

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

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 04/10/2018
NAME OF PROVIDER OR SUPPLIER  ADAPTIVE NURSING AND HEALTHCARE SERVICES - KOKOM		STREET ADDRESS, CITY, STATE, ZIP COD 2904 S REED ROAD KOKOMO, IN 46902		
(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
N 0000  Bldg. 00	<p>This survey was an initial home health care state licensure survey.</p> <p>Facility #: 014340</p> <p>Survey Dates: April 9, 10; 2018</p> <p>Active Patients: 3 Discharged Patients: 0</p> <p>Record Review with Home Visit: 2 Record Review without home visit: 1 Total records reviewed: 3 Total home visits: 2</p>	N 0000	N/A	
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 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> <ul style="list-style-type: none"> <li>(1) Receipt of job description.</li> <li>(2) Qualifications.</li> <li>(3) A copy of limited criminal history pursuant to IC 16-27-2.</li> <li>(4) A copy of current license, certification, or registration.</li> <li>(5) Annual performance evaluations.</li> </ul>	N 0458	The Administrator, coupled with	04/12/2018

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>Based on record review the agency failed to ensure that employees had a correct signed job description and an orientation in the personnel file for 1 of 3 employee files reviewed (Employee A).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The agency policy revised 5/16/16, titled "Personnel Qualifications," stated "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: (1) Receipt of job description."</li> <li>2. The agency policy revised 3/8/18, titled "Personnel Record Contents," stated "1. The content of the personnel files ... will include: ... Job Description ... Orientation checklist (completed)."</li> <li>3. The agency policy revised 3/8/18, titled "Orientation of Personnel," stated "When the initial orientation is completed, the employee will sign the orientation checklist and a copy will be retained in the personnel record."</li> <li>4. During review of employee files on 4/9/18, the list of current employees included employee A, date of hire 11/6/17. The record failed to evidence the correct job description or an orientation. <ul style="list-style-type: none"> <li>A. An agency job description titled "District Manager," was signed by Employee A and dated on 11/6/17. The record failed to evidence an administrator's job description.</li> <li>B. During an interview on 4/10/18 at 9:03 AM, the administrator stated as soon as the job description was copied that he knew that the problem was that it was a district job description.</li> </ul> </li> </ol>		<p>the Governing Body, will complete and execute an Administrator Job Description on 04/12/18 and place it in the contents of the personnel record.</p> <p>The Administrator, coupled with the Governing Body, will complete and execute the Administrator orientation checklist on 04/12/18 and place it in the contents the personnel record.</p>	

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N 0462  Bldg. 00	<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> <p>Based on record review the agency failed to ensure that a physical examination signed by a physician or nurse practitioner was present in the personnel record for 1 of 3 records reviewed (Employee C).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The agency policy revised 3/8/18, titled "Personnel Record Contents," stated "The content of a separate file, which includes health information will contain: ... Physician's Health Assessment."</li> <li>2. During review of employee files on 4/9/18, the list of current employees included employee C, date of hire 2/16/18 with first patient contact date of 2/27/18. The record failed to evidence an appropriate physical examination. <ul style="list-style-type: none"> <li>A. An agency document titled "General Physical Form," was dated on 2/14/18 and signed by a physician's assistant-certified (PA-C).</li> </ul> </li> </ol> <p>N 0470 410 IAC 17-12-1(m) Home health agency</p>		N 0462	<p>The Administrator/designee will contact the noted employee to have another Health Assessment completed on 04/12/2018, including execution of a new Adaptive Health Assessment form by an MD or NP. The new Health Assessment form will be placed in the personnel record.</p> <p>To begin immediately the Administrator/designee will ensure the inclusion of an appropriate signature, MD or NP, on the Health Assessment Form. Evidenced by the review of the health assessment form upon hire and by ongoing personnel record reviews completed by the Administrator/designee.</p>	04/12/2018

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Bldg. 00	<p>administration/management</p> <p>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 laws.</p> <p>Based on observation and interview the agency failed to ensure that staff followed infection control practices for 1 of 2 home visits (Employee B).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The agency policy revised 5/16/14, titled "Hand Washing Policy," stated "The Center for Disease Control (CDC) recommends routinely washing hands in the following situations: Before contact with clients."</li> <li>2. The clinical record of patient #2 was reviewed on 4/9/18 and indicated a start of care date of 3/7/18. The record contained a plan of care dated 3/7/18-5/5/18. <ul style="list-style-type: none"> <li>A. During observation on 4/9/18 at 3:00 PM, employee B, director of nursing (DON) was observed providing care to patient #3. Upon entering home, employee B used a bag technique, removed supplies and started taking patient vital signs. Employee failed to complete hand hygiene prior to providing care.</li> </ul> </li> <li>3. During an interview on 4/10/18 at 9:05 AM, the director of nursing stated that hand hygiene was always performed before getting out of the car and entering the home, it was forgotten prior to care.</li> </ol>	N 0470	<p>The Administrator will provide an in-service to all internal employees by 04/13/18, which refers to Clinical Managers. The in-service will include review of the noted <i>Hand Washing Policy</i> and re-education on all situations hand washing is routinely recommended. Evidenced by the executed in-service attendance log.</p>	04/13/2018

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N 0524  Bldg. 00	<p>410 IAC 17-13-1(a)(1)</p> <p>Patient Care</p> <p>Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff.</p> <p>(B) Include all services to be provided if a skilled service is being provided.</p> <p>(B) Cover all pertinent diagnoses.</p> <p>(C) Include the following:</p> <p>(i) Mental status.</p> <p>(ii) Types of services and equipment required.</p> <p>(iii) Frequency and duration of visits.</p> <p>(iv) Prognosis.</p> <p>(v) Rehabilitation potential.</p> <p>(vi) Functional limitations.</p> <p>(vii) Activities permitted.</p> <p>(viii) Nutritional requirements.</p> <p>(ix) Medications and treatments.</p> <p>(x) Any safety measures to protect against injury.</p> <p>(xi) Instructions for timely discharge or referral.</p> <p>(xii) Therapy modalities specifying length of treatment.</p> <p>(xiii) Any other appropriate items.</p> <p>Based on record review and interview, the agency failed to ensure that the medical plan of care contained all required information for 1 of 3 records reviewed (#3).</p> <p>Findings include:</p> <p>1. The agency policy revised 3/21/12, titled "Plan of Treatment," stated "the medical plan of care shall ... include the following ...frequency and duration of visits."</p>	N 0524	<p>The Administrator will provide an in-service to all internal employees by 04/13/18, which refers to Clinical Managers. The in-service will include review of the noted <i>Plan of Treatment</i> policy and re-education that all plans of care are to include both the frequency and duration. Evidenced by the executed in-service attendance log and by the ongoing plan of care review to ensure inclusion of frequency and duration completed</p>	04/13/2018

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	<p>2. The agency job description titled "ADMINISTRATOR," stated "Essential functions: 7. Assures compliance with federal/state regulations."</p> <p>3. The clinical record of patient #3 was reviewed on 4/9/18 and indicated a start of care date of 2/28/18. The record contained a plan of care dated 2/28/18-4/28/18 that indicated "RN [registered nurse] visit every 2 weeks for CHF [congestive heart failure] / cardiac care education due to disease process knowledge deficit." The record failed to evidence a duration for the RN frequency.</p> <p>4. During an interview on 4/10/18 at 9:02 AM, the director of nursing stated all frequencies should have a duration.</p>		by the Administrator/designee.	