

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157645	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2015
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NAME OF PROVIDER OR SUPPLIER PURE HOME HEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 9333 N MERIDIAN STREET SUITE 104 INDIANAPOLIS, IN 46260
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G 000 Bldg. 00	<p>This visit was for a home health agency federal complaint investigation.</p> <p>Complaint #: IN00166167; Substantiated: Federal deficiencies related to the allegation are cited.</p> <p>Survey dates: 2-9, 2-10, 2-11, 2-12, 2-13, 2-16, and 2-17-2015</p> <p>Facility number: 012680</p> <p>Surveyor: Deborah Franco, RN, Public Health Nurse Surveyor</p> <p>Census: Unduplicated skilled admissions last 12 months: 285 Current active: 88 Skilled, 28 Home Health Aide only, 3 Personal Service only</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 26, 2015</p>	G 000		
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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 134 Bldg. 00	<p>484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, employs qualified personnel and ensures adequate staff education and evaluations.</p> <p>Based on review of Indiana Administrative Code 410 IAC 17-14-1 (1)(1)(B), personnel record review, and interview, the agency administrator failed to ensure employees were qualified by confirming the home health aides were registered and in good standing on the state aide registry for 5 of 6 currently employed home health aide (K, L, M, N, O) personnel files reviewed creating the potential to affect all patients who were receiving home health aide services in the agency.</p> <p>Findings include:</p> <p>1. Indiana Administrative Code 410 IAC 17-14-1 (1)(1)(B) states, "The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the</p>	G 134	<p>Personnel files are being audited on a daily basis until personnel files are current to ensure that all of our home health aides are qualified by confirming the home health aides are registered and in good standing on the state aide registry All new hires will be confirmed on the state aide registry prior to starting patient care This is a part of our QAPI initiative which began on 1/5/2015 The Director of Clinical Services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur,</p>	03/17/2015

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	<p>requirements of this section as follows: ... (B) be entered on and be in good standing on the state aide registry."</p> <p>2. Personnel record K, a home health aide, date of hire 7-25-13 and first patient contact 9-24-13, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care.</p> <p>3. Personnel record L, a home health aide, date of hire 3-26-13 and first patient contact 3-27-13, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care.</p> <p>4. Personnel record M, a home health aide, date of hire 5-12-14 and first patient contact 5-14-14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care.</p> <p>5. Personnel record N, a home health aide, date of hire 11-21-13 and first patient contact 11-23-13, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care.</p> <p>6. Personnel record O, a home health</p>			

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G 215 Bldg. 00	<p>aide, date of hire 7-14-14 and first patient contact 7-19-14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care.</p> <p>7. The Administrator indicated on 2-17-14 at 4:00 PM the agency had completed competency testing on the above aides and thought the agency had completed the registration of these personnel. The Administrator was not able to provide further documentation demonstrating compliance prior to exit and indicated the staff did not have any specific recollection of when the application for registration may have been sent to Indiana State Department of Health. The Administrator indicated the agency has started a performance improvement plan on 1-5-14 regarding the creation and maintenance of personnel files in accordance with regulation, rules, and agency job descriptions.</p> <p>484.36(b)(2)(iii) COMPETENCY EVALUATION & IN-SERVICE TRAI The home health aide must receive at least</p>			

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	<p>12 hours of in-service training during each 12 month period. The in-service training may be furnished while the aide is furnishing care to the patient.</p> <p>Based on review of job description, personnel file review, and interview, the agency failed to ensure home health aides (HHA) received 12 hours of continuing education, or prorated equivalent, for 1 of 8 HHA personnel files reviewed (N).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Agency job description, copyright Briggs, undated, for HHA states, "Attends in-service programs to meet compliance requirements." Personnel files for HHA Employee N, date of hire 11/21/13, failed to evidence 12 hours of continuing education, or prorated equivalent for 2014. The employee personnel file failed to evidence any documentation of continuing education in 2014. On 2-17-15 at 4:00 PM, upon request, the Alternate Director of Nursing, who supervised the HHAs, was unable to provide further documentation demonstrating compliance. 	G 215	<p>An audit tool has been added to the front of the personnel files which includes 12h of continuing education or prorated equivalent. These in-services are offered at hire and three times during the year. Personnel will be responsible for auditing the files on a daily basis until files are complete. Once the files are complete, they will be audited on a monthly basis. This is a part of our QAPI initiative. The HHA Supervisor will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	03/17/2015

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N 000 Bldg. 00	<p>This was a home health state complaint investigation.</p> <p>Complaint #: IN00166167; Substantiated: State deficiencies related to the allegation are cited.</p> <p>Survey dates: 2-9, 2-10, 2-11, 2-12, 2-13, 2-16, and 2-17-2015</p> <p>Facility number: 012680</p> <p>Surveyor: Deborah Franco, RN, Public Health Nurse Surveyor</p> <p>Census: Unduplicated skilled admissions last 12 months: 285 Current active: 88 Skilled, 28 Home Health Aide only, 3 Personal Service only</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 26, 2015</p>	N 000		

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N 586 Bldg. 00	<p>410 IAC 17-14-1(h) Scope of Services</p> <p>Rule 14 Sec. 1(h) Home health aides must receive continuing education. Such continuing education shall total at least twelve (12) hours from January 1 through December 31, inclusive, with a minimum of eight (8) hours in any eight (8) of the following subject areas:</p> <p>(1) Communications skills, including the ability to read, write, and make brief and accurate oral presentations to patients, caregivers, and other home health agency staff.</p> <p>(2) Observing, reporting, and documenting patient status and the care or service furnished.</p> <p>(3) Reading and recording temperature, pulse, and respiration.</p> <p>(4) Basic infection control procedures and universal precautions.</p> <p>(5) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.</p> <p>(6) Maintaining a clean, safe, and healthy environment.</p> <p>(7) Recognizing emergencies and knowledge of emergency procedures.</p> <p>(8) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health agency, including the need for respect for the patient, the patient's privacy,</p>			

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	<p>and the patient's property.</p> <p>(9) Appropriate and safe techniques in personal hygiene and grooming that include the following:</p> <p>(A) Bed bath.</p> <p>(B) Bath; sponge, tub or shower.</p> <p>(C) Shampoo, sink, tub, or bed.</p> <p>(D) Nail and skin care.</p> <p>(E) Oral hygiene.</p> <p>(F) Toileting and elimination.</p> <p>(10) Safe transfer techniques and ambulation.</p> <p>(11) Normal range of motion and positioning.</p> <p>(12) Adequate nutrition and fluid intake.</p> <p>(13) Medication assistance.</p> <p>(14) Any other task that the home health agency may choose to have the home health aide perform.</p> <p>Based on review of job description, personnel file review, and interview, the agency failed to ensure home health aides (HHA) received 12 hours of continuing education, or prorated equivalent, for 1 of 8 HHA personnel files reviewed (N).</p> <p>Findings include:</p> <p>1. Agency job description, copyright Briggs, undated, for HHA states, "Attends in-service programs to meet compliance requirements."</p> <p>2. Personnel files for HHA Employee N, date of hire 11/21/13, failed to evidence 12 hours of continuing education, or prorated equivalent for 2014. The</p>	N 586	An audit tool has been added to the front of our personnel files which includes the 12 hours of continuing education or prorated equivalent. These in-services are offered at hire and three times per year by the HHA Supervisor. Personnel files are being audited daily for this requirement until each file is current. Once the files are current, Personnel will be responsible for auditing once a month in order to ensure compliance. The HHA Supervisor will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	03/17/2015			

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N 597 Bldg. 00	<p>employee personnel file failed to evidence any documentation of continuing education in 2014.</p> <p>3. On 2-17-15-15 at 4:00 PM, upon request, the Alternate Director of Nursing, who supervised the HHAs, was unable to provide further documentation demonstrating compliance.</p> <p>410 IAC 17-14-1(I)(1)(B) Scope of Services Rule 14 Sec. (1)(I)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry.</p> <p>Based on review of Indiana Administrative Code 410 IAC 17-14-1 (1)(1)(B), personnel record review, and interview, the agency administrator failed to ensure employees were qualified by confirming the home health aides were registered and in good standing on the state aide registry for 5 of 6 currently employed home health aide (K, L, M, N, O) personnel files reviewed creating the potential to affect all patients who were receiving home health aide services in the agency.</p>			N 597	<p>Personnel files are being audited on a daily basis until personnel files are current to ensure that all of our home health aides are qualified by confirming the home health aides are registered and in good standing on the state aide registry All new hires will be confirmed on the state aide registry prior to starting patient care The Director of Clinical Services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur,</p>		03/17/2015

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. Indiana Administrative Code 410 IAC 17-14-1 (1)(1)(B) states, "The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows: ... (B) be entered on and be in good standing on the state aide registry." 2. Personnel record K, a home health aide, date of hire 7-25-13 and first patient contact 9-24-13, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 3. Personnel record L, a home health aide, date of hire 3-26-13 and first patient contact 3-27-13, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 4. Personnel record M, a home health aide, date of hire 5-12-14 and first patient contact 5-14-14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 5. Personnel record N, a home health 			

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	<p>aide, date of hire 11-21-13 and first patient contact 11-23-13, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care.</p> <p>6. Personnel record O, a home health aide, date of hire 7-14-14 and first patient contact 7-19-14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care.</p> <p>7. The Administrator indicated on 2-17-14 at 4:00 PM the agency had completed competency testing on the above aides and thought the agency had completed the registration of these personnel. The Administrator was not able to provide further documentation demonstrating compliance prior to exit and indicated the staff did not have any specific recollection of when the application for registration may have been sent to Indiana State Department of Health. The Administrator indicated the agency has started a performance improvement plan on 1-5-14 regarding the creation and maintenance of personnel files in accordance with regulation, rules, and agency job descriptions.</p>			