

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157627		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/28/2012	
NAME OF PROVIDER OR SUPPLIER INTERIM HEALTHCARE OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 310 E DUPONT RD STE 1 FORT WAYNE, IN 46825			
(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
N0000	<p>This was a Home Health State licensure survey.</p> <p>Survey dates: August 27 and 28, 2012.</p> <p>Facility #: 003294.</p> <p>Medicaid Vendor #: 200396990A.</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>August 29, 2012</p>			N0000			

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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N0470	<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, policy review, and interview, the agency failed to ensure the employees were following infection control practices for 1 of 3 home visit observations with the potential to affect all the agency's patients. (#2)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During home visit with patient #2 on 2/28/12 at 8:45 AM, employee D, a Home Health Aide (HHA), was observed removing an item from their car, then went into the house and proceeded to transport the patient to the kitchen and prepared food and fed the patient without washing their hands. 2. During interview on 8/28/12 at 11:50 AM, employee I indicated the HHA should have washed their hands prior to preparing food and feeding the patient. 3. The agency's procedure guidelines for handwashing was provided by employee I on 8/28/12 at 12:00 PM, and employee I indicated this is the agency's current 	N0470	<p>The Administrator/DHCS and the Nursing Supervisors will inservice all agency field staff the week of 09/16/2012 on agency policy on handwashing. Inservice is to include how and when to wash hands. ie. When arriving at clients home, before and after touching client, and before and after meals or work in kitchen.(Complete date 09/21/2012)The Administrator/DHCS will counsel and discipline employee D (HHA) on proper handwashing procedure.(Complete date 09/07/2012)Starting on 09/09/2012 during all supervisory visits the Nursing Supervisors and Core RNs will observe field staff to ensure staff are following proper handwashing procedures. The Nursing Supervisors will re-educate, counsel, and discipline the field staff that are found to be non compliant with policy and document same. (Complete date 09/09/2012 and on going)</p>	09/21/2012			

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	handwashing procedure. The undated procedure is titled "Procedure 1: Handwashing for infection control. On page 43 the procedure states, "1. Identify when to wash hands. You should wash your hands: when arriving at a client's home, before and after touching a client, before and after meals or work in the kitchen."			

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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>Based on home visit observation, clinical record review, interview, and policy review, the agency failed to ensure the Plan of Care (POC) included all Durable Medical Equipment (DME) needed by patients for 1 of 3 home visits with the potential to affect all the agency's patients. (#3)</p> <p>Findings include:</p> <p>1. During a home visit with patient #3 on</p>	N0524	<p>On 09/05/2012 the Administrator/DHCS inserviced the Nursing Supervisors and Core RNs on the agency policy; Implementing the Plan of Care/ Service Plan, with the emphasis on DME and medical supplies. The Nursing Supervisors and Core RNs were instructed that all DME and medical supplies must be listed on POC/Service Plan (485) in section 14 of 485. They were also instructed that they are to assure that the client or their caregiver are instructed on the</p>	09/21/2012
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	<p>8/28/12 at 10:30 AM, the following DME were observed in the home: wheelchair, shower chair, grab bars in bathroom and shower, toilet riser, and life alert necklace / pendant. The POC dated 6/30 - 8/28/12 failed to evidence the following DME: grab bars in bathroom and shower, toilet riser, and life alert necklace / pendant.</p> <p>2. During interview on 8/28/12 at 11:50 AM, employee I indicated the DME should all be on the POC.</p> <p>3. The agency's policy titled "Implementing the Plan of Care / Service Plan," dated 08/27/04, states, "1. The designated employee instructs patients/clients and/or their caregivers as needed in the following: ... f) The use of equipment for safety in activities of daily living (ADLs) as well as actions to avoid injury; ... 4. When applicable to the scope of the care / services provided, the designated employee provides instruction in the safe use of medical equipment and supplies. Such instruction may include: ... g) The need for back-up equipment and supplies, if any."</p>		<p>following; use of equipment for safety and ADLs as well as actions to avoid injury. Also when applicable to the scope of care or services provided the nurse provides instruction in the safe use of medical equipment and supplies. Such instruction may include the need for back up equipment and supplies if any. (Complete date 09/05/2012)The QA/QI Coordinator will audit all client records upon admission and every 60 days to assure compliance with Implementing the POC/Service Plan policy and the documentation of same.(Complete date 09/06/2012 and on going)All field staff will be inserviced the week of 09/16/2012 on the need to communicate any changes or needed changes to client's needs regarding DME and medical supplies to Nursing Supervisors so arrangements can be made to obtain DME or medical supplies and update POC. (Complete 09/21/2012)</p>				