

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157556	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/03/2014
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NAME OF PROVIDER OR SUPPLIER HOME CARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6202 CONSTITUTION HILL STE C FORT WAYNE, IN 46804
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G000000	<p>This was a home health agency federal recertification survey. This was a partial extended survey.</p> <p>Survey Dates: December 30 and 31, 2013, and January 2 and 3, 2014 Partial extended dates: January 2 and 3, 2014</p> <p>Facility Number: IN004060</p> <p>Medicaid Number: 220491120</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type: Skilled: 242 Home Health Aide Only: 6 Personal Care Only: 5 Total: 253</p> <p>Sample: RR w/HV: 6 RR w/o HV: 6 Total: 12</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p>	G000000		
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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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G000121	<p>January 9, 2014</p> <p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD</p> <p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on observation, policy and document review, and interview, the agency failed to ensure staff followed infection control guidelines for 3 of 6 home visit observations with the potential to affect all the agency's patients. (#1, 3, and 4)</p> <p>Findings include:</p> <p>1. During home visit with patient #1 on 12/31/13 at 8:00 AM, employee H was observed showering patient. Employee H donned clean gloves at start of shower, washed buttocks area and feet, then rinsed and dried patient and floor, and with same gloves applied lotion to legs and anti-fungal cream to toes and dressed patient with pants and shoes. Employee H removed gloves and donned clean gloves but failed to perform hand hygiene prior. Employee H then applied Nystatin/Triamcinolone cream to abdominal folds and back, dried buttock area and applied cream with right hand, removed right glove and</p>	G000121	G121: Because all clients of Home Care Services could be affected by the agency failure to ensure staff follow infection control procedures as per accepted professional standards, the Administrator/Clinical Director has enhanced and updated with bold type and specific instructions those policies and procedures detailing infection control guidelines. Care policies and procedures now including more direct and bold instruction include but are not limited to handwashing, glove use and change, care and disinfection of vital sign equipment and supplies after use and prior to replacement in the nursing bag, and containment of soiled laundry. To prevent the likelihood of issues related to infection control affecting all clients, ALL agency personnel have been re-inserviced on infection control guidelines and agency policy/procedures including handwashing, glove use and change, equipment disinfection, and laundry care and have received a copy of the	01/09/2014			

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	<p>donned a clean right glove but failed to perform hand hygiene prior. Employee H proceeded to prepare tooth brush and denture cleanser, applied lotion to back and arms, applied deodorant, then administered Refresh eye drops to patient's right eye, and brushed dentures but failed to obtain clean gloves for any of the tasks. Employee H removed gloves, failed to perform hand hygiene, and directly picked up dirty linens from bed, and carried it against scrub top to laundry room. Employee H washed hands after laundry started, but failed to scrub hands for more than seven seconds.</p> <p>2. During home visit with patient #3 on 12/31/13 at 11:00 AM, employee D was observed obtaining vital signs with thermometer and manual blood pressure cuff. Employee D failed to clean the equipment after use.</p> <p>3. During home visit with patient #4 on 12/31/13 at 12:45 PM, employee D was observed obtaining a manual blood pressure. Employee D failed to clean the blood pressure cuff after use. Employee D was observed providing wound care at 1:08 PM. After removing patient's sock, employee D removed gloves and donned clean gloves but failed to perform hand hygiene. At 1:13</p>		<p>related care infection control and care policies, The Clinical Director will accompany the supervisory RN on a supervisory visit each quarter to ensure staff follow infection control guidelines. A report of the the visit findings and any associated corrective actions will be incorporated into the quarterly quality review. The Administrator shall be responsible for monitoring these corrective actions to ensure that this deficiency has been corrected and will not recur.</p>	

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	<p>PM employee D removed patient's left shoe and sock, removed gloves and donned clean gloves but failed to perform hand hygiene. After applying lotion to leg and foot and replacing sock and shoes, employee D removed gloves and donned clean gloves but failed to perform hand hygiene in between.</p> <p>4. On 1/2/14 at 9:15 AM, home visit findings were reviewed with employee A. On 1/2/14 at 9:30 AM, employee A indicated staff should change gloves after performing tasks within the perineal area and should wash hands before donning new gloves, and staff should always wash hands or use hand sanitizer in between changing gloves. On 1/2/14 at 9:38 AM, employee A indicated equipment cleaning policy says stethoscope bells should be cleaned with alcohol if the bell touches the patient, but thermometers do not need to be cleaned if the staff used a sheath, and normally the blood pressure cuffs do not need to be alcohol wiped.</p> <p>5. The agency's policy titled "Universal Precautions for Home Care," #E-100, dated 3/1/04 states, "Universal Precautions ... 2. Hands are washed if contaminated with blood or body fluid, immediately after gloves are removed, between client contact, and when</p>				

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	<p>indicated to prevent transfer of microorganisms between other clients or the environment. 3. Gloves are worn when touching blood body fluids, secretions, excretions, non-intact skin, mucous membranes, or contaminated items such as laundry or urinals. ... 6. Equipment used for client care is properly cleaned and disinfected. ... 7. Contaminated linen is placed in leak proof bag and carefully handled to prevent skin and mucous membrane exposure."</p> <p>6. The agency's policy titled "Handwashing," #E-113, dated 3/1/04 states, "Special Instructions ... 3. Indications for handwashing include, but are not limited to: ... F. Between activities on the same client involving different body sites. ... 4. The procedure for handwashing is as follows: ... Wash hands, using plenty of lather and friction for at least 10 to 15 seconds. Interlace fingers and rub palms and back of hands with circular motion at least five times each."</p> <p>7. The document titled "Cleaning and disinfection of Patient Care Equipment used in the Home Setting," March 2009 states, "One of the risks for transmitting infections to home care and hospice patients is the use of improperly cleaned</p>						

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	<p>and disinfected medical equipment. ... Non-critical Items- Non-critical items are those that come in contact with intact skin but not mucous membranes. ... Non-critical patient care items may include a blood pressure cuff, laptop computer keyboard, stethoscope, nursing bag taken into the home, pulse oximeter, etc. ... Non-critical environmental surfaces include the floor, bedside tables, side rails on a hospital bed in the home, television remote, light switches, and the patient's furniture. Many of these non-critical environmental surfaces are frequently touched by the staff member's hands and potentially could contribute to secondary transmission by contaminating the home care and hospice staff members' hands or by contacting medical equipment or non-critical patient care items that subsequently contact patients. This reinforces the need for staff to perform hand hygiene prior to having direct patient contact with the patient. ... Disinfection of Patient Care Equipment ... Most patient care equipment used by home care and hospice staff as well as surfaces touched by staff in the home would be considered non-critical. It is called non-critical as it carries little risk of causing an infection in patients or staff. However, patient care equipment (e.g., blood pressure cuffs, stethoscopes)</p>			

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	<p>can become contaminated with infectious agents (e.g., MRSA) and contribute to the transmission of infections. therefore, non-critical medical equipment surfaces should be disinfected with an EPA-registered low- or intermediate-level disinfectant at a minimum of when visibly soiled and on a regular basis (CDC, 2008). The term "regular basis" is to be defined by the home care and hospice organization. It is suggested that vital sign equipment and supplies be cleaned and disinfected with a low- or intermediate- level disinfectant in the home after use and prior to placing the equipment back in the nursing bag for use on another patient."</p> <p>McGoldrick, M. (2009). Cleaning and Disinfection. Home Care Infection Prevention and Control Program. www.HomeCareandHopice.com.</p>			

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G000159	<p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the frequency of visits were 1 or more per discipline ordered for 3 of 12 records reviewed with the potential to affect all the agency's patients. (#2, 4, and 12)</p> <p>Findings include:</p> <ol style="list-style-type: none"> Clinical record #2, start of care (SOC) date 12/19/12, contained a Home Health Care Certification and Plan of Care (POC) dated 12/14/13-2/11/14 with orders for Skilled Nursing (SN) 0 times a week for 1 week; 1 time a week for 2 weeks; every 2 weeks for 7 weeks, and Aide 0 times a week for 1 week; 2 times a week for 8 weeks; 1 time a week for 1 week. The POC failed to contain a frequency for week 1. Clinical record #4, SOC date 1/11/12, 	G000159	G159: Because agency failure to ensure frequency of visits are 1 or more could affect all agency clients, the Administrator/Clinical Director has in-serviced all agency RNs and support staff that a 0 visit frequency is not acceptable. RNs will discontinue use of the 0 frequency and will document on the plan of care a frequency of visit 1 or greater for ordered disciplines. To prevent 0 frequencies from affecting all agency clients, the Clinical Director has reviewed all plans currently in place for evidence of 0 frequency and has directed care staff to initiate a 1 or more frequency order by 1/9/2014. 10% of clinical records will be reviewed quarterly by the Clinical Director for evidence that a frequency of visits 1 or greater per discipline ordered is being documented. The Administrator shall be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does	01/09/2014

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	<p>and interview, the agency failed to ensure the Home Health Aide (HHA) was performing duties as ordered for 1 of 2 HHA home visit observations, with the potential to affect all the agency's patients who receive HHA services. (#1)</p> <p>Findings include</p> <p>1. During home visit with patient #1 on 12/31/13 at 8:00 AM, employee H, (HHA), was observed showering patient. After drying patient, employee H applied anti-fungal cream to toes and applied Nystatin/Triamcinolone cream to abdominal folds and back. Employee H then administered Refresh eye drops to patient's right eye. The HHA failed to follow the aide care plan task of assisting with medications.</p> <p>A. During home visit on 12/31/13 at 8:45 AM, employee H asked the patient's caregiver (PCG) to check the patient's blood sugar and the PCG asked why the HHA was not going to do it. The HHA indicated this is a nurse's task, so PCG obtained the blood sugar. At 8:45 AM, the PCG indicated the HHA sometimes performs the blood sugar checks.</p> <p>B. The Attendant Care</p>		<p>reviewed the care and circumstances regarding visit #1 and has completed documented disciplinary action and remediation to employee H. Client care needs in relation to agency plan of care and home health aide care plan have been reviewed with the client spouse who is able and willing to check the client blood sugar, apply medicated ointments, and instill eyes drops for the client. Because the agency's failure to ensure that the Home Health Aide provides only those services ordered by the physician, permitted under state law, and assigned by the RN could affect all agency clients, instruction and inservice has been provided to ALL agency home health aides and nursing personnel specifically supervisory RNs on agency policy regarding assignment and duties of the home health aide and related supervision/assessment requirements. Home Health Aides will perform duties only as ordered by the MD, permitted under Indiana state law, and assigned on the aide care plan by the RN. Because all agency clients could be potentially affected, a review of all home health care plans with regard to client care needs and available support was completed by the Clinical Director. Home Health Aides will refrain from performing duties not meeting the above agency guidelines. Supervisory</p>				

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	<p>Plan/Instructions dated 12/17/13 states "Medication reminder as needed."</p> <p>C. On 1/2/14 at 9:32 AM, employee A indicated the HHAs are to assist with medication by placing the medication in the patients' hands and generally guiding the patients' hands to the areas the medication or ointment is to be administered, and HHAs are not to be performing blood sugar checks.</p> <p>2. The agency's policy titled "Home Health Aide Care Plan," #C-751, dated 3/1/04 states, "2. The Home Health Aide Care Plan shall be developed in plain, non-technical lay terms and identify the duties to be performed. Duties may include ... assistance in administering medication that are ordinarily self-administered. ... 6. The Home Health Aide cannot be responsible for performing any procedure that is not assigned to him/her in writing by the RN/Case Manager or Registered Nurse/Therapist that is beyond his/her ability."</p> <p>3. The agency's Home Health Aide job description states, "Aides are not allowed to administer any medications or perform specialized care under any circumstance."</p>		<p>RNs will complete required supervisory visits assessing home health aide activities for adherence to the plan. The Clinical Director will accompany the supervisory RN quarterly to observe that the RN performing the supervisory visits is accurately and thoroughly assessing the home health aide's compliance with assigned duties and that the aide is adhering to the plan assignment. The Administrator shall be responsible for monitoring that these corrective actions ensure that deficiencies are corrected and do not recur.</p>				

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N000000	This was a home health agency state licensure survey. Survey Dates: December 30 and 31, 2013, and January 2 and 3, 2014 Facility Number: IN004060 Medicaid Number: 220491120 Surveyor: Miriam Bennett, RN, BSN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN January 9, 2014	N000000					
N000470	410 IAC 17-12-1(m) Home health agency administration/management 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. Based on observation, policy review, and interview, the agency failed to ensure staff followed infection control guidelines for 3 of 6 home visit observations with the potential to affect all the agency's patients. (#1, 3, and 4)	N000470	N 470: Because all clients of Home Care Services could be affected by the agency failure to ensure staff follow infection control procedures as per accepted professional standards, applicable federal and state laws and per written and implemented policies/procedures,	01/09/2014			

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	<p>Findings include:</p> <p>1. During home visit with patient #1 on 12/31/13 at 8:00 AM, employee H was observed showering patient. Employee H donned clean gloves at start of shower, washed buttocks area and feet, then rinsed and dried patient and floor, and with same gloves applied lotion to legs and anti-fungal cream to toes and dressed patient with pants and shoes. Employee H removed gloves and donned clean gloves but failed to perform hand hygiene prior. Employee H then applied Nystatin/Triamcinolone cream to abdominal folds and back, dried buttock area and applied cream with right hand, removed right glove and donned a clean right glove but failed to perform hand hygiene prior. Employee H proceeded to prepare tooth brush and denture cleanser, applied lotion to back and arms, applied deodorant, then administered Refresh eye drops to patient's right eye, and brushed dentures but failed to obtain clean gloves for any of the tasks. Employee H removed gloves, failed to perform hand hygiene, and directly picked up dirty linens from bed, and carried it against scrub top to laundry room. Employee H washed hands after laundry started, but failed to scrub hands for more than seven seconds.</p>		<p>the Administrator/Clinical Director has enhanced and updated with bold type and specific instructions those policies and procedures detailing infection control guidelines. Care policies and procedures now including more direct and bold instruction include but are not limited to handwashing, glove use and change, care and disinfection of vital sign equipment and supplies after use and prior to replacement in the nursing bag, and containment of soiled laundry. To prevent the likelihood of issues related to infection control affecting all clients, ALL agency personnel have been re-inserviced on infection control guidelines and agency policy/procedures including handwashing, glove use and change, equipment disinfection, and laundry care and have received a copy of the related care infection control and care policies, The Clinical Director will accompany the supervisory RN on a supervisory visit each quarter to ensure staff follow infection control guidelines. A report of the the visit findings and any associated corrective actions will be incorporated into the quarterly quality review. The Administrator shall be responsible for monitoring these corrective actions to ensure that this deficiency has been corrected and will not recur.</p>		

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	<p>2. During home visit with patient #3 on 12/31/13 at 11:00 AM, employee D was observed obtaining vital signs with thermometer and manual blood pressure cuff. Employee D failed to clean the equipment after use.</p> <p>3. During home visit with patient #4 on 12/31/13 at 12:45 PM, employee D was observed obtaining a manual blood pressure. Employee D failed to clean the blood pressure cuff after use. Employee D was observed providing wound care at 1:08 PM. After removing patient's sock, employee D removed gloves and donned clean gloves but failed to perform hand hygiene. At 1:13 PM employee D removed patient's left shoe and sock, removed gloves and donned clean gloves but failed to perform hand hygiene. After applying lotion to leg and foot and replacing sock and shoes, employee D removed gloves and donned clean gloves but failed to perform hand hygiene in between.</p> <p>4. On 1/2/14 at 9:15 AM, home visit findings were reviewed with employee A. On 1/2/14 at 9:30 AM, employee A indicated staff should change gloves after performing tasks within the perineal area and should wash hands before donning new gloves, and staff</p>			

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	<p>should always wash hands or use hand sanitizer in between changing gloves. On 1/2/14 at 9:38 AM, employee A indicated equipment cleaning policy says stethoscope bells should be cleaned with alcohol if the bell touches the patient, but thermometers do not need to be cleaned if the staff used a sheath, and normally the blood pressure cuffs do not need to be alcohol wiped.</p> <p>5. The agency's policy titled "Universal Precautions for Home Care," #E-100, dated 3/1/04 states, "Universal Precautions ... 2. Hands are washed if contaminated with blood or body fluid, immediately after gloves are removed, between client contact, and when indicated to prevent transfer of microorganisms between other clients or the environment. 3. Gloves are worn when touching blood body fluids, secretions, excretions, non-intact skin, mucous membranes, or contaminated items such as laundry or urinals. ... 6. Equipment used for client care is properly cleaned and disinfected. ... 7. Contaminated linen is placed in leak proof bag and carefully handled to prevent skin and mucous membrane exposure."</p> <p>6. The agency's policy titled "Handwashing," #E-113, dated 3/1/04</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157556	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/03/2014
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	states, "Special Instructions ... 3. Indications for handwashing include, but are not limited to: ... F. Between activities on the same client involving different body sites. ... 4. The procedure for handwashing is as follows: ... Wash hands, using plenty of lather and friction for at least 10 to 15 seconds. Interlace fingers and rub palms and back of hands with circular motion at least five times each."			

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N000524	<p>410 IAC 17-13-1(a)(1) Patient Care 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. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following:</p> <p>(i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the frequency of visits were 1 or more per discipline ordered for 3 of 12 records reviewed with the potential to affect all the agency's patients. (#2, 4, and 12)</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care</p>	N000524	N 524: : Because agency failure to ensure frequency of visits are 1 or more could affect all agency clients, the Administrator/Clinical Director has in-serviced all agency RNs and support staff that a 0 visit frequency is not acceptable. RNs will discontinue use of the 0 frequency and will document on the plan of care a frequency of visit 1 or greater for ordered disciplines. To prevent 0 frequencies from affecting all agency clients, the Clinical Director has reviewed all plans	01/09/2014			

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	<p>(SOC) date 12/19/12, contained a Home Health Care Certification and Plan of Care (POC) dated 12/14/13-2/11/14 with orders for Skilled Nursing (SN) 0 times a week for 1 week; 1 time a week for 2 weeks; every 2 weeks for 7 weeks, and Aide 0 times a week for 1 week; 2 times a week for 8 weeks; 1 time a week for 1 week. The POC failed to contain a frequency for week 1.</p> <p>2. Clinical record #4, SOC date 1/11/12, contained a POC dated 11/1-12/30/13 with orders for SN 0 times a week for 1 week: 1 time a week for 9 weeks. The POC failed to contain a frequency for week 1.</p> <p>3. Clinical record #12, SOC date 8/15/13, contained a POC dated 8/15-10/13/13 with orders for Aide 0 times a week for 1 week; 2 times a week for 4 weeks beginning during week of 8/15/13. The POC failed to contain a frequency for week 1.</p> <p>4. On 1/2/14 at 10:45 AM, employee A indicated on record #2 the certification period started late in the week so there were only 2 days for the first week of the certification period and there was not time to do a visit.</p> <p>5. The agency's policy titled "Plan of</p>		currently in place for evidence of 0 frequency and has directed care staff to initiate a 1 or more frequency order by 1/9/2014. 10% of clinical records will be reviewed quarterly by the Clinical Director for evidence that a frequency of visits 1 or greater per discipline ordered is being documented. The Administrator shall be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.				

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N000606	<p>Care," #C-580, dated 3/1/04 states, "2. The Plan of Care shall be completed in full to include: ... c. Type, frequency, and duration of all visits/services." 410 IAC 17-14-1(n) Scope of Services Rule 14 Sec. 1(n) A registered nurse, or therapist in therapy only cases, shall make the initial visit to the patient's residence and make a supervisory visit at least every thirty (30) days, either when the home health aide is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met. Based on observation, policy review, and interview, the agency failed to ensure the registered nurse who performed supervisory visits for the Home Health Aide (HHA) assessed the aide was administering medications and performing blood glucose checks for 1 of 2 HHA home visit observations, with the potential to affect all the agency's patients who receive HHA services. (#1)</p> <p>Findings include</p> <p>1. During home visit with patient #1 on 12/31/13 at 8:00 AM, employee H, (HHA), was observed showering patient. After drying patient, employee H applied anti-fungal cream to toes and applied Nystatin/Triamcinolone cream to abdominal folds and back. Employee H then administered Refresh eye drops</p>	N000606	N 606: The Clinical Director/Administrator has reviewed the care and circumstances regarding visit #1 and has completed documented disciplinary action and remediation to employee H. Client care needs in relation to agency plan of care and home health aide care plan have been reviewed with the client spouse who is able and willing to check the client blood sugar, apply medicated ointments, and instill eyes drops for the client. Because the agency's failure to ensure that the Home Health Aide provides only those services ordered by the physician, permitted under state law, and assigned by the RN could affect all agency clients, instruction and inservice has been provided to ALL agency home health aides and nursing personnel specifically supervisory RNs on agency policy regarding assignment and duties	01/09/2014

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	<p>to patient's right eye.</p> <p>A. During home visit on 12/31/13 at 8:45 AM, employee H asked the patient's caregiver (PCG) to check the patient's blood sugar and the PCG asked why the HHA was not going to do it. The HHA indicated this is a nurse's task, so PCG obtained the blood sugar. At 8:45 AM, the PCG indicated the HHA sometimes performs the blood sugar checks.</p> <p>B. The Attendant Care Plan/Instructions dated 12/17/13 states "Medication reminder as needed."</p> <p>C. On 1/2/14 at 9:32 AM, employee A indicated the HHAs are to assist with medication by placing the medication in the patients' hands and generally guiding the patients' hands to the areas the medication or ointment is to be administered, and HHAs are not to be performing blood sugar checks.</p> <p>D. The record evidenced HHA supervisory visits were made 11/19/13 and 12/17/13. The registered nurse documented there were no problems. Both the patient and PCG were happy with the care being provided.</p> <p>2. The agency's policy titled "Home</p>		<p>of the home health aide and related supervision/assessment requirements. Home Health Aides will perform duties only as ordered by the MD, permitted under Indiana state law, and assigned on the aide care plan by the RN. Because all agency clients could be potentially affected, a review of all home health care plans with regard to client care needs and available support was completed by the Clinical Director. Home Health Aides will refrain from performing duties not meeting the above agency guidelines. Supervisory RNs will complete required supervisory visits assessing home health aide activities for adherence to the plan. The Clinical Director will accompany the supervisory RN quarterly to observe that the RN performing the supervisory visits is accurately and thoroughly assessing the home health aide's compliance with assigned duties and that the aide is adhering to the plan assignment. The Administrator shall be responsible for monitoring that these corrective actions ensure that deficiencies are corrected and do not recur.</p>				

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	<p>Health Aide Care Plan," #C-751, dated 3/1/04 states, "2. The Home Health Aide Care Plan shall be developed in plain, non-technical lay terms and identify the duties to be performed. Duties may include ... assistance in administering medication that are ordinarily self-administered. ... 6. The Home Health Aide cannot be responsible for performing any procedure that is not assigned to him/her in writing by the RN/Case Manager or Registered Nurse/Therapist that is beyond his/her ability."</p> <p>3. The agency's Home Health Aide job description states, "Aides are not allowed to administer any medications or perform specialized care under any circumstance."</p>			