

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

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157637	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2012
NAME OF PROVIDER OR SUPPLIER OCCAZIO HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 501 BROAD STREET NEW CASTLE, IN 47362	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 000	INITIAL COMMENTS This was an initial federal Home Health Medicaid certification survey. This was a parital extended survey. Survey Dates: January 3, 4, 5, and 6, 2012 Facility #: 012692 Medicaid Vendor #: Application Surveyor: Bridget Boston, RN, PHNS Census: Skilled Patients 8 Home Health Aide Only Patients 0 Total 8 RR w/ HV: 3 RR w/o HV: 7 Total: 10 Quality Review: Joyce Elder, MSN, BSN, RN January 9, 2012	G 000		
G 101	484.10 PATIENT RIGHTS The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of those rights. This STANDARD is not met as evidenced by: Based on admission document and clinical record review and interview, the agency failed to ensure patients were informed of all their rights prior to the rendering of care in 10 of 10 clinical records reviewed with the potential to affect all	G 101		1/20/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 101	Continued From page 1 the patients of the agency. (# 1 through 10) Findings include: 1. The agency admission packet failed to evidence it contained all of the rights of the patient. 2. Clinical records 1-10 revealed the patient nor their guardian had been notified of the agency's responsibility to document and investigate complaints and the resolution of the complaints. 3. On January 4, 2011, at 3:45 PM, the administrator / director of nursing indicated the agency admission documents failed to inform the patients the home health agency was responsible to document the existence of complaints filed by the patient's family or legal representative regarding treatment or care that was or failed to be furnished, lack of respect for the patients property by anyone furnishing services on behalf of the agency, and to investigate and document the resolution of the complaint.	G 101			
G 107	484.10(b)(5) EXERCISE OF RIGHTS AND RESPECT FOR PROP The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint. This STANDARD is not met as evidenced by:	G 107		1/20/12	

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G 107	Continued From page 2 Based on interview and review of admission documents and clinical records, the agency failed to ensure the patients were informed that the home health agency was responsible to document the existence of complaints filed by the patient's family or legal representative regarding treatment or care that was or failed to be furnished, lack of respect for the patients property by anyone furnishing services on behalf of the agency, and to investigate and document the resolution of complaints for 10 of 10 clinical records reviewed with the potential to affect all the patients of the agency. (1-10) Findings include: 1. The agency admission packet failed to evidence it contained all of the rights of the patient. 2. Clinical records 1-10 revealed the patient nor their guardian had been notified of the agency's responsibility to document and investigate complaints and the resolution of the complaints. 3. On January 4, 2011, at 3:45 PM, the administrator / director of nursing indicated the agency admission documents failed to inform the patients the home health agency was responsible to document the existence of complaints filed by the patient's family or legal representative regarding treatment or care that was or failed to be furnished, lack of respect for the patients property by anyone furnishing services on behalf of the agency, and to investigate and document the resolution of the complaint.	G 107			
G 111	484.10(d) CONFIDENTIALITY OF MEDICAL RECORDS	G 111		1/20/12	

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G 111	<p>Continued From page 3</p> <p>The patient has the right to confidentiality of the clinical records maintained by the HHA.</p> <p>This STANDARD is not met as evidenced by: Based on interview and review of agency admission documents and agency contracts, the agency failed to ensure the confidentiality of the patient information contained in the clinical record in 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. On January 5, 2012, at 1:15 PM, the administrator / DON denied having computer access and ability to transmit OASIS data and that the initial oasis transmission was sent from the corporate office, during a training session with IT (information technology) and the billing department at the corporate office (was not sure of the specific names) was to be encoding and transmitting the OASIS data. The administrator / director of nursing and the alternate administrator / alternate director of nursing denied they had an account, password, or any access to a program for which the agency would transmit the OASIS data. 2. The agency's admission packet, page 20, states, "NOTICE OF PRIVACY PRACTICES ... disclose your health information to contact you ... as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted). FOR FUNDRAISING ACTIVITIES. The agency may use information about you including your name, address, phone 	G 111			

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G 111	Continued From page 4 number and the dates you received care in order to contact you to raise money for the agency." The consent documents signed by patients 1 through 10 at the start of care failed to disclose that the patient's health information would include for fundraising purposes. 3. On January 3, 2011, at 3:45 PM, the administrator indicated the agency was using a Internet based software program called ContinuumLink for assessments including the OASIS data set and skilled nurse visit notes, and the agency's access to the patient's clinical records are via the Internet. 4. The agency's contract with "ContinuumLink" titled "Software and Services Agreement" failed to evidence they were to encode and keep the OASIS data confidential and secure.	G 111			
G 121	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. This STANDARD is not met as evidenced by: Based on observation, interview, and review of agency policy, the agency failed to ensure employees provided services in accordance with the agency's infection control policies and procedures and the Centers for Disease Control "Standard Precautions" in 1 (employee C) of 3 employees observed during home visits creating the potential for the transfer of disease causing organisms among the five patients to which the	G 121		1/20/12	

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G 121	<p>Continued From page 5</p> <p>employee rendered care, the patients family members, and the staff that provided care to the patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The policy titled "Infection Prevention and Control Policy" dated 9/1/11 states, "Occazio Home Health will observe the recommended precautions for home care as identified for Centers for Disease Control and Prevention (CDC)." 2. The Centers for Disease Control "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" states, " IV. Standard Precautions . . . IV.A. Hand Hygiene. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . . IV.A.3. Perform hand hygiene: . . . IV.A.3.b. After contact with excretions, mucous membranes, . . . IV.A.3.d. If hands will be moving from a contaminated body site to a clean body site during patient care." 3. During a home visit on 1/5/11 at 2 PM, employee C, a home health aide, was observed to complete a shower bath on patient # 2. The employee was observed to wash her hands and then don a pair of gloves and assist the patient with undressing and showering. The aide washed the patient's perineum and buttocks, dried the patient, applied lotion to the patient's skin, applied clean clothes, shaved the patient 	G 121			

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G 121	Continued From page 6 with a disposable razor, then assisted the patient with oral care which included handling the toothbrush several times, all while wearing the same pair of gloves and not completing any hand hygiene. 4. On 1/5/11 at 3:30 PM, the administrator indicated that the aide did not follow standards infection control policies and procedures. 5. On 1/6/12 at 12 PM, the administrator indicated the personnel file of employee C failed to evidence the employee received education on infection control procedures but had reviewed all the infection control policies.	G 121			
G 136	484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, implements an effective budgeting and accounting system. This STANDARD is not met as evidenced by: Based on administrative document and agency policy review and interview, the administrator failed to implement a budgeting and accounting system for the previous and current fiscal year ending 12/31. Findings include: 1. On 1/6/12 at 12 PM, the administrator indicated the budget was created by corporate officers prior to the administrator hire date of 9/23/11.	G 136		1/20/12	

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G 136	Continued From page 7 2. The policy titled "HH-Governing - B140" with effective date 9/1/11 states, "Occazio Home Health, under the direction of the Governing Body, shall prepare an overall plan and budget. This will include an annual operating budget and a long term capital expenditure plan. ... The administrator in consultation with the contracted CPA firm, [name], is responsible for reviewing budget expenses and revenue, and as appropriate, the capital expenditure plan." 4. The multiple page document titled "Financial Projections" dated 9/8/11 evidenced the budget was reviewed and approved by the members of the governing body during a meeting of the governing body on 9/8/11. The administrator was not part of this meeting as there was no agency administrator at the time of the meeting.	G 136			
G 337	484.55(c) DRUG REGIMEN REVIEW The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. This STANDARD is not met as evidenced by: Based upon clinical record and policy review, and interview, the agency failed to ensure the comprehensive assessment included a review of all the patient's medications at the start of care for 3 (# 2, 4, and 9) of 10 clinical records reviewed. Findings include: 1. Clinical record review # 2, start of care (SOC)	G 337		1/20/12	

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G 337	<p>Continued From page 8</p> <p>11/9/11, failed to evidence a medication review had been completed as part of the certification comprehensive assessment for the certification period beginning 11/9/11.</p> <p>2. Clinical record # 4, SOC 12/1/11, failed to evidence a medication review had been completed as part of the certification comprehensive assessment for the certification period beginning 12/1/11.</p> <p>3. Clinical record # 9, SOC 11/17/11, failed to evidence a medication review had been completed as part of the certification comprehensive assessment for the certification period beginning 11/17/11.</p> <p>4. The policy titled "Comprehensive Client Assessment C 145" states, "The comprehensive assessment will include a review of all medications ... this assessment will identify potential adverse side effects, significant drug interactions, duplicate drug therapy, and non compliance with therapy."</p> <p>5. On January 6, 2011, at 11:13 AM, employee B indicated she was new to home health and the computer based program and the staff were not aware the requirement was not documented as completed at the time the comprehensive assessment was completed.</p>	G 337			