

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 11/05/2012
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NAME OF PROVIDER OR SUPPLIER 4U HOME HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 W 86TH STREET SUITE 190 INDIANAPOLIS, IN 46260
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G0000	<p>This visit was a follow up to the extended initial home health federal certification survey conducted on August 27 and 28, 2012.</p> <p>Survey Date: November 5, 2012</p> <p>Facility #: 012906</p> <p>Surveyors: Kelly Ennis, BSN, RN, Public Health Nurse Surveyor</p> <p>During this survey, 4 federal deficiencies were corrected.</p> <p>4U Home Health Inc is in compliance with the Conditions of Participation 42 CFR 484, requirements for home health agencies.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 8, 2012</p>	G0000		

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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N0000	<p>This visit was a follow up to the initial home health state licensure survey conducted on August 27 and 28, 2012.</p> <p>Survey Date: November 5, 2012</p> <p>Facility #: 012906</p> <p>Surveyors: Kelly Ennis, BSN, RN, Public Health Nurse Surveyor</p> <p>During this survey, 6 state deficiencies were corrected. Two new deficiencies were cited.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 8, 2012</p>			N0000			

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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 and document review and interview, the agency failed to ensure all employees had a physical exam no more than 180 days prior to first patient contact for 1 of 6 files reviewed of employees with patient contact (A) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>1. Personnel file A, date of hire 5/7/12 and first patient contact 5/7/12, evidenced a document titled "Health Certificate" that was completed on 3/14/12 by person J, physician. The document included a statement stating "I certify that I have examined the person and found him/her to be free of communicable / infectious disease including tuberculosis in the infectious stage."</p>	N0462	Hiring procedure has been modified to correct for this. In the past, a new employee brought the provided Health Certificate form to their physician to be assessed and then brought the signed form back to 4U Home Health. This procedure had little security because there was no direct communication with the physician. The new procedure requires direct communication. A new employee will still be given an empty Health Certificate form to take to their physician, but the physician will be instructed to return the signed form via fax. This step creates trust because it will be possible to verify that the fax originated at a physician's office. Employee A has completed a new physical and TB test with a signed Health Certificate form being faxed to 4U Home Health per the new procedure. The administrator will be responsible to collect the incoming fax and to verify it originated at a physician's office. This will be effective	11/12/2012			

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	<p>2. During an interview on 11/5/12 at 1:00 PM, employee A, Registered Nurse (RN), verified the document titled "Health Certificate" dated 3/14/12 was the form she took to the physician to have completed upon hire.</p> <p>3. During an interview on 11/5/12 at 1:15 PM, employee B, President, indicated that when new employees are hired, they are given the Health Certificate form to take to their physician of choice for completion. Employee B indicated the employees are instructed to then return the Health Certificate form to the office when completed. Employee B indicated there is no current process to verify the authenticity of the physician signature on the completed Health Certificate forms.</p> <p>4. On 11/5/12 at 2:15 PM, a visit was made to the physician office to verify the signature on employee A's physical exam. The physician, person J, wrote a note on the form that stated, "Signature on Health Certificate for [employee A] dated 3/14/2012 is not my signature."</p> <p>5. During an interview on 11/5/12, person K, RN and staff person at physician J's office, indicated they had no</p>		immediately and will continue on an ongoing basis.	

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	<p>record of employee A ever being seen at their office.</p> <p>6. During an interview on 11/5/12 at 3:35 PM, employee B, President, indicated she was not aware the physician signature on employee A's Health Certificate form was not authentic.</p>			

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N0464	<p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:</p> <p>(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on</p>						

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	<p>a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on personnel file and document review and interview, the agency failed to ensure Tuberculosis (TB) screenings with a two step Mantoux was completed upon hire if the employee did not have a negative tuberculin test within the previous twelve months or a chest x-ray report was included for positive reactors for 1 of 6 files reviewed of employees with patient contact (A) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>1. Personnel file A, date of hire 5/7/12 and first patient contact 5/7/12, evidenced a document titled "Health Certificate" that was completed on 3/14/12 by person J, physician. The document included a statement stating "I certify that I have examined the</p>	N0464	Hiring procedure has been modified to correct for this. In the past, a new employee brought the provided Health Certificate form to their physician to be assessed and then brought the signed form back to 4U Home Health. This procedure had little security because there was no direct communication with the physician. The new procedure requires direct communication. A new employee will still be given an empty Health Certificate form to take to their physician, but the physician will be instructed to return the signed form via fax. This step creates trust because it will be possible to verify that the fax originated at a physician's office. Employee A has completed a new physical and TB test with a signed Health Certificate form being faxed to 4U Home Health per the new procedure. The administrator will be responsible to collect the incoming fax and to verify it originated at a physician's office. This will be effective immediately and will continue on	11/12/2012			

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	<p>person and found him/her to be free of communicable / infectious disease including tuberculosis in the infectious stage."</p> <p>2. During an interview on 11/5/12 at 1:00 PM, employee A, Registered Nurse (RN), verified the document titled "Health Certificate" dated 3/14/12 was the form she took to the physician to have completed upon hire.</p> <p>3. During an interview on 11/5/12 at 1:15 PM, employee B, President, indicated that when new employees are hired, they are given the Health Certificate form to take to their physician of choice for completion. Employee B indicated the employees are instructed to then return the Health Certificate form to the office when completed. Employee B indicated there is no current process to verify the authenticity of the physician signature on the completed Health Certificate forms.</p> <p>4. On 11/5/12 at 2:15 PM, a visit was made to the physician office to verify the signature on employee A's physical exam. The physician, person J, wrote a note on the form that stated, "Signature on Health Certificate for [employee A] dated 3/14/2012 is not my signature."</p>		an ongoing basis.				

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