

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157533	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/04/2014
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NAME OF PROVIDER OR SUPPLIER  HOME CARE SERVICES OF NORTHWEST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7725 BROADWAY AVE STE F MERRILLVILLE, IN 46410
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G000000	<p>This was a federal home health recertification survey. This survey was partial extended on 1/30/14 and fully extended on 2/4/14.</p> <p>Survey dates: 1/29/14 - 2/4/14.</p> <p>Facility #: IN002684</p> <p>Medicaid #: 200323290</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Census service type: 313 skilled unduplicated patients in last 12 months 65 home health aide only patients in last 12 months 6 personal services only patients in last 12 months 156 active patients</p> <p>Home Care Services of Northwest Indiana is precluded from providing its own home health training and competency evaluation for a period of two years beginning 2/7/14/ - 2/7/16, due to being found out of compliance with the Condition of Participation 42 CFR 484.30 Nursing Service and 484.52 Evaluation of the Agency's Program.</p>	G000000		

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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G000110	<p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>February 7, 2014</p> <p>484.10(c)(2)(ii) RIGHT TO BE INFORMED AND PARTICIPATE The HHA complies with the requirements of Subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives.</p> <p>The HHA must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable State law. The HHA may furnish advance directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</p> <p>Based on clinical record review, observation, interview, and agency document review, the agency failed to ensure patients were provided the current Indiana advance directives,</p>	G000110	AGENCY POLICIES AND PROCEDURES REGARDING ADVANCE DIRECTIVES WILL BE UPDATED TO INCLUDE THE CURRENT INDIANA ADVANCE DIRECTIVES, INCLUDING A DESCRIPTION OF APPLICABLE STATE LAW, DATED MAY 2004	03/05/2014

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	<p>including a description of applicable State law, in 2 of 6 home records reviewed with the potential to affect all patients of the agency ( #1 and #6).</p> <p>Findings include</p> <ol style="list-style-type: none"> <li>1. The admission package given to the patients failed to include the effective May 2004 and revised July 1, 2013, state of Indiana advanced directives in the admission folder that was distributed to the patients at the start of care (SOC).</li> <li>2. On February 3, 2014 at 11 AM, the administrator indicated the advanced directives were not the effective and current Indiana advanced directives (effective May 2004 and revised July 1, 2013) in the patient #1 and patient #6's possession in these patients' home folders.</li> <li>3. Clinical record #1, start of care (SOC) 1/13/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</li> </ol> <p>On 1/29/14 at 3:10 PM, it was observed that the home folder for patient #1 did not contain the Indiana Advanced</p>		<p>AND REVISED JULY 1, 2013. AGENCY WILL PROVIDE REVISED EDITION OF INDIANA ADVANCE DIRECTIVES TO ALL ACTIVE PATIENTS AND REPLACE PREVIOUSLY USED ADVANCE DIRECTIVES IN ADMISSION FOLDERS. ALL COPIES OF MAY 2004 ADVANCE DIRECTIVES WILL BE REMOVED FROM THE PATIENT HOME FOLDERS, PATIENT OFFICE CHARTS, AND ADMISSION FOLDERS. A MASTER COPY WILL BE REPLACED WITH THE REVISED ADVANCE DIRECTIVES. ALL AGENCY PERSONNEL WILL BE INSTRUCTED ON THE REVISED ADVANCE DIRECTIVES. 100% OF ADMISSION RECORDS WILL BE AUDITED TO PREVENT REOCCURENCE. THE ADMINISTRATOR IS RESPONSIBLE TO ENSURE THE STANDARD IS MET.</p>		

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G000121	<p>Directives effective May 2004 and revised July 1, 2013.</p> <p>4. Clinical record #6, SOC 1/10/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>On 1/31/14 at 1:35 PM, it was observed that the home folder for patient #6 did not contain the Indiana Advanced Directives effective May 2004 and revised July 1, 2013.</p> <p>5. The agency document titled "Admission Agreement" with no effective date stated, "Patient Rights ... You have the right to be informed orally and in writing on Advanced Directives prior to care including ... a description of applicable state law."</p> <p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p>			

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	<p>Based on home visit observation, interview, and policy and procedure review, the agency failed to ensure all employees followed agency policies related to infection control at 2 of 2 home visit observations (patient #1, #2 ) with a skilled nurse (Employee A and Employee B) resulting in the potential to spread infectious diseases to other patients, family, and staff.</p> <p>Findings</p> <p>1. On 1/29/14 at 3:10 PM, Employee A, Registered Nurse (RN) was observed to visit patient #1 for a wound vac dressing change. She was observed to take a soiled washcloth out of patient's sink and wring it out and place it into the patient's tub. She had not donned gloves. She wiped her hands on the patient's hand towel to dry her hands. She then donned gloves. She emptied the patient's ileostomy bag and drained about 300 cubic centimeters of brown liquid into a clear container and emptied this into the toilet. She washed her hands with antiseptic hand gel after removing gloves. She removed the wound vac canister from the wound vac unit and placed it into the trash and placed the wound vac on top of the patient's trash can and then removed her gloves. She did not disinfect her hands. She then</p>	G000121	<p>AGENCY POLICIES AND PROCEDURES WILL BE REVIEWED BY THE DON/ADON. POLICIES AND PROCEDURES WILL BE UPDATED TO INCLUDE, BUT NOT LIMITED TO, INFECTION CONTROL POLICY, "SKIN CARE-VAC DRESSING APPLICATION", "WOUND CLEANSING", " DISPOSAL OF INFECTIOUS MEDICAL WASTE", "DISPOSAL OF CONTAMINATED PATIENT CARE SUPPLIES", "HAND HYGIENE AND INDICATION FOR HAND HYGIENE REQUIRED FOLLOWING CDC 2002 GUIDELINES", "PREPARATION OF WORK AREA TO INCLUDE BAG TECHNIQUE", AND "INFECTION CONTROL - STANDARD PRECAUTIONS".ALL EMPLOYEES WILL BE IN-SERVICED AND PROVIDED COPIES OF THESE UPDATED POLICIES AND PROCEDURES. EMPLOYEES WILL BE TESTED ON THE IN-SERVICE MATERIALS AND PASS WITH A MINIMUM OF 100% CORRECT. IN-SERVICE EDUCATION AND TESTING WILL BE REPEATED EVERY 6 MONTHS FOR A PERIOD OF 2 YEARS AND ANNUALLY THEREAFTER. EMPLOYEES FROM EACH DISCIPLINE WILL RANDOMLY BE CHOSEN FOR HOME VISIT"SPOT CHECKS" TO BE OBSERVED FOR PROPER</p>	03/05/2014

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	snapped a new wound vac canister into the wound vac. She washed her hands and put gloves on. She removed the soiled dressing from the patient and cleansed the wound area. She removed her gloves and cleansed her hands. She cleansed the patient's scissors with hand gel and sterile gauze and applied one glove onto the right hand but not the left. She pulled back the patient's depends which had blood on it. She cleansed the skin around the wound and opened the wound vac dressing with the gloved hand. She cleansed the scissors with the hand gel and paper towel. She removed gloves, cleansed hands, and then cut the adhesive clear dressing with the scissors and applied strips of this around the wound area. She took her gloves off and did not cleanse hands, applied new gloves, and measured the wound. She removed gloves, cleansed hands, and donned new gloves. She applied white foam. She removed gloves, cleansed hands, and applied new gloves. She applied the black foam over the white foam and then applied the adhesive cover. She cut a small hole in the adhesive with the scissors. She took the gloves off and cleansed hands. She applied more adhesive for additional support and coverage without gloved hands and touched the depends which was soiled with blood. She did not		INFECTION CONTROL COMPLIANCE. THESE SPOT CHECKS WILL BE RECORDED, REVIEWED AND MAINTAINED BY THE don TO PREVENT REOCCURRENCE. THE ADMINISTRATOR IS RESPONSIBLE TO ENSURE THIS STANDARD IS MET.				

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	<p>cleanse hands and donned new gloves, and removed the discarded waste from the dressing change. This was in a single - layered bag (not double bagged) and included biohazard waste from the wound vac canister and the soiled dressing. Her nursing bag and clipboard were placed on top of the patient supplies without a barrier.</p> <p>A. On 1/30/14 at 10:45 AM, Employee A, registered nurse, indicated infection control was not followed at the above visit.</p> <p>B. On 1/30/14 at 11:15 AM, the administrator indicated infection control was not followed at the above visit.</p> <p>2. On 1/30/14 at 12 noon, Employee B, licensed practical nurse, was observed to visit patient #2 for a skilled nurse visit which included wound care. She was observed to apply santyl to the patient's sacral wound with a tongue depressor and then discard the tongue depressor and her gloves. She did not wash hands and then opened the sterile gauze dressings. She then applied gloves. She placed her clipboard on the patient's furniture without a barrier.</p> <p>On 2/3/14 at 11:35 AM, the administrator indicated that infection</p>			

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	<p>control policy was not followed at the above visit.</p> <p>3. The agency procedure titled "Skin Care - VAC dressing application" with a last update of 8/08 stated, "Goals of the Wound Vac System are ... prevents wound contamination by its semi - occlusive protective wound cover ... use gloves, gown, and goggles if splashing or exposure to body fluids is likely. Treat all body fluids as if they are infectious. All steps should be taken under the direction of a physician and in accordance with institutional protocols."</p> <p>4. The agency procedure titled "Wound Cleansing" with a last update of 8/08 stated, "Procedure 1. Adhere to standard precautions ... 4. establish a clean field with all the supplies and equipment that will be necessary. Remove soiled dressing, discard dressing and soiled gloves in appropriate container. Decontaminate hands and don gloves ... discard soiled supplies in appropriate containers."</p> <p>5. The agency procedure titled "Infection control - disposal of infectious medical waste" with a date of 8/08 stated, "Disposal of contaminated patient - care supplies e.g. [for example], dressings ... a. Adhere to</p>			

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	<p>standard precautions b. Place contaminated supplies in impervious bag and close tightly c. Double bag in a second impervious bag."</p> <p>6. The agency policy and procedure titled "Infection Control - Hand Hygiene" with a date of 8/08 stated, "Thorough hand washing is the most important factor in preventing the spread of communicable diseases and reducing overall infection rates. Indications for hand - hygiene is required, but not limited to, the following home care patient activities [CDC 2002 guidelines]</p> <p>a. decontaminate hands after contact with body fluids ... decontaminate hands after removing gloves and / or glove changes ... hands can be decontaminated by using soap and water or waterless hand products ... after giving direct care to a patient ... the use of gloves does not eliminate the need for hand hygiene a. use gloves when contact with blood or other infectious material, mucous membranes and nonintact skin could occur ... Procedure Hand hygiene - Technique with antimicrobial or nonantimicrobial soap and water ... use a paper towel to turn off the faucet."</p> <p>7. The agency policy and procedure titled "Preparation of work area and bag technique" with a date of 8/08 stated,</p>						

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	<p>"Purpose: to prevent contamination, avoid cross infection and establish a clean work area."</p> <p>8. The agency policy and procedure titled "Infection Control - Standard precautions" with a date of 8/08 stated, "While all body fluids are not known to transport bloodborne pathogens, they do transmit other infectious agents. Thus, standard precautions should be applied to all body fluids, except sweat ... Hand hygiene - Indications for hand washing and / or antisepsis include but not limited to the following: a. when hands are visibly dirty or contaminated b. before and after contact with each patient c. contact with blood ... d. immediately after removing gloves to avoid the transfer of microorganisms to avoid transfer of microorganisms to the environment ... f. before donning and after removing gloves ... 5. Gloves must be worn when it can be reasonably anticipated to have direct contact with blood."</p>			

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G000143	<p>484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. Based on interview, policy review, and clinical record review, the agency failed to ensure coordination of care occurred with other entities providing services for 1 of 1 (clinical record #9) records reviewed of patients receiving services from other entities with the potential to affect all patients receiving services from another entity.</p> <p>Findings</p> <p>1. The agency policy titled "Coordination of Patient Care" with a revised date of 2009 stated, "Agency staff members regularly communicate to ensure that their efforts are coordinated effectively and ultimately support the objectives outlined in the plan of care ... care will be coordinated with other involved external organizations ... understand agency and organization's responsibilities in providing care or services ... share relevant information to facilitate appropriate continuity and care coordination."</p> <p>2. Clinical record #9, start of care</p>	G000143	<p>THE DON/ADON WILL REVIEW THE EXISTING POLICY TITLED " COORDINATION OF PATIENT CARE". AGENCY STAFF WILL BE INSERVICED/INSTRUCTED ON THIS POLICY, SPECIFIC TO COORDINATION OF PATIENT CARE WITH OTHER ENTITIES AS WELL AS AGENCY STAFF PROVIDING SERVICES/CARE, AND THE PATIENTS PHYSICIAN.COMMUNICATION REGARDING CHANGES IN THE PATIENT CONDITION WILL BE PROVIDED TO THE OFFICE THE SAME DAY, AT MINIMUM, VERBALLY OR BY PHONE, AND RECORDED ON THE VISIT NOTE. COMMUNICATION SHALL BE IN THE FORM OF A LOG MAINTAINED IN THE OFFICE WHICH WILL BE INITIALED BY THE EMPLOYEES SERVICING THE PATIENT AND THE DON/ADON. CASE CONFERENCES WILL OCCUR WEEKLY IN ORDER TO COMMUNICATE CHANGES IN THE PATIENTS POLAN OF CARE AND ENSURE AGENCY STAFF COMMUNICATES THESE CHANGES EFFECTIVELY AND TIMELY TO SUPPORT THE PATIENTS PLAN OF CARE. CASE</p>	03/05/2014			

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G000144	<p>6/5/13, evidenced the patient had chronic kidney disease and an access for hemodialysis. The record failed to evidence the skilled nurse communicated with the dialysis facility.</p> <p>3. On 2/4/14 at 1:50 PM, the director of nursing indicated the patient's record did not indicate the skilled nurse had communicated with the dialysis facility about the patient's care.</p> <p>484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur. Based on clinical record and policy review and interview, the agency failed to ensure all personnel furnishing services documented the coordination of care while services were being provided for 2 of 12 records reviewed (3 and 9) with the potential to affect all agency patients.</p> <p>Findings</p>	G000144	<p>CONFERENCES WILL INCLUDE REPRESENTATION FROM EACH DISCIPLINE. DON/ADON OR QA STAFF WILL CONDUCT AND RECORD MINUTES OF THESE CASE CONFERENCES. 100% OF CLINICAL RECORDS WILL BE AUDITED AT LEAST EVERY 60 DAYS TO PREVENT REOCCURRENCE. THE ADMINISTRATOR IS RESPONSIBLE TO ENSURE THE STANDARD IS MET.</p> <p>The DON/ADON will review and revise the existing policy titled "Coordination of patient care". Agency staff will be in-serviced/instructed on this policy, specific to coordination of patient care with other entities as well as agency staff providing services/care, and the patient's physician. Communication regarding changes in patient condition will be provided to the office the same day, at minimum, verbally or by telephone, and</p>	03/05/2014	

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	<p>1. Clinical record #3, start of care 1/1/14, included a plan of care with a certification period of 1/1/14 - 3/1/14 with orders for home health services evidenced that the registered nurse (RN) and home health aide (HHA) did not communicate about the skin breakdown with patient #3 found at a HHA visit on 1/14/14.</p> <p>a. A HHA visit note dated 1/14/14 and signed by Employee G, HHA, evidenced the HHA had contacted the office staff about a small skin breakdown on the patient's buttocks. There is no documentation the RN and HHA communicated this concern to each other.</p> <p>b. On 2/3/14 at 4:45 PM, the administrator indicated that coordination of care was not documented concerning the skin breakdown on patient #3 and evidenced in the HHA note.</p> <p>2. Clinical record #9, start of care 6/5/13, evidenced the patient had chronic kidney disease and an access for hemodialysis. The record failed to evidence the registered nurse communicated with the home health aide about the patient #9's dialysis access site.</p>		<p>recorded on the visit note. Communication shall be in the form of a log maintained in the office which will be initiated by the employees servicing the patient and the DON/ADON Case conferences will include representation from each discipline. Case conference will occur on a weekly basis in order to communicate changes in the patient's plan of care and ensure agency staff communicates these changes effectively and timely to support the patients' plan of care. DON/ADON or QA staff will conduct and record minutes of these case conferences. 100 % of clinical records will be audited at least every 60 days to prevent reoccurrence. The Administrator is responsible to ensure the standard is met.</p>	

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	<p>On 2/4/14 at 1:50 PM, the director of nursing indicated the patient's record did not indicate the registered nurse had communicated to the home health aide about patient #9's access site and care needs as a dialysis patient.</p> <p>3. The agency policy titled "Coordination of Patient Care" with a revised date of 2009 stated, "Agency staff members regularly communicate to ensure that their efforts are coordinated effectively and ultimately support the objectives outlined in the plan of care ... Coordination of agency's internal resources includes ... assuring all involved staff members are aware of patient's plan of care, making patient information available to all staff... care will be coordinated with other involved external organizations ... understand agency and organization's responsibilities in providing care or services ... share relevant information to facilitate appropriate continuity and care coordination."</p>				

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G000153	<p>484.16 GROUP OF PROFESSIONAL PERSONNEL</p> <p>The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.</p> <p>Based on policy review, agency document review, and interview, the agency failed to ensure a Group of Professional Personnel that included at least physician and other health care professionals completed the annual program evaluation for 1 of 1 agency creating the potential to affect all of the agency's current patients.</p> <p>The findings include</p> <ol style="list-style-type: none"> <li>1. The agency's administrative records included "Professional Advisory Committee Meeting Minutes dated 7/24/13 failed to evidence the physician was in attendance at the meeting. These documents failed to evidence an annual evaluation had been completed.</li> <li>2. The agency's administrative records included "Professional Advisory</li> </ol>	G000153	<p>The Professional Advisory Committee will meet 03-04-2014 and quarterly thereafter. .The results of there certification/re-licensure survey conducted 02/04/2014 as well as the Plan of Correction will be presented. The committee will review Agency Operational and Clinical policies. Recommendations for policy revisions will be presented. The Annual Evaluation policy will be revised and presented to the Committee. It will address the steps for completing the overall evaluation of the agency's total program and mechanisms for data collection. The Committee will review the results of the evaluation and make recommendations. The Professional advisory meeting will be attended by personnel listed on the committee roster; inclusive of a physician, representatives from other professional disciplines, and consumers or professionals working with</p>	03/05/2014
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	<p>Committee Meeting Minutes dated 7/25/12 failed to evidence the physician was in attendance at the meeting. These documents failed to evidence an annual evaluation had been completed.</p> <p>3. On 2/4/14 at 12:50 PM, Employee C, the administrator indicated the professional advisory group did not have the physician in attendance at the meeting in 2012 or 2013.</p> <p>4. The agency policy titled "Corporate Compliance" with a date of 1/5/04 stated, "It is the policy of the agency to comply with all federal requirements for providers participating in the federal Medicare / Medicare programs."</p> <p>5. The agency policy titled "Agency Evaluation" with a date of 1/5/04 stated, "The agency annually conducts an evaluation of the corporation's total program. This is an ongoing process. The Professional Advisory Committee, owner / member and administrative staff provide evaluation to determine the extent to which the corporation programs are efficient , effective, and adequate."</p> <p>6. The agency policy titled "Professional Advisory Committee" with a date of 1/5/04 stated, "The</p>		<p>consumers. Meeting minutes will be recorded as evidence Professional Advisory Committee activities have taken place..The Administrator is responsible for ensuring the condition is met.</p>				

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	Professional advisory committee functions to advise the corporation on professional issues, participate in the evaluation of the corporation's program and to assist the corporation in maintaining the liaison with other health care providers in the community. The committee shall consist of at least one practicing physician, one registered nurse, and appropriate representatives from other professional disciplines. At least one member of the group is neither an owner nor employee of the corporation. The committee reviews policy relative to the delivery of services and recommends them to the owner / member and management staff. Policies address scope of services offered, admission and discharge policies, medical supervision and plan of care, emergency care, clinical records, personnel qualifications, and program evaluation ... The committee annually reviews the corporation's policies and documents the meeting by dated minutes, which are then reviewed by the owner / member and management staff.			

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G000154	<p>484.16(a) ADVISORY AND EVALUATION FUNCTION The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program.</p> <p>Based on policy review, agency document review, and interview, the agency failed to ensure a Group of Professional Personnel that included at least physician and other health care professionals met frequently and completed the annual program evaluation for 1 of 1 agency creating the potential to affect all of the agency's current patients.</p> <p>The findings include</p> <ol style="list-style-type: none"> <li>1. The agency's administrative records included "Professional Advisory Committee Meeting Minutes dated 7/24/13 failed to evidence the physician was in attendance at the meeting. These documents failed to evidence an annual evaluation had been completed.</li> <li>2. The agency's administrative records included "Professional Advisory Committee Meeting Minutes dated 7/25/12 failed to evidence the physician</li> </ol>	G000154	<p>The Professional Advisory Committee will meet 03/04/2014 and quarterly there after. The results of there certification/re-licensure survey conducted 02/04/2014 as well as the Plan of Correction will be presented. The committee will review Agency Operational and Clinical policies. Recommendations for policy revisions will be presented. The Annual Evaluation policy will be revised and presented to the Committee. It will address the steps for completing the overall evaluation of the agency's total program and mechanisms for data collection. The Committee will review the results of the evaluation and make recommendations. The Professional advisory meeting will be attended by personnel listed on the committee roster; inclusive of a physician, representatives from other professional disciplines, and consumers or professionals working with consumers. Meeting minutes will be recorded as evidence Professional Advisory Committee</p>	03/05/2014

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	<p>was in attendance at the meeting. These documents failed to evidence an annual evaluation had been completed.</p> <p>3. On 2/4/14 at 12:50 PM, Employee C, the administrator indicated the professional advisory group did not have the physician in attendance at the meeting in 2012 or 2013. Only one meeting was held each year.</p> <p>4. The agency policy titled "Corporate Compliance" with a date of 1/5/04 stated, "It is the policy of the agency to comply with all federal requirements for providers participating in the federal Medicare / Medicare programs."</p> <p>5. The agency policy titled "Agency Evaluation" with a date of 1/5/04 stated, "The agency annually conducts an evaluation of the corporation's total program. This is an ongoing process. The Professional Advisory Committee, owner / member and administrative staff provide evaluation to determine the extent to which the corporation programs are efficient , effective, and adequate."</p> <p>6. The agency policy titled "Professional Advisory Committee" with a date of 1/5/04 stated, "The Professional advisory committee</p>		<p>activities have taken place..The Administrator is responsible for ensuring the condition is met. The Professional Advisory Committee will meet 03/04/2014 and quarterly there after. The results of the recertification/re-licensure survey conducted 02/04/2014 as well as the Plan of Correction will be presented. The committee will review Agency Operational and Clinical policies. Recommendations for policy revisions will be presented. The Annual Evaluation policy will be revised and presented to the Committee. It will address the steps for completing the overall evaluation of the agency's total program and mechanisms for data collection. The Committee will review the results of the evaluation and make recommendations. The Professional advisory meeting will be attended by personnel listed on the committee roster; inclusive of a physician, representatives from other professional disciplines, and consumers or professionals working with consumers. Meeting minutes will be recorded as evidence Professional Advisory Committee activities have taken place..The Administrator is responsible for ensuring the condition is met.</p>	

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G000158	<p>functions to advise the corporation on professional issues, participate in the evaluation of the corporation's program and to assist the corporation in maintaining the liaison with other health care providers in the community. The committee shall consist of at least one practicing physician, one registered nurse, and appropriate representatives from other professional disciplines. At least one member of the group is neither an owner nor employee of the corporation. The committee reviews policy relative to the delivery of services and recommends them to the owner / member and management staff. Policies address scope of services offered, admission and discharge policies, medical supervision and plan of care, emergency care, clinical records, personnel qualifications, and program evaluation ... The committee annually reviews the corporation's policies and documents the meeting by dated minutes, which are then reviewed by the owner / member and management staff.</p> <p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p>	G000158	G 158Agency staff will be in-serviced regarding compliance	03/05/2014

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	<p>Based on clinical record review, agency policy review, and interview, the agency failed to ensure the visits and treatments had been provided in accordance with physician's orders in 4 of 12 records reviewed (#2, 7, 8, and 10) with the potential to affect all of the agency patients.</p> <p>Findings</p> <p>1. Clinical record #2, Start of Care (SOC) 1/14/14 and a primary diagnoses decubitus to buttock, included a Plan of Care (POC) for the certification period of 1/14/14 - 3/14/14 with orders for the skilled nurse to visit 2 times a week for 9 weeks to assess pain in the sacrum / ischium (buttocks) area. A skilled nurse visit with Employee A, Registered Nurse (RN), on 1/16/14 at 4:50 PM, failed to evidence the pain assessment was completed at this visit.</p> <p>On 2/4/14 at 1 PM, the administration agreed that the pain assessment ordered on the POC had not been completed at the 1/16/14 visit.</p> <p>2. Clinical record #7, SOC 5/10/13 and a primary diagnosis of after care for the healing fracture of upper arm, included a POC for the certification period of 11/6/13 - 1/4/14 with orders for the</p>		<p>with plans of care and physician orders. In-service will include the high priority standard that every patient will have a written plan of care that will be reviewed by the ordering physician. Staff instruction will include necessity to follow the plan of care, ensure orders and frequencies are being provided in accordance with MD orders, wound care performed per treatment orders, and communication of changes in patient status to the physician and all personnel/entities involved. Operational policies will be reviewed and reinforced to all agency staff to ensure compliance. Policies reviewed and reinforced will include: "Professional standards of practice", "nursing services", and "pain assessment and re-assessment. 100 % of clinical records will be audited at least every 60 days to prevent re occurrence. The Administrator is responsible for ensuring this standard is met.</p>	

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	<p>skilled nurse to assess pain in the head, ribs, arm and hip and a goal that the pain would be controlled. Skilled nurse visits with Employee S, RN, on 11/8/13, 11/15/13, 12/5/13, and 12/19/13 failed to evidence that the pain was assessed as ordered on the plan of care.</p> <p>On 2/4/14 at 1:35 PM, the administrator indicated the pain had not been assessed at these visits.</p> <p>3. Clinical record #8, SOC 1/3/14, contained a medical plan of care dated 7/3/13 with orders for home health aide services to be provided 1 times a week for 9 weeks. There was no aide visit noted between the week of 7/11/13 - 7/17/13. The skilled nurse did not assess the shoulder pain as ordered on the plan of care on 7/26/13, 8/2/13, 8/13/13, and 8/27/13. The plan of care also included a patient care goal for the patient to have pain controlled and the patient / caregiver to verbalize an understanding of the pain management program.</p> <p>a. On 2/4/14 at 1:20 PM, the administrator indicated the aide visit was missing from that week.</p> <p>b. On 2/4/14 at 1:25 PM, the administrator, Employee C, and</p>			

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	<p>alternate administrator, Employee D, indicated the pain had not been assessed at these visits.</p> <p>c. On 2/4/14 at 3:45 PM, the administrator indicated adding a case communication note to record to show that the the missing aide visit had occurred.</p> <p>d. The clinical record document titled "Missed Visit Communication" with a date of 2/3/14 indicated the home health aide was requested not to come because the informal caregiver was there to do care. This was signed by the administrator on 2/3/14.</p> <p>4. Clinical record #10, SOC 9/14/13 and diagnoses including congestive heart failure, decubitus ulcer buttocks, and decubitus ulcer of the foot, evidenced a nurse visit by Employee A, RN, on 9/27/13 where this employee documented an abrasion cleansed with normal saline and tegaderm applied without a physician's order to complete this wound care.</p> <p>On 2/4/14 at 1:30 PM, the administrator indicated the abrasion was treated without a physician's order.</p> <p>5. The agency policy titled</p>				

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	<p>"Professional Standards of Practice" with a revised date of 2009 stated, "Agency will comply with accepted standards of practice and plans of care ... the agency and staff will comply with accepted professional standards and principles that apply to the professional who are furnishing care, e.g. state practice acts ... agency staff will provide care, treatment and services to each patient according to the plan of care."</p> <p>6. The agency policy titled "Nursing Services" with a revised date of 2009 stated, "Nursing care will be provided in accordance with the patient's plan of care, under the supervision of a registered nurse."</p> <p>7. The agency policy titled "Pain assessment and reassessment" with a revised date of 2009 stated, "Each patient receiving skilled nursing assessment will have pain assessed initially and on an ongoing basis using established criteria, including: location, intensity [using pain rating scale], duration, frequency, character ... current pain therapy or treatment, effectiveness of current therapy or treatment."</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 and interview, the agency failed to ensure the plan of care included a timely physician signature for 2 of 12 records reviewed (8 and 10) with the potential to affect the 156 active patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #8, Start of care (SOC) 7/3/13 and diagnosis degenerative joint disease, included a plan of care (POC) for the certification period of 7/3/13 - 8/31/13, signed by the physician on 9/4/13.</p> <p>On 2/3/14 at 12:10 PM, the administrator indicated this was not a timely physician's signature.</p>	G000159	<p>All MD orders will be reviewed for timeliness of physician signature on a weekly basis. This will be accomplished through review of "MD Orders Report" generated by the agency computer program located in the Patient Information System. Management personnel will review the MD orders report weekly and initiate immediate action to secure signed orders. This weekly activity will ensure reoccurrence does not occur. The Administrator is responsible for ensuring this standard is met.</p>	03/05/2014
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G000168	<p>2. Clinical record #10, SOC 9/14/13 and diagnoses including congestive heart failure, decubitus ulcer buttocks, and decubitus ulcer of the foot, included a POC for the certification period of 9/14/13 - 11/12/13, signed by the physician on 10/29/13.</p> <p>On 2/3/14 at 3:55 PM, the administrator indicated this was not a timely physician's signature.</p> <p>484.30 SKILLED NURSING SERVICES</p> <p>Based on observation, clinical record review, policy review, and interview, it was determined the agency failed to ensure the skilled nurse furnished care in</p>	G000168	Agency policies and procedures will be reviewed by the DON/ADON. Policies and procedures will be updated to include, but not limited to, infection control policy, "skin care-VAC dressing application",	03/05/2014

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	<p>accordance to the plan of care for 4 of 10 records reviewed with the potential to affect all the agency patients (see G 170), failed to ensure the registered nurse accurately assessed the patient's dialysis site history during the initial assessment for 1 of 1 record reviewed with a patient on hemodialysis with an access site (see G 171), failed to ensure the registered nurse revised the plan of care before providing services for 1 of 12 records reviewed with skilled nursing with the potential to affect all of the agency's patients (see G 173), failed to ensure that 1 of 1 Registered Nurse observed was knowledgeable in wound care and infection control with the potential to affect all the patients cared for by this Registered Nurse (see G 174), failed to ensure the registered nurse coordinated services for 2 of 12 records reviewed with the potential to affect all agency patients (see G 176).</p> <p>The cumulative effect of these systemic problems resulted in the agency's inability to meet the requirements of the Condition of Participation 484.30 Nursing Service.</p>		<p>"wound cleansing", "disposal of infectious medical waste", "disposal of contaminated patient care supplies", "hand hygiene and indication for hand hygiene required following CDC 2002 Guidelines", "preparation of work area to include bag technique" and "infection control – standard precautions". All employees will be in-serviced and provided copies of these updated policies and procedures. Employees will be tested on the in-service materials and pass with a minimum of 100% correct. In-service education and testing will be repeated every 6 months for a period of 2 years and annually thereafter. Employees from each discipline will randomly be chosen for home visit "spot checks" to be observed for proper infection control compliance. These spot checks will be an ongoing monitoring process. Results of these spot checks will be recorded, reviewed and maintained by the DON to prevent reoccurrence. The Administrator is responsible to insure the Standard is met.</p>		

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G000170	<p>484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care.</p> <p>Based on clinical record review, agency policy review, and interview, the agency failed to ensure skilled nursing services had been provided in accordance with physician's orders in 4 of 12 records reviewed (#2, 7, 8, and 10) with the potential to affect all of the agency patients.</p> <p>Findings</p> <p>1. Clinical record #2, Start of Care (SOC) 1/14/14 and a primary diagnoses decubitus to buttock, included a Plan of Care (POC) for the certification period of 1/14/14 - 3/14/14 with orders for the skilled nurse to visit 2 times a week for 9 weeks to assess pain in the sacrum / ischium (buttocks) area. A skilled nurse visit with Employee A, Registered Nurse (RN), on 1/16/14 at 4:50 PM, failed to evidence the pain assessment was completed at this visit.</p> <p>On 2/4/14 at 1 PM, the administration agreed that the pain assessment ordered on the POC had not</p>	G000170	<p>All nursing staff will be re-instructed regarding compliance with physician's orders, obtaining orders when there is a change to the plan of care and the need for orders before providing treatments. Failure to perform complete and accurate initial and follow up comprehensive assessments, obtaining orders when there is a change to the plan of care, or providing treatments without orders, will be grounds for immediate termination. QA staff will monitor accuracy and completeness of 100% of documentation and report failure to obtain necessary orders, to the Administrator to prevent reoccurrence. The Administrator is responsible to ensure this standard is met. Registered nursing staff will be re-instructed on agency policy, "nursing services", regarding RN accuracy of initial assessment and re-assessment, to ensure patients receive appropriate assessments and care plan development with the appropriate goals and outcomes. QA staff will review 100% of plans of care and comprehensive</p>	03/05/2014	

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	<p>been completed at the 1/16/14 visit.</p> <p>2. Clinical record #7, SOC 5/10/13 and a primary diagnosis of after care for the healing fracture of upper arm, included a POC for the certification period of 11/6/13 - 1/4/14 with orders for the skilled nurse to assess pain in the head, ribs, arm and hip and a goal that the pain would be controlled. Skilled nurse visits with Employee S, RN, on 11/8/13, 11/15/13, 12/5/13, and 12/19/13 failed to evidence that the pain was assessed as ordered on the plan of care.</p> <p>On 2/4/14 at 1:35 PM, the administrator indicated the pain had not been assessed at these visits.</p> <p>3. Clinical record #8, SOC 1/3/14, contained a medical plan of care dated 7/3/13 with orders for the skilled nurse to to assess shoulder pain. The skilled nurse did not assess the shoulder pain as ordered on the plan of care on 7/26/13, 8/2/13, 8/13/13, and 8/27/13. The plan of care also included a patient care goal for the patient to have pain controlled and the patient / caregiver to verbalize an understanding of the pain management program.</p> <p>On 2/4/14 at 1:25 PM, the administrator, Employee C, and</p>		<p>assessments. RN's found not to be performing accurate assessments; re-assessments and plan of care development following the period of reinstruction will be disciplined which may include termination. The DON, ADON will monitor compliance weekly to prevent re-occurrence. The Administrator is responsible to ensure this standard is met.</p>	

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	<p>alternate administrator, Employee D, indicated the pain had not been assessed at these visits.</p> <p>4. Clinical record #10, SOC 9/14/13 and diagnoses including congestive heart failure, decubitus ulcer buttocks, and decubitus ulcer of the foot, evidenced a nurse visit by Employee A, RN, on 9/27/13 where this employee documented an abrasion cleansed with normal saline and tegaderm applied without a physician's order to complete this wound care.</p> <p>On 2/4/14 at 1:30 PM, the administrator indicated the abrasion was treated without a physician's order.</p> <p>5. The agency policy titled "Professional Standards of Practice" with a revised date of 2009 stated, "Agency will comply with accepted standards of practice and plans of care ... the agency and staff will comply with accepted professional standards and principles that apply to the professional who are furnishing care, e.g. state practice acts ... agency staff will provide care, treatment and services to each patient according to the plan of care."</p> <p>6. The agency policy titled "Nursing</p>			

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G000171	<p>Services" with a revised date of 2009 stated, "Nursing care will be provided in accordance with the patient's plan of care, under the supervision of a registered nurse."</p> <p>7. The agency policy titled "Pain assessment and reassessment" with a revised date of 2009 stated, "Each patient receiving skilled nursing assessment will have pain assessed initially and on an ongoing basis using established criteria, including: location, intensity [using pain rating scale], duration, frequency, character ... current pain therapy or treatment, effectiveness of current therapy or treatment."</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse makes the initial evaluation visit.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse accurately assessed the patient's dialysis site history during the initial assessment for 1 of 1 record reviewed (patient #9)</p>	G000171	All nursing staff will be re-instructed regarding compliance with physician's orders, obtaining orders when there is a change to the plan of care and the need for orders before providing treatments. Failure to perform complete and accurate initial and follow up comprehensive	03/05/2014

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	<p>with a patient with hemodialysis with the potential to affect all patients of the agency that receive hemodialysis.</p> <p>Findings</p> <p>1. Clinical record #9, start of care 6/5/13, evidenced the patient had diagnoses of hypertensive chronic kidney disease and end stage renal disease. The patient's initial assessment failed to document the patient had a catheter for hemodialysis access in the chest area. The initial assessment was dated 6/5/13 and completed by Employee A, Registered Nurse. The initial assessment evidenced the patient had a dialysis fistula at the time of the initial assessment.</p> <p>a. On 2/4/14 at 1:50 PM, the administrator indicated the initial assessment had not included the dialysis site history and the site of the access site at the time of the initial assessment.</p> <p>b. On 2/4/14 at 3:20 PM, the administrator indicated the patient had a catheter in the chest area for dialysis and did not know what side of the chest the catheter was placed. The information that the patient had a fistula on the initial assessment was not accurate.</p>		<p>assessments, obtaining orders when there is a change to the plan of care, or providing treatments without orders, will be grounds for immediate termination. QA staff will monitor accuracy and completeness of 100% of documentation and report failure to obtain necessary orders, to the Administrator to prevent reoccurrence. The Administrator is responsible to ensure this standard is met.</p>				

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G000173	<p>3. The agency policy titled "Nursing Services" with a revised date of 2009 stated, "Patient receiving nursing services will have appropriate assessments, reassessments, care planning, and established outcomes performed."</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse initiates the plan of care and necessary revisions. Based on clinical record review, agency policy review, and interview, the agency failed to ensure the registered nurse revised the plan of care before providing services for 1 of 12 records reviewed (#10) with skilled nursing with the potential to affect all of the agency's patients.</p> <p>Findings</p> <p>1. Clinical record #10, SOC 9/14/13 and diagnoses including congestive heart failure, decubitus ulcer buttocks, and decubitus ulcer of the foot, included a POC for the certification period of 9/14/13 - 11/12/13, evidenced a nurse visit by Employee A, RN, on 9/27/13 where this employee documented an abrasion cleansed with normal saline and tegaderm applied without a physician's order.</p>	G000173	All nursing staff will be re-instructed regarding compliance with physician's orders, obtaining orders when there is a change to the plan of care and the need for orders before providing treatments. Failure to perform complete and accurate initial and follow up comprehensive assessments, obtaining orders when there is a change to the plan of care, or providing treatments without orders, will be grounds for immediate termination. QA staff will monitor accuracy and completeness of 100% of documentation and report failure to obtain necessary orders, to the Administrator to prevent reoccurrence. The Administrator is responsible to ensure this standard is met.	03/05/2014

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G000174	<p>On 2/4/14 at 1:30 PM, the administrator indicated the abrasion was treated without a physician's order.</p> <p>2. The agency policy titled "Professional Standards of Practice" with a revised date of 2009 stated, "Agency will comply with accepted standards of practice and plans of care ... the agency and staff will comply with accepted professional standards and principles that apply to the professional who are furnishing care, e.g. state practice acts ... agency staff will provide care, treatment and services to each patient according to the plan of care."</p> <p>3. The agency policy titled "Nursing Services" with a revised date of 2009 stated, "Nursing care will be provided in accordance with the patient's plan of care, under the supervision of a registered nurse."</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse furnishes those services requiring substantial and specialized nursing skill. Based on observation, policy and procedure review, and interview, the agency failed to ensure that 1 of 1</p>	G000174	Agency policies and procedures will be reviewed by the DON/ADON. Policies and procedures will be updated to	03/05/2014

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	<p>Registered Nurse (A) observed was knowledgeable in wound care and infection control with the potential to affect all the patients cared for by this Registered Nurse.</p> <p>Findings</p> <p>1. On 1/29/14 at 3:10 PM, Employee A, Registered Nurse (RN) was observed to visit patient #1 for a wound vac dressing change. She was observed to take a soiled washcloth out of patient's sink and wring it out and place it into the patient's tub. She had not donned gloves. She wiped her hands on the patient's hand towel to dry her hands. She then donned gloves. She emptied the patient's ileostomy bag and drained about 300 cubic centimeters of brown liquid into a clear container and emptied this into the toilet. She washed her hands with antiseptic hand gel after removing gloves. She removed the wound vac canister from the wound vac unit and placed it into the trash and placed the wound vac on top of the patient's trash can and then removed her gloves. She did not disinfect her hands. She then snapped a new wound vac canister into the wound vac. She washed her hands and put gloves on. She removed the soiled dressing from the patient and cleansed the wound area. She removed</p>		<p>include, but not limited to, infection control policy, "skin care-VAC dressing application", "wound cleansing", "disposal of infectious medical waste", "disposal of contaminated patient care supplies", "hand hygiene and indication for hand hygiene required following CDC 2002 Guidelines", "preparation of work area to include bag technique" and "infection control – standard precautions". All employees will be in-serviced and provided copies of these updated policies and procedures. Employees will be tested on the in-service materials and pass with a minimum of 100% correct. In-service education and testing will be repeated every 6 months for a period of 2 years and annually thereafter. Employees from each discipline will randomly be chosen for home visit "spot checks" to be observed for proper infection control compliance. These spot checks will be an ongoing monitoring process. Results of these spot checks will be recorded, reviewed and maintained by the DON to prevent reoccurrence. The Administrator is responsible to insure the Standard is met.</p>	

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	<p>her gloves and cleansed her hands. She cleansed the patient's scissors with hand gel and sterile gauze and applied one glove onto the right hand but not the left. She pulled back the patient's depends which had blood on it. She cleansed the skin around the wound and opened the wound vac dressing with the gloved hand. She cleansed the scissors with the hand gel and paper towel. She removed gloves, cleansed hands, and then cut the adhesive clear dressing with the scissors and applied strips of this around the wound area. She took her gloves off and did not cleanse hands, applied new gloves, and measured the wound. She removed gloves, cleansed hands, and donned new gloves. She applied white foam. She removed gloves, cleansed hands, and applied new gloves. She applied the black foam over the white foam and then applied the adhesive cover. She cut a small hole in the adhesive with the scissors. She took the gloves off and cleansed hands. She applied more adhesive for additional support and coverage without gloved hands and touched the depends which was soiled with blood. She did not cleanse hands and donned new gloves, and removed the discarded waste from the dressing change. This was in a single - layered bag (not double bagged) and included biohazard waste from the</p>			

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	<p>wound vac canister and the soiled dressing. Her nursing bag and clipboard were placed on top of the patient supplies without a barrier.</p> <p>A. On 1/30/14 at 10:45 AM, Employee A, registered nurse, indicated infection control was not followed at the above visit.</p> <p>B. On 1/30/14 at 11:15 AM, the administrator indicated infection control was not followed at the above visit.</p> <p>2. The agency procedure titled "Skin Care - VAC dressing application" with a last update of 8/08 stated, "Goals of the Wound Vac System are ... prevents wound contamination by its semi - occlusive protective wound cover ... use gloves, gown, and goggles if splashing or exposure to body fluids is likely. Treat all body fluids as if they are infectious. All steps should be taken under the direction of a physician and in accordance with institutional protocols."</p> <p>3. The agency procedure titled "Wound Cleansing" with a last update of 8/08 stated, "Procedure 1. Adhere to standard precautions ... 4. establish a clean field with all the supplies and equipment that will be necessary. Remove soiled dressing, discard dressing and soiled</p>				

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	<p>gloves in appropriate container. Decontaminate hands and don gloves ... discard soiled supplies in appropriate containers."</p> <p>4. The agency procedure titled "Infection control - disposal of infectious medical waste" with a date of 8/08 stated, "Disposal of contaminated patient - care supplies e.g. [for example], dressings ... a. Adhere to standard precautions b. Place contaminated supplies in impervious bag and close tightly c. Double bag in a second impervious bag."</p> <p>5. The agency policy and procedure titled "Infection Control - Hand Hygiene" with a date of 8/08 stated, "Thorough hand washing is the most important factor in preventing the spread of communicable diseases and reducing overall infection rates. Indications for hand - hygiene is required, but not limited to, the following home care patient activities [CDC 2002 guidelines] a. decontaminate hands after contact with body fluids ... decontaminate hands after removing gloves and / or glove changes ... hands can be decontaminated by using soap and water or waterless hand products ... after giving direct care to a patient ... the use of gloves does not eliminate the need for hand hygiene a.</p>			

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	<p>use gloves when contact with blood or other infectious material, mucous membranes and nonintact skin could occur ... Procedure Hand hygiene - Technique with antimicrobial or nonantimicrobial soap and water ... use a paper towel to turn off the faucet."</p> <p>6. The agency policy and procedure titled "Preparation of work area and bag technique" with a date of 8/08 stated, "Purpose: to prevent contamination, avoid cross infection and establish a clean work area."</p> <p>7. The agency policy and procedure titled "Infection Control - Standard precautions" with a date of 8/08 stated, "While all body fluids are not known to transport bloodborne pathogens, they do transmit other infectious agents. Thus, standard precautions should be applied to all body fluids, except sweat ... Hand hygiene - Indications for hand washing and / or antiseptis include but not limited to the following: a. when hands are visibly dirty or contaminated b. before and after contact with each patient c. contact with blood ... d. immediately after removing gloves to avoid the transfer of microorganisms to avoid transfer of microorganisms to the environment ... f. before donning and after removing gloves ... 5. Gloves must</p>			

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G000176	<p>be worn when it can be reasonably anticipated to have direct contact with blood."</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs. Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse coordinated services for 2 of 12 records reviewed (3 and 9)with the potential to affect all agency patients.</p> <p>Findings</p> <p>1. Clinical record #3, start of care 1/1/14 included a plan of care with a certification period of 1/1/14 - 3/1/14 with orders for home health services evidenced that the registered nurse (RN) and home health aide (HHA) did not communicate about the skin break down with patient #3 found at a HHA visit on 1/14/14.</p> <p>a. A HHA visit note dated 1/14/14 and signed by Employee G, HHA, evidenced the HHA had contacted the office staff about a small skin breakdown on the patient's buttocks.</p>	G000176	<p>The DON/ADON will review and revise the existing policy titled "Coordination of patient care". Agency staff will be in-serviced/instructed on this policy, specific to coordination of patient care with other entities as well as agency staff providing services/care, and the patient's physician. Communication regarding changes in patient condition will be provided to the office the same day, at minimum, verbally or by telephone, and recorded on the visit note. Communication shall be in the form of a log maintained in the office which will be initialed by the employees servicing the patient and the DON/ADON Case conferences will include representation from each discipline. Case conference will occur on a weekly basis in order to communicate changes in the patient's plan of care and ensure agency staff communicates these changes effectively and timely to support the patients' plan of care.</p>	03/05/2014
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	<p>There is no documentation the RN and HHA communicated this concern to each other.</p> <p>b. On 2/3/14 at 4:45 PM, the administrator indicated that coordination of care was not documented concerning the skin breakdown on patient #3 and evidenced in the HHA note.</p> <p>2. Clinical record #9, start of care 6/5/13, evidenced the patient had chronic kidney disease and dialysis access for hemodialysis. This record failed to evidence the skilled nurse communicated with the dialysis facility and that the registered nurse communicated with the home health aide about the patient #9's dialysis access site.</p> <p>On 2/4/14 at 1:50 PM, the director of nursing indicated the patient's record did not indicate the skilled nurse had communicated with the dialysis facility about the patient's care or that the registered nurse had communicated to the home health aide about patient #9's access site and care needs as a dialysis patient.</p> <p>3. The agency policy titled "Coordination of Patient Care" with a revised date of 2009 stated, "Agency</p>		<p>DON/ADON or QA staff will conduct and record minutes of these case conferences. 100 % of clinical records will be audited at least every 60 days to prevent reoccurrence. The Administrator is responsible to ensure the standard is met.</p>		

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G000236	<p>staff members regularly communicate to ensure that their efforts are coordinated effectively and ultimately support the objectives outlined in the plan of care ... Coordination of agency's internal resources includes ... assuring all involved staff members are aware of patient's plan of care, making patient information available to all staff... care will be coordinated with other involved external organizations ... understand agency and organization's responsibilities in providing care or services ... share relevant information to facilitate appropriate continuity and care coordination."</p> <p>484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure clinical records were</p>	G000236	All staff will be in serviced on accepted professional standards and agency policy for medical records maintenance, documentation guidelines and	03/05/2014

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	<p>maintained in accordance with accepted standards for 3 of 12 records reviewed (clinical record #3, #7, and #12).</p> <p>Findings</p> <ol style="list-style-type: none"> <li>Clinical record #3, start of care (SOC) 1/1/14, included a narrative note for patient #2's record attached to the start of care assessment.</li> <li>Clinical record #7, SOC 5/10/13, evidenced documents with dates altered on the following clinical documents:  The clinical document titled "Start of Care Assessment" signed by the patient and Employee S, Registered Nurse, on 5/10/13 evidenced a date of referral date of 5/10/13. The "10" had been superimposed over another number which could no longer be read.</li> <li>Clinical record #12, SOC , evidenced documents with numbers altered on the following clinical documents:  The clinical document titled "Skilled Nursing Visit Report" signed by the patient and Employee A, Registered Nurse, on 11/27/13 evidenced the apical rate was 78. The "7" had been superimposed over the number "6".</li> </ol>		<p>legitimate corrections to documentation. All agency staff will comply with this standard. Failure to comply will be cause for disciplinary action which may include termination. All documentation submitted will be checked daily to identify documentation discrepancies. Following the daily audit of documentation, a clinical record review conducted quarterly, for a minimum of 10% active and two closed records will be conducted to ensure compliance with accepted standards of practice. The DON and ADON will monitor compliance daily to prevent reoccurrence. The Administrator is responsible for ensuring this standard is met.</p>				

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G000242	<p>4. The agency policy titled "Professional Standards of Practice" with a revised date of 2009 stated, "Agency will comply with accepted standards of practice ... the agency and staff will comply with accepted professional standards and principles that apply to the professional who are furnishing care, e.g. state practice acts."</p> <p>484.52 EVALUATION OF THE AGENCY'S PROGRAM Based on administrative record and agency policy review and interview, it was determined the agency failed to have written policies in place to address the overall evaluation of the agency's total program at least annually and completed an annual review for 1 of 1 agency with the potential to affect all the patients of the agency. (see G 243); failed to have an annual evaluation of the agency's total program that included policy and administrative review</p>	G000242	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review. Quarterly record reviews performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on 03-04-2014. Quality</p>	03/05/2014

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	creating the potential to affect all of the agency's 156 current patients (see G 244); failed to ensure an annual review was completed that the assessed 1 of 1 agency's total program for appropriateness, adequacy, effectiveness, and efficiency creating the potential to affect all of the agency's 156 current patients (see G 245); failed to ensure there was an annual program evaluation so that those responsible for the operation of the agency can act upon them for 1 of 1 agency with the potential to affect all the patients of the agency (See G 246); failed to ensure an annual evaluation was completed that included policies and administrative practices are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective, and efficient for 1 of 1 agency with the potential to affect all the patients of the agency (See G 248); failed to ensure mechanisms are in place for the collection of data for the evaluation for 1 of 1 agency with the potential to affect all the patients of the agency (See G 249); failed to ensure active and closed clinical records were reviewed at least quarterly by professionals representing the scope of the program to determine if policies are followed for 1 of 1 agency with the potential to affect all the patients of the agency (See G 250); and		improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the plan of care and appropriateness of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.	

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G000243	<p>failed to ensure the evaluation included a continuing review of clinical records for each 60 day period to determine adequacy of the plan of care and appropriateness of continuation of care for 1 of 1 agency with the potential to affect all the patients of the agency (See G 251)</p> <p>The cumulative effect of these systemic problems resulted in the agency being found out of compliance with the condition 42 CFR 484.52 Evaluation of the Agency's Program.</p> <p>484.52 EVALUATION OF THE AGENCY'S PROGRAM</p> <p>The HHA has written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), HHA staff, and consumers, or by professional people outside the agency working in conjunction with consumers.</p> <p>Based on agency policy and document review and interview, the agency failed to have written policies in place to address the overall evaluation of the agency's total program at least annually and completed an annual review for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>Findings</p>	G000243	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review. Quarterly record reviews performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on</p>	03/05/2014

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	<p>1. Review of agency documents failed to evidence the agency had completed an annual review of the agency since July 27, 2011. The agency policy for annual review did not specify how to evaluate the agency.</p> <p>2. On February 4, 2014, at 12:50 PM, the administrator indicated the program had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned over a year ago. The annual review of the agency was not completed.</p> <p>3. On February 4, 2014, at 3 PM, the administrator indicated the document in finding #4 was the agency policy for the agency annual evaluation.</p> <p>4. The agency policy titled "Annual Evaluation" with a date of 1/5/04 stated, "The agency annually conducts an evaluation of the corporation's total program. This is an ongoing process. The Professional Advisory Committee, owner / member and administrative staff provide evaluation to determine the extent to which the corporation programs are efficient, appropriate and adequate. A plan for systematic</p>		<p>03-04-2014. Quality improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the plan of care and appropriateness of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p>				

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	<p>evaluation is utilized to track the evaluation process." (This is the entire policy)</p> <p>5. The Professional advisory board had not completed a review of the agency or met with all the members present.</p> <p>a. The agency's administrative records included "Professional Advisory Committee Meeting Minutes" dated 7/24/13 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>b. The agency's administrative records included "Professional Advisory Committee Meeting Minutes dated 7/25/12 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>c. On 2/4/14 at 12:50 PM, Employee C, the administrator, indicated the professional advisory group did not have the physician in attendance at the meeting in 2012 or 2013.</p>			

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G000244	<p>484.52 EVALUATION OF THE AGENCY'S PROGRAM</p> <p>The evaluation consists of an overall policy and administrative review and a clinical record review.</p> <p>Based on agency policy and document review and interview, the agency failed to have an annual evaluation of the agency's total program that included policy and administrative review creating the potential to affect all of the agency's 156 current patients.</p> <p>Findings</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had completed an annual review of the agency since July 27, 2011. The agency policy for annual review did not specify how to evaluate the agency.</li> <li>2. On February 4, 2014, at 12:50 PM, the administrator indicated the program had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned over a year ago. The annual review of the agency was not completed.</li> <li>3. On February 4, 2014, at 3 PM, the administrator indicated the document in</li> </ol>	G000244	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review. Quarterly record reviews performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on 03-04-2014. Quality improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the</p>	03/05/2014

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	<p>finding #4 was the agency policy for the agency annual evaluation.</p> <p>4. The agency policy titled "Annual Evaluation" with a date of 1/5/04 stated, "The agency annually conducts an evaluation of the corporation's total program. This is an ongoing process. The Professional Advisory Committee , owner / member and administrative staff provide evaluation to determine the extent to which the corporation programs are efficient, appropriate and adequate. A plan for systematic evaluation is utilized to track the evaluation process." (This is the entire policy)</p> <p>5. The Professional advisory board had not completed a review of the agency or met with all the members present.</p> <p>a. The agency's administrative records included "Professional Advisory Committee Meeting Minutes" dated 7/24/13 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>b. The agency's administrative records included "Professional Advisory Committee Meeting Minutes dated 7/25/12 failed to evidence the physician</p>		<p>plan of care and appropriateness of continuation of care.</p> <p>The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p>		

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G000245	<p>was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>c. On 2/4/14 at 12:50 PM, Employee C, the administrator, indicated the professional advisory group did not have the physician in attendance at the meeting in 2012 or 2013.</p> <p>484.52 EVALUATION OF THE AGENCY'S PROGRAM The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective and efficient. Based on agency policy and document review and interview, the agency failed to ensure an annual review was completed that the assessed 1 of 1 agency's total program for appropriateness, adequacy, effectiveness, and efficiency creating the potential to affect all of the agency's 156 current patients.</p> <p>Findings</p> <p>1. Review of agency documents failed to evidence the agency had completed an annual review of the agency since July 27, 2011. The agency policy for annual review did not specify how to evaluate</p>	G000245	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review. Quarterly record reviews performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on 03-04-2014. Quality improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total</p>	03/05/2014

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	<p>the agency.</p> <p>2. On February 4, 2014, at 12:50 PM, the administrator indicated the program had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned over a year ago. The annual review of the agency was not completed.</p> <p>3. On February 4, 2014, at 3 PM, the administrator indicated the document in finding #4 was the agency policy for the agency annual evaluation.</p> <p>4. The agency policy titled "Annual Evaluation" with a date of 1/5/04 stated, "The agency annually conducts an evaluation of the corporation's total program. This is an ongoing process. The Professional Advisory Committee , owner / member and administrative staff provide evaluation to determine the extent to which the corporation programs are efficient, appropriate and adequate. A plan for systematic evaluation is utilized to track the evaluation process." (This is the entire policy)</p> <p>5. The Professional advisory board had not completed a review of the agency or</p>		<p>program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the plan of care and appropriateness of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p>				

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	<p>met with all the members present.</p> <p>a. The agency's administrative records included "Professional Advisory Committee Meeting Minutes" dated 7/24/13 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>b. The agency's administrative records included "Professional Advisory Committee Meeting Minutes" dated 7/25/12 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>c. On 2/4/14 at 12:50 PM, Employee C, the administrator, indicated the professional advisory group did not have the physician in attendance at the meeting in 2012 or 2013.</p>			

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G000246	<p>484.52 EVALUATION OF THE AGENCY'S PROGRAM Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency.</p> <p>Based on agency policy and document review and interview, the agency failed to ensure there was an annual program evaluation so that those responsible for the operation of the agency can act upon them for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>Findings</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had completed an annual review of the agency since July 27, 2011. The agency policy for annual review did not specify how to evaluate the agency.</li> <li>2. On February 4, 2014, at 12:50 PM, the administrator indicated the program had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned over a year ago. The annual review of the agency was not completed.</li> <li>3. On February 4, 2014, at 3 PM, the</li> </ol>	G000246	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014.</p> <p>Evaluation policy and tools will be implemented and used to document the review.</p> <p>Quarterly record reviews performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on 03-04-2014.</p> <p>Quality improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results.</p> <p>The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014.</p> <p>Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/</p>	03/05/2014

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	<p>administrator indicated the document in finding #4 was the agency policy for the agency annual evaluation.</p> <p>4. The agency policy titled "Annual Evaluation" with a date of 1/5/04 stated, "The agency annually conducts an evaluation of the corporation's total program. This is an ongoing process. The Professional Advisory Committee , owner / member and administrative staff provide evaluation to determine the extent to which the corporation programs are efficient, appropriate and adequate. A plan for systematic evaluation is utilized to track the evaluation process." (This is the entire policy)</p> <p>5. The Professional advisory board had not completed a review of the agency or met with all the members present.</p> <p>a. The agency's administrative records included "Professional Advisory Committee Meeting Minutes" dated 7/24/13 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>b. The agency's administrative records included "Professional Advisory Committee Meeting Minutes dated</p>		<p>summary to determine the adequacy of the plan of care and appropriateness of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p>	

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G000248	<p>7/25/12 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>c. On 2/4/14 at 12:50 PM, Employee C, the administrator, indicated the professional advisory group did not have the physician in attendance at the meeting in 2012 or 2013.</p> <p>484.52(a) POLICY AND ADMINISTRATIVE REVIEW As part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient.</p> <p>Based on agency policy and document review and interview, the agency failed to ensure an annual evaluation was completed that included policies and administrative practices are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective, and efficient for 1 of 1 agency with the potential to affect all</p>	G000248	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review. Quarterly record reviews performed by representation from each discipline will be brought</p>	03/05/2014

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	<p>the patients of the agency.</p> <p>Findings</p> <p>1. Review of agency documents failed to evidence the agency had completed an annual review of the agency since July 27, 2011. The agency policy for annual review did not specify how to evaluate the agency.</p> <p>2. On February 4, 2014, at 12:50 PM, the administrator indicated the program had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned over a year ago. The annual review of the agency was not completed.</p> <p>3. On February 4, 2014, at 3 PM, the administrator indicated the document in finding #4 was the agency policy for the agency annual evaluation.</p> <p>4. The agency policy titled "Annual Evaluation" with a date of 1/5/04 stated, "The agency annually conducts an evaluation of the corporation's total program. This is an ongoing process. The Professional Advisory Committee, owner / member and administrative staff provide evaluation to determine the</p>		<p>up to date, summarized and presented to the PAC on 03-04-2014. Quality improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the plan of care and appropriateness of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p>		

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	<p>extent to which the corporation programs are efficient, appropriate and adequate. A plan for systematic evaluation is utilized to track the evaluation process." (This is the entire policy)</p> <p>5. The Professional advisory board had not completed a review of the agency or met with all the members present.</p> <p>a. The agency's administrative records included "Professional Advisory Committee Meeting Minutes" dated 7/24/13 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>b. The agency's administrative records included "Professional Advisory Committee Meeting Minutes dated 7/25/12 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>c. On 2/4/14 at 12:50 PM, Employee C, the administrator, indicated the professional advisory group did not have the physician in attendance at the meeting in 2012 or 2013.</p>			

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G000249	<p>484.52(a) POLICY AND ADMINISTRATIVE REVIEW Mechanisms are established in writing for the collection of pertinent data to assist in evaluation.</p> <p>Based on agency policy review and interview, the agency failed to ensure mechanisms are in place for the collection of data for the evaluation for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>Findings</p> <p>1. On February 4, 2014, at 3 PM, the administrator indicated the document in finding #2 was the agency policy for the agency annual evaluation.</p> <p>2. The agency policy titled "Annual Evaluation" with a date of 1/5/04 stated, "The agency annually conducts an evaluation of the corporation's total program. This is an ongoing process. The Professional Advisory Committee , owner / member and administrative staff provide evaluation to determine the extent to which the corporation programs are efficient, appropriate and adequate. A plan for systematic evaluation is utilized to track the evaluation process." (This is the entire policy)</p>	G000249	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review. Quarterly record reviews performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on 03-04-2014. Quality improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the plan of care and appropriateness</p>	03/05/2014

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G000250	<p>484.52(b) CLINICAL RECORD REVIEW At least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement.</p> <p>Based on agency policy and document review and interview, the agency failed to ensure active and closed clinical records were reviewed at least quarterly by professionals representing the scope of the program to determine if policies are followed for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>Findings</p> <p>1. Review of agency documents failed to evidence the agency had completed an annual review of the agency since July 27, 2011. The agency policy for annual review did not specify how to evaluate the agency.</p> <p>2. On February 4, 2014, at 12:50 PM, the administrator indicated the program</p>	G000250	<p>of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p> <p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review. Quarterly record reviews performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on 03-04-2014. Quality improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will</p>	03/05/2014

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	<p>had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned over a year ago. The annual review of the agency was not completed.</p> <p>3. On February 4, 2014, at 3 PM, the administrator indicated the document in finding #4 was the agency policy for the agency annual evaluation.</p> <p>4. The agency policy titled "Annual Evaluation" with a date of 1/5/04 stated, "The agency annually conducts an evaluation of the corporation's total program. This is an ongoing process. The Professional Advisory Committee , owner / member and administrative staff provide evaluation to determine the extent to which the corporation programs are efficient, appropriate and adequate. A plan for systematic evaluation is utilized to track the evaluation process." (This is the entire policy)</p> <p>5. The Professional advisory board had not completed a review of the agency or met with all the members present.</p> <p>a. The agency's administrative records included "Professional Advisory</p>		<p>also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the plan of care and appropriateness of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p>		

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G000251	<p>Committee Meeting Minutes" dated 7/24/13 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>b. The agency's administrative records included "Professional Advisory Committee Meeting Minutes dated 7/25/12 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>c. On 2/4/14 at 12:50 PM, Employee C, the administrator, indicated the professional advisory group did not have the physician in attendance at the meeting in 2012 or 2013.</p> <p>484.52(b) CLINICAL RECORD REVIEW There is a continuing review of clinical records for each 60-day period that a patient receives home health services to determine adequacy of the plan of care and appropriateness of continuation of care.</p> <p>Based on agency policy and document review and interview, the agency failed to ensure the evaluation included a continuing review of clinical records for each 60 day period to determine adequacy of the plan of care and appropriateness of continuation of care</p>	G000251	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review.</p>	03/05/2014

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	<p>for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>Findings</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had completed an annual review of the agency since July 27, 2011. The agency policy for annual review did not specify how to evaluate the agency.</li> <li>2. On February 4, 2014, at 12:50 PM, the administrator indicated the program had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned over a year ago. The annual review of the agency was not completed.</li> <li>3. On February 4, 2014, at 3 PM, the administrator indicated the document in finding #4 was the agency policy for the agency annual evaluation.</li> <li>4. The agency policy titled "Annual Evaluation" with a date of 1/5/04 stated, "The agency annually conducts an evaluation of the corporation's total program. This is an ongoing process. The Professional Advisory Committee , owner / member and administrative staff</li> </ol>		<p>Quarterly record reviews performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on 03-04-2014. Quality improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the plan of care and appropriateness of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p>		

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	<p>provide evaluation to determine the extent to which the corporation programs are efficient, appropriate and adequate. A plan for systematic evaluation is utilized to track the evaluation process." (This is the entire policy)</p> <p>5. The Professional advisory board had not completed a review of the agency or met with all the members present.</p> <p>a. The agency's administrative records included "Professional Advisory Committee Meeting Minutes" dated 7/24/13 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>b. The agency's administrative records included "Professional Advisory Committee Meeting Minutes" dated 7/25/12 failed to evidence the physician was in attendance at the meeting. The minutes failed to evidence an annual review had been completed.</p> <p>c. On 2/4/14 at 12:50 PM, Employee C, the administrator, indicated the professional advisory group did not have the physician in attendance at the meeting in 2012 or 2013.</p>						

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G000331	<p>484.55(a)(1) INITIAL ASSESSMENT VISIT A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse accurately assessed the patient's dialysis site history during the initial assessment for 1 of 1 record reviewed (patient #9) with a patient with hemodialysis with the potential to affect all patients of the agency that receive hemodialysis.</p> <p>Findings</p> <p>1. Clinical record #9, start of care 6/5/13, evidenced the patient had diagnoses of hypertensive chronic kidney disease and end stage renal disease. The patient's initial assessment failed to document the patient had a catheter for hemodialysis access in the chest area. The initial assessment was dated 6/5/13 and completed by Employee A, Registered Nurse. The initial assessment evidenced the patient had a dialysis fistula at the time of the initial assessment.</p>	G000331	Registered nursing staff will be re-instructed on agency policy, "nursing services", regarding RN accuracy of initial assessment and re-assessment, to ensure patients receive appropriate assessments and care plan development with the appropriate goals and outcomes. QA staff will review 100% of plans of care and comprehensive assessments. RN's found not to be performing accurate assessments; re-assessments and plan of care development following the period of reinstruction will be disciplined which may include termination. The DON, ADON will monitor compliance weekly to prevent re-occurrence. The Administrator is responsible to ensure this standard is met.	03/05/2014			

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N000000	<p>a. On 2/4/14 at 1:50 PM, the administrator indicated the initial assessment had not included the dialysis site history and the site of the access site at the time of the initial assessment.</p> <p>b. On 2/4/14 at 3:20 PM, the administrator indicated the patient had a catheter in the chest area for dialysis and did not know what side of the chest the catheter was placed. The information that the patient had a fistula on the initial assessment was not accurate.</p> <p>3. The agency policy titled "Nursing Services" with a revised date of 2009 stated, "Patient receiving nursing services will have appropriate assessments, reassessments, care planning, and established outcomes performed."</p> <p>This was a state relicensure survey.</p>	N000000		

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	<p>Survey dates: 1/29/14 - 2/4/14</p> <p>Facility #: IN002684</p> <p>Medicaid #: 200323290</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Census service type: 313 skilled unduplicated patients in last 12 months 65 home health aide only patients in last 12 months 6 personal services only patients in last 12 months 156 active patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>February 7, 2014</p>			
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N000456	<p>410 IAC 17-12-1(e) Home health agency administration/management Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care.</p> <p>Based on agency policy and document review and interview, the agency failed to ensure the ongoing quality assurance program was designed to objectively evaluate the quality and appropriateness of patient care, resolve identified problems, and improve patient care for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings</p> <p>1. On February 4, 2014, at 12:50 PM, the administrator indicated there was no completed quality assurance program for 2012, 2013, or 2014 and the program had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned over a year ago. The annual review of the agency was not complete.</p>	N000456	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review. Quarterly record reviews performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on 03-04-2014. Quality improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the</p>	03/05/2014	

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	<p>2. A review of quality assurance documents evidenced the quality assurance program had not occurred since 2011.</p> <p>3. The agency policy titled "Performance Improvement" with a revised date of 2011 stated, "Policy: The agency will establish an ongoing program of performance improvement. Purpose: to continuously collect and analyze data to improve agency's performance of clinical and other clinical processes, specifically as follows continuously improve processes of patient care / services as well as outcomes of care, communicate information internally and externally, and use a systematic approach to problem identification and resolution ... the governing body is ultimately responsible for the implementation of the PI plan ... The PI committee analyze collected data. Statistical techniques will be utilized ... for each process identified to be improved, mechanisms to identify levels, patterns or trends in that process that will trigger further evaluation of the process to be identified."</p>		<p>potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the plan of care and appropriateness of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p>		

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N000470	<p>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.</p> <p>Based on home visit observation, interview, and policy and procedure review, the agency failed to ensure all employees followed agency policies related to infection control at 2 of 2 home visit observations (patient #1, #2 ) with a skilled nurse (Employee A and Employee B) resulting in the potential to spread infectious diseases to other patients, family, and staff.</p> <p>Findings</p> <p>1. On 1/29/14 at 3:10 PM, Employee A, Registered Nurse (RN) was observed to visit patient #1 for a wound vac dressing change. She was observed to take a soiled washcloth out of patient's sink and wring it out and place it into the patient's tub. She had not donned gloves. She wiped her hands on the patient's hand towel to dry her hands.</p>	N000470	<p>Agency policies and procedures will be reviewed by the DON/ADON. Policies and procedures will be updated to include, but not limited to, infection control policy, "skin care-VAC dressing application", "wound cleansing", "disposal of infectious medical waste", "disposal of contaminated patient care supplies", "hand hygiene and indication for hand hygiene required following CDC 2002 Guidelines", "preparation of work area to include bag technique" and "infection control – standard precautions". All employees will be in-serviced and provided copies of these updated policies and procedures. Employees will be tested on the in-service materials and pass with a minimum of 100% correct. In-service education and testing will be repeated every 6 months for a period of 2 years and annually thereafter.</p>	03/05/2014
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	<p>She then donned gloves. She emptied the patient's ileostomy bag and drained about 300 cubic centimeters of brown liquid into a clear container and emptied this into the toilet. She washed her hands with antiseptic hand gel after removing gloves. She removed the wound vac canister from the wound vac unit and placed it into the trash and placed the wound vac on top of the patient's trash can and then removed her gloves. She did not disinfect her hands. She then snapped a new wound vac canister into the wound vac. She washed her hands and put gloves on. She removed the soiled dressing from the patient and cleansed the wound area. She removed her gloves and cleansed her hands. She cleansed the patient's scissors with hand gel and sterile gauze and applied one glove onto the right hand but not the left. She pulled back the patient's depends which had blood on it. She cleansed the skin around the wound and opened the wound vac dressing with the gloved hand. She cleansed the scissors with the hand gel and paper towel. She removed gloves, cleansed hands, and then cut the adhesive clear dressing with the scissors and applied strips of this around the wound area. She took her gloves off and did not cleanse hands, applied new gloves, and measured the wound. She removed gloves, cleansed</p>		<p>Employees from each discipline will randomly be chosen for home visit "spot checks" to be observed for proper infection control compliance. These spot checks will be an ongoing monitoring process. Results of these spot checks will be recorded, reviewed and maintained by the DON to prevent reoccurrence.</p> <p>The Administrator is responsible to insure the Standard is met.</p>	

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	<p>hands, and donned new gloves. She applied white foam. She removed gloves, cleansed hands, and applied new gloves. She applied the black foam over the white foam and then applied the adhesive cover. She cut a small hole in the adhesive with the scissors. She took the gloves off and cleansed hands. She applied more adhesive for additional support and coverage without gloved hands and touched the depends which was soiled with blood. She did not cleanse hands and donned new gloves, and removed the discarded waste from the dressing change. This was in a single - layered bag (not double bagged) and included biohazard waste from the wound vac canister and the soiled dressing. Her nursing bag and clipboard were placed on top of the patient supplies without a barrier.</p> <p>A. On 1/30/14 at 10:45 AM, Employee A, registered nurse, indicated infection control was not followed at the above visit.</p> <p>B. On 1/30/14 at 11:15 AM, the administrator indicated infection control was not followed at the above visit.</p> <p>2. On 1/30/14 at 12 noon, Employee B, licensed practical nurse, was observed to visit patient #2 for a skilled nurse visit</p>			

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	<p>which included wound care. She was observed to apply santyl to the patient's sacral wound with a tongue depressor and then discard the tongue depressor and her gloves. She did not wash hands and then opened the sterile gauze dressings. She then applied gloves. She placed her clipboard on the patient's furniture without a barrier.</p> <p>On 2/3/14 at 11:35 AM, the administrator indicated that infection control policy was not followed at the above visit.</p> <p>3. The agency procedure titled "Skin Care - VAC dressing application" with a last update of 8/08 stated, "Goals of the Wound Vac System are ... prevents wound contamination by its semi - occlusive protective wound cover ... use gloves, gown, and goggles if splashing or exposure to body fluids is likely. Treat all body fluids as if they are infectious. All steps should be taken under the direction of a physician and in accordance with institutional protocols."</p> <p>4. The agency procedure titled "Wound Cleansing" with a last update of 8/08 stated, "Procedure 1. Adhere to standard precautions ... 4. establish a clean field with all the supplies and equipment that will be necessary. Remove soiled</p>			

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	<p>dressing, discard dressing and soiled gloves in appropriate container. Decontaminate hands and don gloves ... discard soiled supplies in appropriate containers."</p> <p>5. The agency procedure titled "Infection control - disposal of infectious medical waste" with a date of 8/08 stated, "Disposal of contaminated patient - care supplies e.g. [for example], dressings ... a. Adhere to standard precautions b. Place contaminated supplies in impervious bag and close tightly c. Double bag in a second impervious bag."</p> <p>6. The agency policy and procedure titled "Infection Control - Hand Hygiene" with a date of 8/08 stated, "Thorough hand washing is the most important factor in preventing the spread of communicable diseases and reducing overall infection rates. Indications for hand - hygiene is required, but not limited to, the following home care patient activities [CDC 2002 guidelines] a. decontaminate hands after contact with body fluids ... decontaminate hands after removing gloves and / or glove changes ... hands can be decontaminated by using soap and water or waterless hand products ... after giving direct care to a patient ... the use of gloves does not</p>			

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	<p>eliminate the need for hand hygiene a. use gloves when contact with blood or other infectious material, mucous membranes and nonintact skin could occur ... Procedure Hand hygiene - Technique with antimicrobial or nonantimicrobial soap and water ... use a paper towel to turn off the faucet."</p> <p>7. The agency policy and procedure titled "Preparation of work area and bag technique" with a date of 8/08 stated, "Purpose: to prevent contamination, avoid cross infection and establish a clean work area."</p> <p>8. The agency policy and procedure titled "Infection Control - Standard precautions" with a date of 8/08 stated, "While all body fluids are not known to transport bloodborne pathogens, they do transmit other infectious agents. Thus, standard precautions should be applied to all body fluids, except sweat ... Hand hygiene - Indications for hand washing and / or antiseptis include but not limited to the following: a. when hands are visibly dirty or contaminated b. before and after contact with each patient c. contact with blood ... d. immediately after removing gloves to avoid the transfer of microorganisms to avoid transfer of microorganisms to the environment ... f. before donning and</p>			

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N000472	<p>after removing gloves ... 5. Gloves must be worn when it can be reasonably anticipated to have direct contact with blood."</p> <p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures. Based on agency policy and document review and interview, the agency failed to ensure the ongoing quality assurance program was implemented that reflected the complexity of the program and services using objective measures for 1 of 1 agency with the potential to affect all the agency's patients.</p>	N000472	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review. Quarterly record reviews</p>	03/05/2014

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	<p>Findings</p> <p>1. On February 4, 2014, at 12:50 PM, the administrator indicated there was no completed quality assurance program for 2012, 2013, or 2014 and the program had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned over a year ago. The annual review of the agency was not complete.</p> <p>2. A review of quality assurance documents evidenced the quality assurance program had not occurred since 2011.</p> <p>3. The agency policy titled "Performance Improvement" with a revised date of 2011 stated, "Policy: The agency will establish an ongoing program of performance improvement. Purpose: to continuously collect and analyze data to improve agency's performance of clinical and other clinical processes, specifically as follows continuously improve processes of patient care / services as well as outcomes of care, communicate information internally and externally, and use a systematic approach to</p>		<p>performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on 03-04-2014. Quality improvement studies will be initiated utilizing results of record reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the plan of care and appropriateness of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p>		

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N000484	<p>problem identification and resolution ... the governing body is ultimately responsible for the implementation of the PI plan ... The PI committee analyze collected data. Statistical techniques will be utilized ... for each process identified to be improved, mechanisms to identify levels, patterns or trends in that process that will trigger further evaluation of the process to be identified."</p> <p>410 IAC 17-12-2(g) Q A and performance improvement Rule 12 Sec. 2(g) All personnel providing services shall maintain effective communications to assure that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences. Based on clinical record and policy review and interview, the agency failed to ensure all personnel furnishing services documented the coordination of care while services were being provided for 2 of 12 records reviewed (3 and 9) with the potential to affect all agency patients.</p> <p>Findings</p> <p>1. Clinical record #3, start of care 1/1/14, included a plan of care with a</p>	N000484	<p>Agency will put in place revised written policies. Revised Policy book will be implemented, reviewed and presented to the Professional Advisory Committee on 03-04-2014. Evaluation policy and tools will be implemented and used to document the review. Quarterly record reviews performed by representation from each discipline will be brought up to date, summarized and presented to the PAC on 03-04-2014. Quality improvement studies will be initiated utilizing results of record</p>	03/05/2014

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	<p>certification period of 1/1/14 - 3/1/14 with orders for home health services evidenced that the registered nurse (RN) and home health aide (HHA) did not communicate about the skin breakdown with patient #3 found at a HHA visit on 1/14/14.</p> <p>a. A HHA visit note dated 1/14/14 and signed by Employee G, HHA, evidenced the HHA had contacted the office staff about a small skin breakdown on the patient's buttocks. There is no documentation the RN and HHA communicated this concern to each other.</p> <p>b. On 2/3/14 at 4:45 PM, the administrator indicated that coordination of care was not documented concerning the skin breakdown on patient #3 and evidenced in the HHA note.</p> <p>2. Clinical record #9, start of care 6/5/13, evidenced the patient had chronic kidney disease and an access for hemodialysis. The record failed to evidence the registered nurse communicated with the home health aide about the patient #9's dialysis access site.</p> <p>On 2/4/14 at 1:50 PM, the director of nursing indicated the patient's record did</p>		<p>reviews, oasis outcomes and CAHPS results. The mechanisms for data collection will be presented to the professional advisory committee on 03-04-2014. Annual review will ensure review of agencies total program for appropriateness, adequacy, effectiveness and efficiency. The annual reviews will also ensure those responsible for operating the agency can act on any issues with the potential to affect patients of the agency. Quarterly clinical record reviews to include review of clinical records for each 60 day period/ summary to determine the adequacy of the plan of care and appropriateness of continuation of care. The Administrator will manage overall program evaluation. The Board of Directors is responsible for the standards being met.</p> <p>The DON/ADON will review and revise the existing policy titled "Coordination of patient care". Agency staff will be in-serviced/instructed on this policy, specific to coordination of patient care with other entities as well as agency staff providing services/care, and the patient's physician. Communic ation regarding changes in patient condition will be provided to the office the same day, at</p>		

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N000486	<p>not indicate the registered nurse had communicated to the home health aide about patient #9's access site and care needs as a dialysis patient.</p> <p>3. The agency policy titled "Coordination of Patient Care" with a revised date of 2009 stated, "Agency staff members regularly communicate to ensure that their efforts are coordinated effectively and ultimately support the objectives outlined in the plan of care ... Coordination of agency's internal resources includes ... assuring all involved staff members are aware of patient's plan of care, making patient information available to all staff... care will be coordinated with other involved external organizations ... understand agency and organization's responsibilities in providing care or services ... share relevant information to facilitate appropriate continuity and care coordination." 410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient. Based on interview, policy review, and clinical record review, the agency failed to ensure coordination of care occurred with other entities providing services for 1 of 1 (clinical record #9) records</p>	N000486	<p>minimum, verbally or by telephone, and recorded on the visit note. Communication shall be in the form of a log maintained in the office which will be initialed by the employees servicing the patient and the DON/ADON Case conferences will include representation from each discipline. Case conference will occur on a weekly basis in order to communicate changes in the ...</p> <p>The DON/ADON will review and revise the existing policy titled "Coordination of patient care". Agency staff will be in-serviced/instructed on this policy, specific to coordination of</p>	03/05/2014			

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	<p>reviewed of patients receiving services from other entities with the potential to affect all patients receiving services from another entity.</p> <p>Findings</p> <p>1. The agency policy titled "Coordination of Patient Care" with a revised date of 2009 stated, "Agency staff members regularly communicate to ensure that their efforts are coordinated effectively and ultimately support the objectives outlined in the plan of care ... care will be coordinated with other involved external organizations ... understand agency and organization's responsibilities in providing care or services ... share relevant information to facilitate appropriate continuity and care coordination."</p> <p>2. Clinical record #9, start of care 6/5/13, evidenced the patient had chronic kidney disease and an access for hemodialysis. The record failed to evidence the skilled nurse communicated with the dialysis facility.</p> <p>3. On 2/4/14 at 1:50 PM, the director of nursing indicated the patient's record did not indicate the skilled nurse had communicated with the dialysis facility about the patient's care.</p>		<p>patient care with other entities as well as agency staff providing services/care, and the patient's physician. Communication regarding changes in patient condition will be provided to the office the same day, at minimum, verbally or by telephone, and recorded on the visit note. Communication shall be in the form of a log maintained in the office which will be initialed by the employees servicing the patient and the DON/ADON. Case conferences will include representation from each discipline. Case conference will occur on a weekly basis in order to communicate changes in the patient's plan of care and ensure agency staff communicates these changes effectively and timely to support the patients' plan of care. DON/ADON or QA staff will conduct and record minutes of these case conferences. 100 % of clinical records will be audited at least every 60 days to prevent reoccurrence. The Administrator is responsible to ensure the standard is met.</p>		

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N000518	<p>410 IAC 17-12-3(e) Patient Rights Rule 12 Sec. 3(e) (e) The home health agency must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state law. The home health agency may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</p> <p>Based on clinical record review, observation, interview, and agency document review, the agency failed to ensure patients were provided the current Indiana advance directives, including a description of applicable State law, in 2 of 6 home records reviewed with the potential to affect all patients of the agency (#1 and #6).</p> <p>Findings include</p> <ol style="list-style-type: none"> <li>1. The admission package given to the patients failed to include the effective May 2004 and revised July 1, 2013, state of Indiana advanced directives in the admission folder that was distributed to the patients at the start of care (SOC).</li> <li>2. On February 3, 2014 at 11 AM, the administrator indicated the advanced directives were not the effective and current Indiana advanced directives</li> </ol>	N000518	<p>Agency Policies and Procedures regarding advance directives will be updated to include the current Indiana Advance Directives, including a description of applicable State law, dated May 2004 &amp; revised July 1, 2013. Agency will provide revised edition of Indiana Advance Directives to all active patients and replace previously used advance directives in admission folders. All copies of May 2004 advance directives will be removed from the patient home folders, patient office charts, and admission folders. A master copy will be replaced with the revised advance directives. All Agency personnel will be instructed on the revised Advance Directives. 100% of admission records will be audited to prevent reoccurrence. The Administrator is responsible to ensure the standard is met.</p>	03/05/2014			

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	<p>(effective May 2004 and revised July 1, 2013) in the patient #1 and patient #6's possession in these patients' home folders.</p> <p>3. Clinical record #1, start of care (SOC) 1/13/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>On 1/29/14 at 3:10 PM, it was observed that the home folder for patient #1 did not contain the Indiana Advanced Directives effective May 2004 and revised July 1, 2013.</p> <p>4. Clinical record #6, SOC 1/10/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.</p> <p>On 1/31/14 at 1:35 PM, it was observed that the home folder for patient #6 did not contain the Indiana Advanced Directives effective May 2004 and revised July 1, 2013.</p> <p>5. The agency document titled "Admission Agreement" with no</p>						

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N000522	<p>effective date stated, "Patient Rights ... You have the right to be informed orally and in writing on Advanced Directives prior to care including ... a description of applicable state law."</p> <p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on clinical record review, agency policy review, and interview, the agency failed to ensure the visits and treatments had been provided in accordance with physician's orders in 4 of 12 records reviewed (#2, 7, 8, and 10) with the potential to affect all of the agency patients.</p> <p>Findings</p> <p>1. Clinical record #2, Start of Care (SOC) 1/14/14 and a primary diagnoses decubitus to buttock, included a Plan of Care (POC) for the certification period of 1/14/14 - 3/14/14 with orders for the skilled nurse to visit 2 times a week for 9 weeks to assess pain in the sacrum / ischium (buttocks) area. A skilled nurse visit with Employee A, Registered Nurse (RN), on 1/16/14 at 4:50 PM,</p>	N000522	<p>Agency staff will be in-serviced regarding compliance with plans of care and physician orders. In-service will include the high priority standard that every patient will have a written plan of care that will be reviewed by the ordering physician. Staff instruction will include necessity to follow the plan of care, ensure orders and frequencies are being provided in accordance with MD orders, wound care performed per treatment orders, and communication of changes in patient status to the physician and all personnel/entities involved. Operational policies will be reviewed and reinforced to all agency staff to ensure compliance. Policies reviewed and reinforced will include: "Professional standards of practice", "nursing services", and "pain assessment and re-assessment. 100 % of clinical records will be audited at</p>	03/05/2014

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	<p>failed to evidence the pain assessment was completed at this visit.</p> <p>On 2/4/14 at 1 PM, the administration agreed that the pain assessment ordered on the POC had not been completed at the 1/16/14 visit.</p> <p>2. Clinical record #7, SOC 5/10/13 and a primary diagnosis of after care for the healing fracture of upper arm, included a POC for the certification period of 11/6/13 - 1/4/14 with orders for the skilled nurse to assess pain in the head, ribs, arm and hip and a goal that the pain would be controlled. Skilled nurse visits with Employee S, RN, on 11/8/13, 11/15/13, 12/5/13, and 12/19/13 failed to evidence that the pain was assessed as ordered on the plan of care.</p> <p>On 2/4/14 at 1:35 PM, the administrator indicated the pain had not been assessed at these visits.</p> <p>3. Clinical record #8, SOC 1/3/14, contained a medical plan of care dated 7/3/13 with orders for home health aide services to be provided 1 times a week for 9 weeks. There was no aide visit noted between the week of 7/11/13 - 7/17/13. The skilled nurse did not assess the shoulder pain as ordered on the plan of care on 7/26/13, 8/2/13,</p>		<p>least every 60 days to prevent reoccurrence. The Administrator is responsible for ensuring this standard is met.</p>				

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	<p>8/13/13, and 8/27/13. The plan of care also included a patient care goal for the patient to have pain controlled and the patient / caregiver to verbalize an understanding of the pain management program.</p> <p>a. On 2/4/14 at 1:20 PM, the administrator indicated the aide visit was missing from that week.</p> <p>b. On 2/4/14 at 1:25 PM, the administrator, Employee C, and alternate administrator, Employee D, indicated the pain had not been assessed at these visits.</p> <p>c. On 2/4/14 at 3:45 PM, the administrator indicated adding a case communication note to record to show that the the missing aide visit had occurred.</p> <p>d. The clinical record document titled "Missed Visit Communication" with a date of 2/3/14 indicated the home health aide was requested not to come because the informal caregiver was there to do care. This was signed by the administrator on 2/3/14.</p> <p>4. Clinical record #10, SOC 9/14/13 and diagnoses including congestive heart failure, decubitus ulcer buttocks,</p>			

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	<p>and decubitus ulcer of the foot, evidenced a nurse visit by Employee A, RN, on 9/27/13 where this employee documented an abrasion cleansed with normal saline and tegaderm applied without a physician's order to complete this wound care.</p> <p>On 2/4/14 at 1:30 PM, the administrator indicated the abrasion was treated without a physician's order.</p> <p>5. The agency policy titled "Professional Standards of Practice" with a revised date of 2009 stated, "Agency will comply with accepted standards of practice and plans of care ... the agency and staff will comply with accepted professional standards and principles that apply to the professional who are furnishing care, e.g. state practice acts ... agency staff will provide care, treatment and services to each patient according to the plan of care."</p> <p>6. The agency policy titled "Nursing Services" with a revised date of 2009 stated, "Nursing care will be provided in accordance with the patient's plan of care, under the supervision of a registered nurse."</p> <p>7. The agency policy titled "Pain assessment and reassessment" with a</p>						

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N000524	<p>revised date of 2009 stated, "Each patient receiving skilled nursing assessment will have pain assessed initially and on an ongoing basis using established criteria, including: location, intensity [using pain rating scale], duration, frequency, character ... current pain therapy or treatment, effectiveness of current therapy or treatment."</p> <p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (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: (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 and</p>	N000524	All MD orders will be reviewed for timeliness of physician signature	03/05/2014

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	<p>interview, the agency failed to ensure the plan of care included a timely physician signature for 2 of 12 records reviewed (8 and 10) with the potential to affect the 156 active patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #8, Start of care (SOC) 7/3/13 and diagnosis degenerative joint disease, included a plan of care (POC) for the certification period of 7/3/13 - 8/31/13, signed by the physician on 9/4/13.</p> <p>On 2/3/14 at 12:10 PM, the administrator indicated this was not a timely physician's signature.</p> <p>2. Clinical record #10, SOC 9/14/13 and diagnoses including congestive heart failure, decubitus ulcer buttocks, and decubitus ulcer of the foot, included a POC for the certification period of 9/14/13 - 11/12/13, signed by the physician on 10/29/13.</p> <p>On 2/3/14 at 3:55 PM, the administrator indicated this was not a timely physician's signature.</p>		<p>on a weekly basis. This will be accomplished through review of "MD Orders Report" generated by the agency computer program located in the Patient Information System. Management personnel will review the MD orders report weekly and initiate immediate action to secure signed orders. This weekly activity will ensure reoccurrence does not occur. The Administrator is responsible for ensuring this standard is met.</p>	

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N000537	<p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on clinical record review, agency policy review, and interview, the agency failed to ensure skilled nursing services had been provided in accordance with physician's orders in 4 of 12 records reviewed (#2, 7, 8, and 10) with the potential to affect all of the agency patients.</p> <p>Findings</p> <p>1. Clinical record #2, Start of Care (SOC) 1/14/14 and a primary diagnoses decubitus to buttock, included a Plan of Care (POC) for the certification period of 1/14/14 - 3/14/14 with orders for the skilled nurse to visit 2 times a week for 9 weeks to assess pain in the sacrum / ischium (buttocks) area. A skilled nurse visit with Employee A, Registered Nurse (RN), on 1/16/14 at 4:50 PM, failed to evidence the pain assessment was completed at this visit.</p> <p>On 2/4/14 at 1 PM, the administration agreed that the pain assessment ordered on the POC had not been completed at the 1/16/14 visit.</p>	N000537	All nursing staff will be re-instructed regarding compliance with physician's orders, obtaining orders when there is a change to the plan of care and the need for orders before providing treatments. Failure to perform complete and accurate initial and follow up comprehensive assessments, obtaining orders when there is a change to the plan of care, or providing treatments without orders, will be grounds for immediate termination. QA staff will monitor accuracy and completeness of 100% of documentation and report failure to obtain necessary orders, to the Administrator to prevent reoccurrence. The Administrator is responsible to ensure this standard is met.	03/05/2014

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	<p>2. Clinical record #7, SOC 5/10/13 and a primary diagnosis of after care for the healing fracture of upper arm, included a POC for the certification period of 11/6/13 - 1/4/14 with orders for the skilled nurse to assess pain in the head, ribs, arm and hip and a goal that the pain would be controlled. Skilled nurse visits with Employee S, RN, on 11/8/13, 11/15/13, 12/5/13, and 12/19/13 failed to evidence that the pain was assessed as ordered on the plan of care.</p> <p>On 2/4/14 at 1:35 PM, the administrator indicated the pain had not been assessed at these visits.</p> <p>3. Clinical record #8, SOC 1/3/14, contained a medical plan of care dated 7/3/13 with orders for the skilled nurse to to assess shoulder pain. The skilled nurse did not assess the shoulder pain as ordered on the plan of care on 7/26/13, 8/2/13, 8/13/13, and 8/27/13. The plan of care also included a patient care goal for the patient to have pain controlled and the patient / caregiver to verbalize an understanding of the pain management program.</p> <p>On 2/4/14 at 1:25 PM, the administrator, Employee C, and alternate administrator, Employee D,</p>			

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	<p>indicated the pain had not been assessed at these visits.</p> <p>4. Clinical record #10, SOC 9/14/13 and diagnoses including congestive heart failure, decubitus ulcer buttocks, and decubitus ulcer of the foot, evidenced a nurse visit by Employee A, RN, on 9/27/13 where this employee documented an abrasion cleansed with normal saline and tegaderm applied without a physician's order to complete this wound care.</p> <p>On 2/4/14 at 1:30 PM, the administrator indicated the abrasion was treated without a physician's order.</p> <p>5. The agency policy titled "Professional Standards of Practice" with a revised date of 2009 stated, "Agency will comply with accepted standards of practice and plans of care ... the agency and staff will comply with accepted professional standards and principles that apply to the professional who are furnishing care, e.g. state practice acts ... agency staff will provide care, treatment and services to each patient according to the plan of care."</p> <p>6. The agency policy titled "Nursing Services" with a revised date of 2009</p>			

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N000540	<p>stated, "Nursing care will be provided in accordance with the patient's plan of care, under the supervision of a registered nurse."</p> <p>7. The agency policy titled "Pain assessment and reassessment" with a revised date of 2009 stated, "Each patient receiving skilled nursing assessment will have pain assessed initially and on an ongoing basis using established criteria, including: location, intensity [using pain rating scale], duration, frequency, character ... current pain therapy or treatment, effectiveness of current therapy or treatment."</p> <p>410 IAC 17-14-1(a)(1)(A) Scope of Services Rule 14 Sec. 1(a) (1)(A) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (A) Make the initial evaluation visit.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse accurately assessed the patient's dialysis site history during the initial assessment for 1 of 1 record reviewed (patient #9)</p>	N000540	All nursing staff will be re-instructed regarding compliance with physician's orders, obtaining orders when there is a change to the plan of care and the need for orders before providing treatments. Failure to perform complete and accurate initial and follow up comprehensive assessments,	03/05/2014

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	<p>with a patient with hemodialysis with the potential to affect all patients of the agency that receive hemodialysis.</p> <p>Findings</p> <p>1. Clinical record #9, start of care 6/5/13, evidenced the patient had diagnoses of hypertensive chronic kidney disease and end stage renal disease. The patient's initial assessment failed to document the patient had a catheter for hemodialysis access in the chest area. The initial assessment was dated 6/5/13 and completed by Employee A, Registered Nurse. The initial assessment evidenced the patient had a dialysis fistula at the time of the initial assessment.</p> <p>a. On 2/4/14 at 1:50 PM, the administrator indicated the initial assessment had not included the dialysis site history and the site of the access site at the time of the initial assessment.</p> <p>b. On 2/4/14 at 3:20 PM, the administrator indicated the patient had a catheter in the chest area for dialysis and did not know what side of the chest the catheter was placed. The information that the patient had a fistula on the initial assessment was not accurate.</p>		<p>obtaining orders when there is a change to the plan of care, or providing treatments without orders, will be grounds for immediate termination. QA staff will monitor accuracy and completeness of 100% of documentation and report failure to obtain necessary orders, to the Administrator to prevent reoccurrence. The Administrator is responsible to ensure this standard is met.</p>	

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N000542	<p>3. The agency policy titled "Nursing Services" with a revised date of 2009 stated, "Patient receiving nursing services will have appropriate assessments, reassessments, care planning, and established outcomes performed." 410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions. Based on clinical record review, agency policy review, and interview, the agency failed to ensure the registered nurse revised the plan of care before providing services for 1 of 12 records reviewed (#10) with skilled nursing with the potential to affect all of the agency's patients.</p> <p>Findings</p> <p>1. Clinical record #10, SOC 9/14/13 and diagnoses including congestive heart failure, decubitus ulcer buttocks, and decubitus ulcer of the foot, included a POC for the certification period of 9/14/13 - 11/12/13, evidenced a nurse visit by Employee A, RN, on 9/27/13 where this employee documented an abrasion cleansed with normal saline</p>	N000542	All nursing staff will be re-instructed regarding compliance with physician's orders, obtaining orders when there is a change to the plan of care and the need for orders before providing treatments. Failure to perform complete and accurate initial and follow up comprehensive assessments, obtaining orders when there is a change to the plan of care, or providing treatments without orders, will be grounds for immediate termination. QA staff will monitor accuracy and completeness of 100% of documentation and report failure to obtain necessary orders, to the Administrator to prevent reoccurrence. The Administrator is responsible to ensure this standard is met.	03/05/2014

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N000545	<p>and tegaderm applied without a physician's order.</p> <p>On 2/4/14 at 1:30 PM, the administrator indicated the abrasion was treated without a physician's order.</p> <p>2. The agency policy titled "Professional Standards of Practice" with a revised date of 2009 stated, "Agency will comply with accepted standards of practice and plans of care ... the agency and staff will comply with accepted professional standards and principles that apply to the professional who are furnishing care, e.g. state practice acts ... agency staff will provide care, treatment and services to each patient according to the plan of care."</p> <p>3. The agency policy titled "Nursing Services" with a revised date of 2009 stated, "Nursing care will be provided in accordance with the patient's plan of care, under the supervision of a registered nurse." 410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services. Based on clinical record and policy review and interview, the agency failed</p>	N000545	The DON/ADON will review and revise the existing policy	03/05/2014			

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	<p>to ensure the registered nurse coordinated services for 2 of 12 records reviewed (3 and 9)with the potential to affect all agency patients.</p> <p>Findings</p> <p>1. Clinical record #3, start of care 1/1/14 included a plan of care with a certification period of 1/1/14 - 3/1/14 with orders for home health services evidenced that the registered nurse (RN) and home health aide (HHA) did not communicate about the skin break down with patient #3 found at a HHA visit on 1/14/14.</p> <p>a. A HHA visit note dated 1/14/14 and signed by Employee G, HHA, evidenced the HHA had contacted the office staff about a small skin breakdown on the patient's buttocks. There is no documentation the RN and HHA communicated this concern to each other.</p> <p>b. On 2/3/14 at 4:45 PM, the administrator indicated that coordination of care was not documented concerning the skin breakdown on patient #3 and evidenced in the HHA note.</p> <p>2. Clinical record #9, start of care 6/5/13, evidenced the patient had</p>		<p>titled "Coordination of patient care". Agency staff will be in-serviced/instructed on this policy, specific to coordination of patient care with other entities as well as agency staff providing services/care, and the patient's physician. Communication regarding changes in patient condition will be provided to the office the same day, at minimum, verbally or by telephone, and recorded on the visit note. Communication shall be in the form of a log maintained in the office which will be initialed by the employees servicing the patient and the DON/ADON Case conferences will include representation from each discipline. Case conference will occur on a weekly basis in order to communicate changes in the patient's plan of care and ensure agency staff communicates these changes effectively and timely to support the patients' plan of care. DON/ADON or QA staff will conduct and record minutes of these case conferences. 100 % of clinical records will be audited at least every 60 days to prevent reoccurrence. The Administrator is responsible to ensure the standard is met.</p>		

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	<p>chronic kidney disease and dialysis access for hemodialysis. This record failed to evidence the skilled nurse communicated with the dialysis facility and that the registered nurse communicated with the home health aide about the patient #9's dialysis access site.</p> <p>On 2/4/14 at 1:50 PM, the director of nursing indicated the patient's record did not indicate the skilled nurse had communicated with the dialysis facility about the patient's care or that the registered nurse had communicated to the home health aide about patient #9's access site and care needs as a dialysis patient.</p> <p>3. The agency policy titled "Coordination of Patient Care" with a revised date of 2009 stated, "Agency staff members regularly communicate to ensure that their efforts are coordinated effectively and ultimately support the objectives outlined in the plan of care ... Coordination of agency's internal resources includes ... assuring all involved staff members are aware of patient's plan of care, making patient information available to all staff... care will be coordinated with other involved external organizations ... understand agency and organization's</p>						

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N000608	<p>responsibilities in providing care or services ... share relevant information to facilitate appropriate continuity and care coordination."</p> <p>410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <p>(1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure clinical records were maintained in accordance with accepted standards for 3 of 12 records reviewed (clinical record #3, #7, and #12).</p> <p>Findings</p> <p>1. Clinical record #3, start of care (SOC) 1/1/14, included a narrative note</p>	N000608	<p>All staff will be in serviced on accepted professional standards and agency policy for medical records maintenance, documentation guidelines and legitimate corrections to documentation. All agency staff will comply with this standard. Failure to comply will be cause for disciplinary action which may include termination. All documentation submitted will be checked daily to identify documentation discrepancies. Following the daily audit of</p>	03/05/2014
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	<p>for patient #2's record attached to the start of care assessment.</p> <p>2. Clinical record #7, SOC 5/10/13, evidenced documents with dates altered on the following clinical documents:</p> <p>The clinical document titled "Start of Care Assessment" signed by the patient and Employee S, Registered Nurse, on 5/10/13 evidenced a date of referral date of 5/10/13. The "10" had been superimposed over another number which could no longer be read.</p> <p>3. Clinical record #12, SOC , evidenced documents with numbers altered on the following clinical documents:</p> <p>The clinical document titled "Skilled Nursing Visit Report" signed by the patient and Employee A, Registered Nurse, on 11/27/13 evidenced the apical rate was 78. The "7" had been superimposed over the number "6".</p> <p>4. The agency policy titled "Professional Standards of Practice" with a revised date of 2009 stated, "Agency will comply with accepted standards of practice ... the agency and staff will comply with accepted professional standards and principles that apply to the professional who are</p>		<p>documentation, a clinical record review conducted quarterly, for a minimum of 10% active and two closed records will be conducted to ensure compliance with accepted standards of practice. The DON and ADON will monitor compliance daily to prevent reoccurrence. The Administrator is responsible for ensuring this standard is met.</p>	

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	furnishing care, e.g. state practice acts."			