completed the medical evaluation, fit testing, and educational process for the N95 respirator use "</p> <p>3. Upon observation when entering the agency on 01/11, 01/12, and 01/13/21 at 9:00 AM, the agency failed to evidence temperature monitoring to check for fevers of staff and surveyors.</p> <p>4. Review of COVID-19 Case Entry Form dated 12/05/2020 at 1:45 P.M., revealed the agency was notified by patient's #4's family member that a household member was hospitalized with COVID-19 and all members in the household will be tested. The entry form revealed the household member symptoms started on 11/30/20 and tested positive on 12/05/2020.</p> <p>5. The clinical record of Patient #4, start of care 07/26/2018, was reviewed on 1/12/2021. Review of the following skilled nurse visit notes failed to evidence any documentation of the household member having symptoms of COVID-19 nor any report to the agency of a household member having symptoms from 11/30/20 to 12/05/20; and failed to evidence any documentation of report between staff on/ after 12/5/20, when it was made known of the household exposure:</p> <p>Employee D, LPN - 11/30/2020 at 10:57 A.M.</p>	G 682			

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G 682	<p>Continued From page 4 to 12/1/2020 at 07:05 A.M.;</p> <p>Employee G, RN - 12/1/2020 from 07:00 A.M. to 07:17 P.M.;</p> <p>Employee D - 12/1/2020 at 11:03 P.M. to 12/02/2020 at 07:07 A.M.;</p> <p>Employee G - 12/2/2020 from 07:00 A.M. to 07:17 P.M.;</p> <p>Employee F, RN - 12/2/2020 from 07:15 P.M. to 11:07 P.M.;</p> <p>Employee E, LPN - 12/2/2020 at 11:00 P.M. to 12/3/2020 at 07:12 A.M.;</p> <p>Employee G - 12/3/2020 at 07:15 P.M to 12/3/2020 at 07:01 P.M.;</p> <p>Employee D - 12/3/2020 at 11:00 P.M. to 12/04/2020 07:12 A.M.;</p> <p>Employee E - 12/4/2020 from 07:00 A.M. to 07:01 P.M.;</p> <p>Employee D - 12/4/2020 at 10:59 P.M. to 12/05/2020 at 07:25 A.M.;</p> <p>Employee F, RN - 12/5/2020 at 07:15 A.M. to 12/5/2021 at 11:07 P.M. Review of the skill nursing note revealed employee F was notified by Employee BB, Case Manager, of the COVID-19 exposure. The SN note document failed to evidence if Employee E was informed of the household COVID-19 exposure.</p> <p>Employee E, LPN - 12/5/2020 at 11:00 P.M. to 12/05/2020 07:07 P.M.</p>	G 682			

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G 682	<p>Continued From page 5</p> <p>Employee F- 12/6/2020 at 07:00 A.M. to 12/6/2020 11:00 P.M. Review of a skilled nursing note by Employee F, dated 12/6/2020 at 07:00 A.M TO 11:00 P.M. The SN note document failed to evidence if Employee D was informed of the household COVID-19 exposure.</p> <p>Employee D, LPN - 12/6/2020 at 11:03 P.M to 12/7/2020 07:09 A.M.</p> <p>Employee E - 12/7/2020 at 07:00 A.M. to 12/7/2020 07:02 P.M.</p> <p>Employee F - 12/7/2020 at 07:00 P.M. to 12/7/2020 11:00 P.M.</p> <p>6. Review of the COVID-19 tracking log revealed Employee D symptoms for COVID-19 began 12/1/2020, and tested positive on 12/08/2020.</p> <p>7. During an interview on 01/11/2021 at 11:22 A.M., Person A stated Employee D was not informed about the positive COVID-19 household member in patient #4's home. Person A stated Employee D worked in the home 2 days (Friday and Sunday) before the agency notified Employee D that a household member tested positive for COVID-19. Person A stated Employee D was hospitalized for two weeks.</p> <p>8. During an interview on 01/12/20 at 10:07 AM., Employee BB, Clinical Manager of patient #4, stated when she was on-call on 12/5/20 at 1:45 P.M., she was notified by patient #4's family member, who indicated a household member had tested positive for COVID-19 and was putting themselves in self-quarantine pending COVID-19 test results. The Clinical Manager indicated she</p>	G 682			

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G 682	<p>Continued From page 6</p> <p>took PPE (personal protective equipment) to patient #4's home on 12/06/20 during the day. The Clinical Manager was unable to give the exact time. Clinical Manager stated she did call all the staff that work with the client but was not able to reach Employee D before she started working on the evening of the 5th. The Administrator stated Employee D was informed about the COVID-19 exposure before coming into the office on 12/7/20. Employee BB stated Employee D came into the office on 12/07/20 to complete medical release for N95 mask and had close contact with Employee CC. The Administrator stated Employee D reported on 12/08/20, Employee D had a symptom of COVID-19 (a loss of taste) and tested positive. Employee BB stated due to Employee CC being in close contact with Employee D, Employee CC was required to quarantine for 10 days. When asked if the employee was screened prior to her entry into the agency and before coming into contact with Employee CC on 12/07/20, the administrator and Employee BB stated Employee D was not screened. When asked if the agency tracked, logged temperatures, or symptoms of COVID-19 exposure with all employees, the Administrator indicated they do not. The agency failed to follow their policy to ensure preventive measures were put into place to prevent the spread of COVID-19.</p> <p>9. During an interview on 01/13/21 at 9:45 AM, the Administrator stated no changes were made to the agency's COVID screening processes since the COVID-19 positive exposure by Employee D and no temperatures are being monitored or tracked for any employees or visitors.</p>	G 682			

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G 684 G 684	Continued From page 7 Infection control CFR(s): 484.70(b)(1)(2) 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: (1) A method for identifying infectious and communicable disease problems; and (2) A plan for the appropriate actions that are expected to result in improvement and disease prevention. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the agency failed to properly prevent and/ or contain COVID-19 in regards to implementing a surveillance plan, to include early detection, tracking, monitoring, and management of potentially infectious diseases for 1 of 1 agency. The findings include: Review of the agency's policy titled, "Bayada 0-403 Quality Assurance and Performance Improvement [QAPI] Program," updated on 1/1/2021, indicated " ... 4.1.5 Monitoring of other data and other reportable events is gathered, reviewed and analyzed to assess performance and to identify any trends requiring further study and intervention. Data includes, but not limited to: a. ... Adverse events ... d. Infections "	G 684 G 684			

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G 684	<p>Continued From page 8</p> <p>Review of COVID-19 Case Entry Form dated 12/05/2020 at 1:45 P.M., revealed the agency was notified by patient's #4's family member that a household member was hospitalized with COVID-19 and all members in the household will be tested. The entry form revealed that the household member symptoms started on 11/30/20 and tested positive on 12/05/2020.</p> <p>The clinical record of Patient #4, start of care 07/26/2018, was reviewed on 1/12/2021. The record contained a plan of care for certification 11/12/2020 to 01/10/2021, with orders for 12-24 hours of skilled nursing (SN) care 4-7 days a week for vent management, gastrostomy feedings, medication administering, dressing, bathing, changing diaper during incontinence, suctioning and tracheostomy care. The patient's diagnosis included Chronic Respiratory Failure, Epilepsy, and Constipation. Review of the following skilled nursing visits revealed 4 employees who provided services at patient #4's home and who was in contact with one another:</p> <p>Review of the following skilled nurse visit notes revealed the following employees who were in the patient's home providing services while being exposed to COVID-19: Employee D, LPN - 11/30/2020 at 10:57 A.M. to 12/1/2020 at 07:05 A.M.; Employee G, RN - 12/1/2020 from 07:00 A.M. to 07:17 P.M.; Employee D - 12/1/2020 at 11:03 P.M. to 12/02/2020 at 07:07 A.M.; Employee G - 12/2/2020 from 07:00 A.M. to 07:17 P.M.; Employee F, RN - 12/2/2020 from 07:15 P.M. to 11:07 P.M.; Employee E, LPN - 12/2/2020 at 11:00 P.M. to 12/3/2020 at 07:12 A.M.; Employee G - 12/3/2020 at 07:15 P.M. to 12/3/2020 at 07:01 P.M.; Employee D -</p>	G 684			

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G 684	<p>Continued From page 9</p> <p>12/3/2020 at 11:00 P.M. to 12/04/2020 07:12 A.M.; Employee E - 12/4/2020 from 07:00 A.M. to 07:01 P.M.; Employee D - 12/4/2020 at 10:59 P.M. to 12/05/2020 at 07:25 A.M.; Employee F - 12/5/2020 from 07:15 A.M. to 11:07 P.M.; Employee E - 12/5/2020 at 11:00 P.M. to 12/05/2020 at 07:07 P.M.; Employee F- 12/6/2020 from 07:00 A.M. to 11:00 P.M.; Employee D- 12/6/2020 at 11:03 P.M to 12/7/2020 at 07:09 A.M.; Employee E - 12/7/2020 from 7:00 A.M. to 07:02 P.M.; and Employee F - 12/7/2020 at 07:00 P.M. to 12/7/2020 11:00 P.M.</p> <p>Review of the agency's complaint and incident reports, failed to evidence documentation of exposure to infection or communicable disease on complaint and incident report, for the incidences that occurred on 12/5/2021 and 12/8/2021. The incident reports failed to evidence documentation and follow up with patient #4's family member and all staff caring for patient #4 after COVID-19 notification.</p> <p>Review of the COVID-19 tracking log revealed Employee D symptoms for COVID-19 began 12/1/2020, and on 12/08/2020 tested positive. Review of agency's QAPI binder on 1/12/2021, failed to evidence COVID-19 exposure surveillance log to assess performance and to identify trends requiring further study or investigation. The agency failed to follow up with COVID-19 positive household members and all staff providing services to patient #4 to assess for symptoms post COVID-19 diagnosis exposure.</p> <p>During an interview on 01/11/2021 at 11:22 A.M., Person A stated Employee D was not informed about the positive COVID-19 household member in patient #4's home. Person A stated Employee</p>	G 684			

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G 684	Continued From page 10 D worked in the home 2 days (Friday and Sunday) before the agency notified Employee D that a household member tested positive for COVID-19. Person A stated Employee D was hospitalized for two weeks. During an interview on 01/12/20 at 10:07 AM., the Administrator stated Employee D was informed about the COVID-19 exposure before coming into the office on 12/7/20, but Employee BB stated Employee D came into the office on 12/07/20 to complete medical release for N95 mask and had close contact with Employee CC. Employee BB stated due to Employee CC being in close contact with Employee D, Employee CC was required to quarantine for 10 days. When asked if Employee D was screened upon arrival to the agency, Employee BB stated she did not complete a temperature and screen. The Administrator stated Employee D reported on 12/08/20 that she had a symptom of COVID-19 (a loss of taste). When asked if the agency tracked, logged temperatures, or symptoms of COVID-19 exposure with employees, the Administrator indicated he did not. The agency failed to follow their agency policy by failing to ensure Employee D, and all visitors, were screened prior to entering the office. During an interview on 01/13/21 at 9:45 AM, the Administrator stated no changes were made to the agency's COVID screening processes since the COVID-19 positive exposure by Employee D and no temperatures are being monitored or tracked for any employees or visitors.	G 684			
G 686	Infection control education CFR(s): 484.70(c)	G 686			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157685	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/13/2021
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(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 686	<p>Continued From page 11</p> <p>Standard: Education.</p> <p>The HHA must provide infection control education to staff, patients, and caregiver(s).</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the agency failed to ensure employees received education on the symptoms, transmission, screening criteria, and work exclusion in regards to the COVID -19 pandemic for 5 of 5 personnel records reviewed. (A, B, C, D, E).</p> <p>The finding include:</p> <p>Review of personnel records for Employee A, B, C, D, E, failed to evidence documentation that the agency has educated staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)</p> <p>Record review of agency's policy titled, "Bayada 0-633 Annual Infection Prevention Education Requirements," updated January 1, 2021, failed to include educational content related to COVID-19 as evidenced in 1.0 education content and 1.1 infection prevention.</p> <p>During interview 1/12/21 at 10:30 AM., Administrator and Employee BB stated the employees receive updates regarding COVID-19 and infection control emails on their tablets. When surveyor asked evidence of documentation for the in-services pre, posttest, or check off for understanding, the Administrator stated this was not completed. No further documents were provided by agency of competency, understanding of infection control policies, and updates on COVID-19.</p>	G 686			