

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 01/31/2013
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NAME OF PROVIDER OR SUPPLIER WALGREENS INFUSION SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1829 E SPRING ST NEW ALBANY, IN 47150
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N0000	<p>This visit was for a home health state re-licensure survey.</p> <p>Survey dates: 1/29-31/2013</p> <p>Facility #002308</p> <p>Survey Team: Dawn Snider, RN, PHNS</p> <p>Census Service Type:</p> <p>Skilled: 98 Home Health Aide Only: 0 Personal Care Only: 0 Total: 98</p> <p>Sample:</p> <p>RR w HV: 2 RR w/o HV: 4 Total RR: 6</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">February 5, 2013</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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N0462	<p>410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.</p> <p>Based on personnel file review and interview, the agency failed to ensure all employees had a physical examination no more than one hundred eighty days prior to direct patient contact to ensure the employee would not spread infectious or communicable diseases in 2 of 7 files (D and E) reviewed of employees who had direct patient contact with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel file D, date of hire 8/31/09 and first patient contact unknown, failed to evidence a physical exam. 2. Personnel file E, date of hire 9/7/12 and first patient contact date 9/19/12, failed to evidence a physical exam. 3. On 1/31/13 at 10:00 AM, Employee K, 	N0462	<p>All personnel files were reviewed for evidence of physical examination by the Alternate Director of Nursing. Employees without physical exam documents were scheduled for exam with Company medical provider or personal physician to obtain required document showing employee free of infectious and / or communicable diseases. New Hire Checklist revised to include documentation of physical exam prior to patient care. The Director of Nursing will be responsible for reviewing personnel file for required documents prior to new hires performing patient care. The Administrator will be responsible for oversight of the revised process.</p>	03/01/2013			

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	the director of nursing (DON), indicated no evidence was available to verify employees D and K had received a physical exam.			

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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 policy review, observation, and interview, the agency failed to ensure all employees followed proper infection control technique as required by agency policies for 2 of 2 (#1 and 4) home visit observations resulting in the potential to spread infectious diseases to other patients and staff.</p> <p>Findings include:</p> <p>1. The policy dated 3/31/2009 titled "Blood, Body Fluid and Respiratory Precaution Recommendations for Patients and Caregivers in the Home" states, "Hands should be washed before and after touching the patient and immediately if hands are soiled with blood or other body fluids. Hands should also be washed after removing gloves. Alcohol gel hand rinse products are preferred for use when hands are not visibly soiled."</p> <p>2. The policy dated 3/31/2009 titled "Hand Hygiene" states, "2 b. Decontaminate hands before and after</p>	N0470	<p>The Administrator will perform in-services with nursing staff to review Policy IC – 020, "Blood, Body Fluid and Respiratory Precaution Recommendations for Patients and Caregivers in the Home"; Policy IC – 010, "Hand Hygiene"; Policy IC – 005, "Infection Prevention Plan" and findings of State inspection 1/29 – 1/31/13. All nurses will be in-serviced including PRN staff. The Administrator, Director of Nursing or RN II will perform Supervisory Visits for all nursing staff. If noncompliance is observed, a one on one training session will be performed with the nurse by the Administrator, Director of Nursing or RN II. Further Supervisory Visits will be scheduled post training until compliance achieved. Supervisory Visits will be performed quarterly and will return to an annual basis once 100 % compliance is achieved for two consecutive quarters. The Administrator will be responsible for oversight of Supervisory Visits and competency training.</p>	03/01/2013			

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	<p>wearing gloves."</p> <p>3. The policy revised 3/1/2010 titled "Infection Prevention Plan" states, "Cleaning of Clinician Assessment Equipment ... 7. Reusable items must be cleaned before placing back in the bag. Clean the stethoscope diaphragm with an alcohol swab"</p> <p>4. During the home visit on 1/30/13 at 9:50 AM, the registered nurse, employee D, put on gloves without washing her hands prior to beginning the Vancomycin infusion for patient #1. The registered nurse (RN) proceeded to perform the assessment. After taking the patient's blood pressure the stethoscope was placed back in her nursing bag without cleaning the stethoscope. At 10:05 AM, the RN performed the wound vac removal and dressing change. She removed the dressing from the patients left heel wound and placed the dirty dressing on the table without using a barrier. During the wound care procedure she removed a glove on her right hand and replaced the glove without washing her hand. The RN applied the Santyl ointment directly to the wound with the finger tip of the gloved hand. The RN then removed this glove and replaced it with another glove without washing her hands.</p>			

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	<p>The director of nursing was present during the home visit and indicated the registered nurse lacked adequate infection control technique while providing care to the patient.</p> <p>5. During the home visit on 1/30/13 at 12:20 PM, the RN, employee I, disconnected the tubing from patient #4. After disconnecting the CADD Prism Pump from the port site, the RN changed gloves and did not wash her hands prior to donning new gloves to flush the port extensions.</p>			

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N0504	<p>410 IAC 17-12-3(b)(2)(D)(i) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (D) Be informed about the care to be furnished, and of any changes in the care to be furnished as follows: (i) The home health agency shall advise the patient in advance of the: (AA) disciplines that will furnish care; and (BB) frequency of visits proposed to be furnished.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the patient was informed of the frequency of visits and documents were dated and signed prior to starting care for 1 of 6 (#1) clinical records reviewed with the potential to affect all new patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #1, Start of Care date 1/29/13, failed to include documentation the patient had been informed of the frequency of visits and the care to be furnished.</p> <p>2. The policy dated 4/10/10 titled "Patient Referral Process" states, "14. Prior to or on admission to service, all patients shall</p>	N0504	<p>The Administrator will perform in-services with nursing staff and Intake / Case Management staff to review current process for new admissions and re-admissions. Current policy and process revised. All patients will receive a New Patient Handbook during the Start of Care visit, regardless of previous admission dates. The New Patient Handbook will minimally include Indiana Patient Rights and Responsibilities, Indiana Advanced Directives, Consent and Financial Responsibility form. The nurse will inform the patient and/or caregiver and document the services to be provided and frequency of visits. This information will be documented on the nursing note and the patient and / or caregiver will sign the nursing note as confirmation of coordination of care. The Director of Nursing will be responsible for auditing all initial</p>	02/22/2013			

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	<p>receive: Patient Information Admission and Emergency Information Book ... Any other state regulatory information as required."</p> <p>2. On 1/31/13 at 12:50 PM, the director of nursing indicated there was an agency policy that new start of care documents and consents were not necessary if the patient was re-admitted to service within a 6 month time frame. The director of nursing was unable to provide this agency policy.</p>		<p>visit notes for accurate documentation. The Director of Nursing will be responsible for re-education to nursing staff if documentation is insufficient. The Administrator will be responsible for oversight of the audits and revised process.</p>				

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N0518	<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, policy review, document review, and interview, the agency failed to ensure the patient was informed of the Indiana Advance Directives for 6 of 6 records reviewed (#1-6) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care (SOC) 11/24/12 and re-admit on 1/29/13, failed to evidence receipt of the Indiana Advance Directives.</p> <p>On 1/30/2013 at 9:20 AM, during the home visit, the patient indicated he did not know where his admission packet was from the previous admission. He indicated he did not receive an admission packet when he was re-admitted on 1/29/13.</p>	N0518	<p>The Administrator will perform in-services with nursing staff and Intake / Case Management staff to review current process for new admissions and re-admissions. Current policy and process revised. All patients will receive a New Patient Handbook during the Start of Care visit, regardless of previous admission dates. The New Patient Handbook will minimally include Indiana Patient Rights and Responsibilities, Indiana Advanced Directives, Consent and Financial Responsibility form. The consent will be revised to include documentation of receipt of Indiana Advanced Directives. The patient and/or caregiver will sign the consent as confirmation of receipt of Indiana Advanced Directives. The nurse will review the New Patient Handbook during the initial visit before care is performed. If the required document, Indiana Advanced Directives, is not in the handbook the nurse will have copies</p>	02/22/2013			

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	<p>2. Clinical record #2, SOC 1/14/13, failed to evidence receipt of the Indiana Advance Directives.</p> <p>3. Clinical record #3, SOC 1/9/13, failed to evidence receipt of the Indiana Advance Directives.</p> <p>4. Clinical record #4, SOC 12/4/12, failed to evidence receipt of the Indiana Advance Directives.</p> <p>A. On 1/30/13 at 12:20 PM, during the home visit, the patient handbook, given to the patient at the time of admission, did not contain the Indiana Advance Directives.</p> <p>B. The director of nursing, who was also present during the home visit, indicated the admission packet did not contain the Indiana Advance Directives.</p> <p>5. Clinical record #5, SOC 12/7/12, failed to evidence receipt of the Indiana Advance Directives.</p> <p>6. Clinical record #6, SOC 10/9/12, failed to evidence receipt of the Indiana Advance Directives.</p> <p>7. The undated patient handbook, given to the patient at the time of admission and</p>		<p>available to give to the patient and/or caregiver from the nurse's car stock. The Director of Nursing will be responsible for auditing all initial consents for accurate documentation. The Director of Nursing will be responsible for re-education to nursing staff if documentation is insufficient. The Administrator, Director of Nursing or RN II will review patient handbooks during Supervisory Visits to ensure all required documents were received by the patient and/or caregiver. The Administrator will be responsible for oversight of the revised process.</p>				

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	<p>prior to services, did not contain the Indiana Advance Directives.</p> <p>8. The policy revised 3/8/2011 titled "Advance Directives" states, "b. If an Advance Directive has not been completed, or if the patient is unfamiliar with Advance Directives, the professional who documents the patient's admission must ask the patient whether he/she would like to receive further information on Advance Directives (in addition to the information described in Step 2). If so, the patient should be directed to the appropriate identified resources or given information on the Advance Directives."</p>			

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N0537	<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:</p> <p>Based on clinical record review, observation, policy review, and interview, the agency failed to ensure skilled nursing services were provided in accordance with the plan of care for 1 of 6 (#1) active records reviewed of patients with skilled nursing services with the potential to affect all the agency's patients who received skilled nursing services.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care (SOC) 11/24/2012, identified the patient had a diagnosis of post operative wound infection and insulin dependent diabetes. The record included a plan of care dated 11/24/12 -1/22/13 with orders for "Complete skilled assessment with each visit including instruction of disease process, purpose of therapy signs / symptoms of potential side effects, and response to therapy." The record also identified the patient had a new SOC 1/29/13 with physician orders for "Skilled Assessment."</p>	N0537	<p>The Administrator will perform in-services with all nursing staff to review Policy N-015, "Nursing Assessment and Progress Notes" and findings of State inspection 1/29/13 – 1/31/13. All nurses will be in-serviced including PRN staff. The Administrator, Director of Nursing or RN II will perform Supervisory Visits for all nursing staff. If noncompliance is observed, a one on one training session will be performed with the nurse by the Administrator, Director of Nursing or RN II. Further Supervisory Visits will be scheduled post training until compliance achieved. Supervisory Visits will be performed quarterly and will return to an annual basis once 100 % compliance is achieved for two consecutive quarters. The Alternate Director of Nursing will perform chart audits monthly to review for adequate documentation of assessment findings based on diagnosis and services provided. If noncompliance is found during chart audits, the Alternate Director of Nursing will be responsible for one on one training session with the nurse. The Administrator will be</p>	03/01/2013			

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	<p>A. During the home visit on 1/30/13 at 9:50 AM, patient #1 indicated he/she had "lots of problems with both feet" and described he/she "can't feel anything" referring to both feet.</p> <p>B. During the home visit on 1/30/13 at 9:20 AM-10:40 AM, the registered nurse (RN), employee D, performed wound care and wound care dressing change on the left foot. The RN failed to assess the right foot and leg for any changes in the skin integrity.</p> <p>C. The nursing visit record for 11/24/12, 11/28/12, 11/30/12, 12/3/12, 12/7/12, 12/10/12, 12/12/12, 12/19/12, 12/22/12, 12/24/12, 12/28/12, 12/31, 1/4/13, and 1/30/13 failed to evidence the right foot and leg were assessed.</p> <p>2. The policy dated 2/1/2008 titled "Nursing Assessment and Progress Notes" states, "6. The patient will be assessed by the clinician on each skilled nursing visit. The patient will be re-evaluated according to the problems identified during the initial and subsequent visits. ... Professional judgment must be used in deciding when to limit or to expand the assessment."</p> <p>3. On 1/31/2013 at 12:50 PM, the director of nursing indicated there was no further</p>		responsible for oversight of Supervisory Visits, chart audits and training.	

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	documentation to evidence the right foot and leg were assessed for patient #1.			