

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/26/2014
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NAME OF PROVIDER OR SUPPLIER  HELP AT HOME SKILLED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 833 W LINCOLN HIGHWAY SUITE 300 EAST SCHERERVILLE, IN 46375
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G000000	<p>This was a federal home health recertification survey. This was a partial extended survey.</p> <p>Survey dates: September 22-26, 2014 Partial extended date: September 23, 2014</p> <p>Facility number: 004456</p> <p>Medicaid number: 200811660E</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type: Skilled: 108 Home Health Aide Only: 294 Personal Care Only: 0 Total: 402</p> <p>Sample: RR w/HV: 5 RR w/o HV: 9 Total: 14</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 29, 2014</p>	G000000		
G000121	484.12(c) COMPLIANCE W/ ACCEPTED			

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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	<p><b>PROFESSIONAL STD</b></p> <p>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, policy review, and interview, the agency failed to ensure staff followed infection control policies and procedures for 2 of 5 observations with the potential to affect all the agency's 402 patients. (# 1 and 2)</p> <p>Findings include</p> <ol style="list-style-type: none"> <li>1. During home visit observation with patient #1 on 9/23/14 at 9:00 AM, employee E, a Home Health Aide (HHA), was observed providing a shower for the patient. Employee E failed to wash hands or use hand sanitizer before donning clean gloves and after removing dirty gloves.</li> <li>2. During interview on 9/23/14 at 12:00 PM, employee C indicated staff should wash hands or use hand sanitizer before and after glove use.</li> <li>3. During home visit observation with patient #2 on 9/23/14 at 2:30 PM, employee Q, a HHA, failed to change gloves after providing shower to patient, and used the same gloves through assisting the patient with clothing.</li> </ol>	G000121	<p>G121</p> <ol style="list-style-type: none"> <li>1. Help At Home, Inc. will conduct an in-service training on the company Policies and Procedures for Infection Control and Universal Precautions – Policy B 403.</li> <li>2. The deficiency will be prevented by implementing an infection control compliance program which will be reviewed quarterly and the findings will be reviewed and evaluated in the QA program meeting.</li> <li>3. The Nursing Supervisor will ensure all staff has been in-serviced on Agency policies and procedures B403. The internal monitoring will be conducted by the Nursing Supervisor quarterly to ensure infection control processes have been followed according to company policy.</li> <li>4. The deficiency will be corrected by 10-24-14</li> </ol>	10/24/2014

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N000000	<p>4. The agency's policy titled "Infection Control-Standard Precautions &amp; Handling of Infectious Waste &amp; Biohazardous Materials," # B-403, reviewed 7/8/14, states "Standard Precautions-Tier One, 1. Standard precautions apply to blood, all body fluids, secretions, excretions, non-intact skin, and mucous membranes. All are to be treated as a potential source of infection regardless of whether the client has a communicable disease. 2. Hands are washed ... immediately after gloves are removed, between client contacts, and when indicated to prevent transfer of microorganisms between other clients or the environment. 3. Gloves are worn when touching blood, body fluids, secretions, excretions, non-intact skin, mucous membranes, or contaminated items."</p> <p>This was a home health state licensure survey.</p> <p>Survey dates: September 22-26, 2014</p> <p>Facility number: 004456</p> <p>Medicaid number: 200811660E</p>	N000000		

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N000470	<p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type: Skilled: 108 Home Health Aide Only: 294 Personal Care Only: 0 Total: 402</p> <p>Sample: RR w/HV: 5 RR w/o HV: 9 Total: 14</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 29, 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, policy review, and interview, the agency failed to ensure staff followed infection control policies and procedures for 2 of 5 observations with the potential to affect all the agency's 402 patients. (# 1 and 2)</p> <p>Findings include</p>	N000470	<p>N470</p> <p>1.Help At Home, Inc.will conduct an in-service training on the company Policies and Procedures for Infection Control and Universal Precautions – Policy B 403.</p> <p>2.The deficiency will be prevented by implementing an infection control compliance program which will be reviewed quarterly and the findings will be reviewed and evaluated in the QA program meeting.</p>	10/24/2014

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	are washed ... immediately after gloves are removed, between client contacts, and when indicated to prevent transfer of microorganisms between other clients or the environment. 3. Gloves are worn when touching blood, body fluids, secretions, excretions, non-intact skin, mucous membranes, or contaminated items."				