

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157570	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/12/2014
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NAME OF PROVIDER OR SUPPLIER  TOTAL HOME HEALTH SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 620 RIDGE RD MUNSTER, IN 46321
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G000000	<p>This was a revisit for an extended home health Federal recertification survey completed 9/26/14.</p> <p>Survey dates: 11/10/14 and 11/12/14</p> <p>Facility #: 004658</p> <p>Medicaid #: 200828630</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Total Home Health Services Inc. is precluded from providing its own health aide training and competency evaluation program for a period of 2 years beginning 9/26/14 due to being out of compliance with the Conditions of Participation 42 CFR 484.18: Acceptance of Patients, Plan of Care, and Medical Supervision; 484.30 Nursing Services; and 484.38 Clinical Records.</p> <p>During this survey, 3 conditions and 14 standard level deficiencies were found corrected. 3 standard level deficiencies were recited.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</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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G000121	<p style="text-align: center;">November 17, 2014</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> <p>Based on observation, interview, and review of policies, the agency failed to ensure staff had provided services in accordance with agency policies in 1 of 1 home visit observation (patient #12) with a home health aide, Employee B, creating the potential to affect any patients cared for by Employee B.</p> <p>Findings</p> <p>1. On 11/12/14 at 1 PM, Employee B, home health aide, was observed to enter the home of patient #12 and place her nursing bag on the patient's kitchen chair without a barrier beneath it. This chair was a soft vinyl chair in the patient's kitchen. She then proceeded to take an</p>	G000121	<p>The QI coordinator inserviced the staff on the policy of standard precautions and infectioncontrol, including bagtechnique, handwashing, and glove technique. Each employee did a return demonstration on bag technique on November13, 2014 to the QI coordinator, DON, or Nursing Supervisor. All staff was inserviced on control ofcommunicable diseases and given copies of the policy. Employee B was counseled on November 13, 2014 on bag techniqueand the need to place the bag on appropriate surface and participated in thestaff inservice.</p> <p>NursingManagement will schedule and conduct field visits with all current fieldstaff. The QI coordinator developed acheck list for use during these visits that includes Infection Control</p>	12/11/2014

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G000159	<p>oral thermometer and blood pressure cuff out of the bag.</p> <p>2. On 11/12/14 at 2:45 PM, the administrator indicated the nursing bag should have a barrier placed under it.</p> <p>3. The agency policy titled "Policy #17 Bag Technique" and no date stated, "Purpose: to maintain a clean nursing bag and prevent transmission of infection to patients ... The bag should be placed on a barrier, i.e., paper towels, newspaper, in the employee's car and in the patient's home."</p> <p>484.18(a) PLAN OF CARE 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. Based on observation, interview, review of clinical records, and review of policies</p>	G000159	<p>measures and bag technique. The QI coordinator, or designee, will be responsible for future field visits to ensure compliance with standard precautions, including bag technique. This will occur on an ongoing basis as part of our QAPI program to insure this deficiency doesn't recur</p> <p>The QI coordinator inserviced the staff on Plan of Care requirements, including the need to list all DME</p>	12/11/2014	

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	<p>and procedures, the agency failed to ensure the plan of care included all the required elements in 1 of 6 records reviewed (#12).</p> <p>Findings</p> <p>1. Clinical record #12, start of care 9/21/14 and diagnosis of congestive heart failure, included a plan of care for the certification period of 9/21/14 - 11/19/14. This plan of care failed to show that patient #12 used oxygen and a CPAP machine at night and that oxygen safety measures were needed.</p> <p>a. On 11/12/14 at 1 PM, an oxygen sign was noted on the window of the home of patient #12.</p> <p>b. On 11/12/14 at 1 PM, patient #12 indicated being on 2 liters of oxygen at night and also a CPAP machine at night.</p> <p>2. On 11/12/14 at 2:45 PM, the administrator indicated the plan of care for clinical record #12 did not include oxygen or a CPAP machine for the patient's use at bedtime or safety measures for the oxygen in use.</p> <p>3. The agency policy titled "Clinical Record Policy" with a date of 11/14/08 stated, "Care plan / assessments contains</p>		<p>and supplies, on Nov 13, 2014. Staff will continue to meet weekly with the nursing management team to discuss each patient's Plan of Care.</p> <p>The employee responsible for the case management of patient #12 was counseled on the required elements of the Plan of Care, including DME and related safety precautions.</p> <p>Nursing Management will schedule and conduct field visits with all current field staff. The QI coordinator developed a check list for use during these visits that includes verification of DME and supplies present in the home. If any equipment in the home is missing from the Plan of Care, an order will be written to include each missing item.</p> <p>The nursing supervisors, QI Coordinator, and other designated staff will continue to audit 75% of current clinical documentation for 2 months. If 90% compliance is achieved, the number of charts audited will be reduced to 50%.</p> <p>The Director of Nursing, or designee will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	

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G000341	<p>... DME and supplies and safety measures."</p> <p>484.55(d)(3) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) at discharge. Based on clinical record review and interview, the agency failed to ensure a transfer oasis assessment completed when the patient was transferred to the hospital was accurate and complete in 1 of 3 records reviewed with a transfer to an inpatient facility noted in the clinical record. (#12)</p> <p>The findings include</p> <p>1. Clinical record #12, start of care 9/21/14, evidenced the patient was transferred to the hospital on 11/4/14. The OASIS transfer assessment failed to</p>	G000341	<p>The QI Coordinator inserviced the field staff RNs on Nov. 13, 2014 on the policy that a transfer OASIS must be completed within 48 hours of discovering the patient has been admitted to the hospital.</p> <p>The Administrator inserviced the clinical supervisors that they are to notify the field staff of any hospital notifications of a patient being admitted. The OASIS will be tracked by the supervisor for completion.</p> <p>Any RN found to be in non-compliance will be counseled, and further non-compliance will result in disciplinary actions according to agency guidelines.</p>	12/11/2014

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N000000	<p>evidence what type of inpatient facility the patient was transferred to and the reason for the hospitalization.</p> <p>2. On 11/12/14 at 12:40 PM, Employee D, Registered Nurse, indicated the transfer oasis assessment was not complete.</p> <p>This was a revisit for a home health state relicensure survey completed 9/26/14.</p> <p>Survey Dates: 11/10/14 and 11/12/14.</p> <p>Facility #: 004658</p> <p>Medicaid Vendor #: 2008828630</p> <p>Surveyor: Ingrid Miller, MS, BSN, RN Public Health Nurse Surveyor</p>	N000000	<p>Employee D. and the case managing RN were counseled on the non-compliance of the Transfer OASIS not being completed within 48 hours on Nov 12, 2014. As the casemanaging RN is a new employee, less than 90 days employment, she completed the Transfer OASIS with the supervisor due to the fact it was the first Transfer OASIS she had experienced with this EMR software.</p> <p>If a visit is identified to be missing, the supervisor is responsible for contacting the field nurse to investigate the missing visit reason. If a patient is found to be in the hospital, the OASIS will be tracked by the supervisor for completion.</p> <p>The Director of Nursing, or designee will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>				

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N000470	<p>During this survey, 9 deficiencies were found corrected. 2 deficiencies were recited.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 17, 2014</p> <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 observation, interview, and review of policies, the agency failed to ensure staff had provided services in accordance with agency policies in 1 of 1 home visit observation (patient #12) with a home health aide, Employee B, creating the potential to affect any patients cared for by Employee B.</p> <p>Findings</p> <p>1. On 11/12/14 at 1 PM, Employee B,</p>	N000470	<p>The QI coordinator inserviced the staff on the policy of standard precautions and infectioncontrol, including bagtechnique, handwashing, and glove technique. Each employee did a return demonstration on bagtechnique on November 13, 2014 to the QI coordinator, DON, or NursingSupervisor. All staff was inserviced oncontrol of communicable diseases and given copies of the policy. Employee B was counseled on November 13, 2014 on bag</p>	12/11/2014

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N000524	<p>home health aide, was observed to enter the home of patient #12 and place her nursing bag on the patient's kitchen chair without a barrier beneath it. This chair was a soft vinyl chair in the patient's kitchen. She then proceeded to take an oral thermometer and blood pressure cuff out of the bag.</p> <p>2. On 11/12/14 at 2:45 PM, the administrator indicated the nursing bag should have a barrier placed under it.</p> <p>3. The agency policy titled "Policy #17 Bag Technique" and no date stated, "Purpose: to maintain a clean nursing bag and prevent transmission of infection to patients ... The bag should be placed on a barrier, i.e., paper towels, newspaper, in the employee's car and in the patient's home."</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.</p>		<p>technique and the need to place the bag on appropriate surface and participated in the staff service.</p> <p>Nursing Management will schedule and conduct field visits with all current field staff. The QI coordinator developed a check list for use during these visits that includes Infection Control measures and bag technique.</p> <p>The QI coordinator, or designee, will be responsible for future field visits to ensure compliance with standard precautions, including bag technique. This will occur on an ongoing basis as part of our QAPI program to insure this deficiency doesn't recur.</p>				

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	<p>(ii) Types of services and equipment required.</p> <p>(iii) Frequency and duration of visits.</p> <p>(iv) Prognosis.</p> <p>(v) Rehabilitation potential.</p> <p>(vi) Functional limitations.</p> <p>(vii) Activities permitted.</p> <p>(viii) Nutritional requirements.</p> <p>(ix) Medications and treatments.</p> <p>(x) Any safety measures to protect against injury.</p> <p>(xi) Instructions for timely discharge or referral.</p> <p>(xii) Therapy modalities specifying length of treatment.</p> <p>(xiii) Any other appropriate items.</p> <p>Based on observation, interview, review of clinical records, and review of policies and procedures, the agency failed to ensure the plan of care included all the required elements in 1 of 6 records reviewed (#12).</p> <p>Findings</p> <p>1. Clinical record #12, start of care 9/21/14 and diagnosis of congestive heart failure, included a plan of care for the certification period of 9/21/14 - 11/19/14. This plan of care failed to show that patient #12 used oxygen and a CPAP machine at night and that oxygen safety measures were needed.</p> <p>a. On 11/12/14 at 1 PM, an oxygen sign was noted on the window of the home of patient #12.</p>	N000524	<p>The QI coordinator inserviced the staff on Plan of Carerequirements, including the need to list all DME and supplies, on Nov 13, 2014. Staff will continue to meet weekly with the nursing management team to discusseach patient's Plan of Care.</p> <p>The employee responsible for the case management of patient #12 was counseled on the required elementsof the Plan of Care, including DME and related safety precautions.</p> <p>NursingManagement will schedule and conduct field visits with all current fieldstaff. The QI coordinator developed acheck list for use during these visits that includes verification of DME andsupplies present in the home. If any equipment in the home is missing from thePlan of Care, an order will be written to include each missing item.</p> <p>Thenursing supervisors, QI</p>	12/11/2014

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	<p>b. On 11/12/14 at 1 PM, patient #12 indicated being on 2 liters of oxygen at night and also a CPAP machine at night.</p> <p>2. On 11/12/14 at 2:45 PM, the administrator indicated the plan of care for clinical record #12 did not include oxygen or a CPAP machine for the patient's use at bedtime or safety measures for the oxygen in use.</p> <p>3. The agency policy titled "Clinical Record Policy" with a date of 11/14/08 stated, "Care plan / assessments contains ... DME and supplies and safety measures."</p>		<p>Coordinator, and other designated staff will continue to audit 75% of current clinical documentation for 2 months. If 90% compliance is achieved, the number of charts audited will be reduced to 50%.</p> <p>The Director of Nursing, or designee will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>				