

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157551	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2013
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NAME OF PROVIDER OR SUPPLIER INTERIM HEALTHCARE OF SE INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 W EADS PKWY LAWRENCEBURG, IN 47025
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G000000	<p>This visit was a home health agency federal recertification survey. This survey was partially extended on July 30, 2013.</p> <p>Survey dates: July 29, 30, 31, and August 1, 2013</p> <p>Facility #: 003257</p> <p>Medicaid Vendor #: 200424030</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Patient Census Skilled Patients 87 Home Health Aide Only Patients 298 Total 385</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 5, 2013</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>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, agency document review, and interview, the agency failed to ensure the aide followed the procedure for transfer with a Hoyer lift in 1 of 1 transfers observed with the potential to affect all patients transferred with a Hoyer lift. (1)</p> <p>Findings:</p> <p>1. On July 30, 2013, at 11:30 AM, Employee E, a home health aide (HHA), was observed preparing to transfer patient #1 from the bed to the living room using a manual hydraulic Hoyer life. The wheelchair was sitting next to the bed. Employee E maneuvered the Hoyer into position under the bed. Employee E did not open the legs of the Hoyer for stability but hooked the sling to the Hoyer and began lifting the patient. The patient held onto the crossbars. Employee E pulled the Hoyer back, transported the patient across the room, and attempted to get the patient out of the bed room. The cross arms of the Hoyer banged against the door frame 3-4 times and the patient began to</p>	G000121	G 121 The Director of Nursing will review with all Home Health Aide staff on the safe use of the mechanical lift utilizing the following reference material: Chapter 12, Body Mechanics Procedure 12-15 "Using a Mechanical Lift", from Mosby's Textbook for the Home Health Aide, 2 nd Edition, 2003, Mosby Inc. by September 30, 2013. In addition to this reference the following in-service, " Moving Your Patient: Equipment", from Beacon Health Resource Group 1992-2007, with Pre and Post Tests will be given to all Home Health Aide staff by September 30, 2013. (See Attachment) All new Home Health Aide staff will be given the same in-service at orientation during their skills check off in addition to the reference material above.	09/30/2013			

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	<p>swing from side to side. The patient had a look of fear. The mother was also present. The mother said they usually use the wheelchair. The aide was instructed to use the wheelchair by the Administrator. As the aide approached the wheelchair she finally spread the legs and had the patient in a stable safe position. The aide lowered the patient into the wheelchair. The wheelchair had one foot pedal, so the aide propped both feet on one pedal. The patient was transported to the living room via the wheelchair. When the aide turned the corner by the recliner, the aide caught the patient's propped foot on the recliner and pulled it backwards. The aide used the Hoyer to transport the patient to the recliner. She spread the legs of the Hoyer both times and the patient held onto the crossbar the whole time.</p> <p>2. Agency document "Chapter 12 Body Mechanics Procedure 12-15 Using a Mechanical Lift" states, "15. Place client's arms across chest. DO NOT have client touch swivel bar."</p> <p>3. On July 30, 2013, at 11:30 AM, the Administrator indicated the patient should not be transported down the hallway in the Hoyer.</p>						

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G000230	<p>484.36(d)(3) SUPERVISION</p> <p>If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 62 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care.</p> <p>Based on clinical record and policy review and interview the agency failed to ensure the registered nurse made supervisory visits with the home health aide present and providing care in 3 of 3 records reviewed of patients receiving home health aide only services with the potential to affect all home health aide only patients. (1, 4 and 9)</p> <p>Findings:</p> <p>1. Clinical record 1, start of care (SOC) 6/15/11, evidenced a plan of care for 6/14/13 to 8/2/13. The plan of care evidenced physician orders for home health aide only services. The record failed to evidence a skilled nurse supervisory visit was made when the home health aide was present and providing care for the supervisory visits 6/3/13 and 7/3/13.</p>	G000230	<p>G230 The Director of Nursing held a meeting with all nurses who perform supervisory visits in the field and with all Customer Service Representatives who do the scheduling for these visits regarding the standard , 484.36(d)(3) Supervision. The staff were educated that all nursing supervisory visits to a client who is receiving home health aide services only, must perform a supervisory visit every 30 days with one of those visits occurring during the current certification period while the aide is providing care to ensure that the aide is properly providing care for the client according to the established Care Plan in the home. 10% of all charts who receive home health aide services only will be audited quarterly for evidence that this is occurring. The Paraprofessional Supervisor will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will</p>	08/09/2013	

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	<p>2. Clinical record 4, SOC 12/1/11, evidenced a plan of care for 5/24/13 to 7/22/13. The plan of care evidenced physician orders for home health aide services. The record failed to evidence a skilled nurse supervisory visit was made when the home health aide was present and providing care for the supervisory visits 5/20/13, 6/24/ 13, and 7/22/13.</p> <p>3. Clinical record 9, SOC 8/31/12, evidenced a plan of care for 4/28/13 to 6/28/13. The plan of care evidenced physician orders for home health aide services. The record failed to evidence a skilled nurse supervisory visit was made when the home health aide was present and providing care for the supervisory visits 2/26/13, 3/26/13 and 4/22/13.</p> <p>4. Agency policy "Interim Healthcare Policy and Procedure Manual for Home care Chapter 2-Managing Employee Caregivers Addendum to the Case Supervision Policy & Procedures" dated 9/24/09, states, "b. When Home health Aide services are being furnished to a client, who does not require the skilled service of a nurse or a therapist, A Registered Nurse must make a supervisory visit tot he client's resident at least every thirty (30) days with the Home Health Aide present/or absent and every</p>		not recur.				

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	<p>sixty (60) days while the Home Health Aide is providing care."</p> <p>5. On August 1, 2013, at 10 AM, the Administrator indicated if the aide is there the assumption is made the aide is performing care but nothing on the form indicates that.</p>				

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N000000	<p>This visit was a home health agency state licensure survey.</p> <p>Survey dates: July 29, 30, 31, and August 1, 2013</p> <p>Facility #: 003257</p> <p>Medicaid Vendor #: 200424030</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Interim Healthcare of SE Indiana is in compliance with the Indiana State Rules for home health agency licensure 410 IAC Article 17.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 5, 2013</p>	N000000			