

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157616	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/20/2013
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NAME OF PROVIDER OR SUPPLIER ADIEL HOME HEALTH SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 608 W 81ST AVE MERRILLVILLE, IN 46410
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N000000	<p>This visit was for a state home health agency relicensure survey.</p> <p>Survey date: March 18 - 20, 2013</p> <p>Facility #: 12068</p> <p>Medicaid #: 200942290</p> <p>Surveyor: Ingrid Miller, MS, BSN, RN, Public Health Nurse Surveyor</p> <p>Census: 105 skilled unduplicated admissions for past year</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 26, 2013</p>	N000000		

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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N000458	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. Based on personnel file review, interview, and policy review, the agency failed to ensure that 1 of 1 alternate administrator (Employee B) had an annual performance evaluation per agency policy with the potential to affect all of the agency patients.</p> <p>Findings</p> <p>1. Personnel file B, the alternate administrator and date of hire 8/28/08, failed to evidence an annual performance evaluation had been completed.</p> <p>2. On 3/20/13 at 2:20 PM, Employee K, administrative assistant, indicated the annual performance evaluation had not</p>	N000458	N-458 On 3/21/2013 the deficiency was corrected by the Administrator completing an annual evaluation for alternate administrator. The position of alternate administrator has been added to agency software that will monitor and remind responsible person (administrator) when annual evaluation is due. The Administrator shall be responsible for monitoring and completing annual evaluation to ensure that this deficiency is corrected and will not recur.	03/21/2013	

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	<p>been completed for Employee B.</p> <p>3. On 3/20/13 at 3:20 PM, the alternate administrator indicated the annual performance evaluation for Employee B had not been completed per policy.</p> <p>4. The agency policy titled "Performance Evaluations" with a review date of 12/12/12 stated, "A competency - based performance evaluation will be conducted for all employees after one year of employment and at least annually thereafter."</p>			

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N000470	<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, agency policy review, and interview, the agency failed to ensure a registered nurse was observed to cleanse hands and change gloves in accordance with the agency's own infection control policies for 1 of 1 home visit observation (patient #2) of a registered nurse (Employee F) creating the potential for transmission of disease causing organisms among staff and the agency's current 55 patients.</p> <p>Findings</p> <p>1. At a home visit on 3/19/13 at 2:50 PM, Employee F, Registered Nurse, was observed to perform wound care on Patient #2. The registered nurse was observed to change a soiled dressing on the patient's wound on the left foot and discard her gloves with the soiled dressing by throwing the gloves and dressing wrapped inside the gloves about 4 feet into the patient's trash can. She then donned new gloves without washing her hands. She then cleansed the wound</p>	N000470	N-0470 The clinical supervisor will inservice all staff regarding infection control/hand washing/hand hygiene. To prevent deficiency from recurring the clinical supervisor shall be responsible for observing all nursing staff demonstrate proper technique and complete a competency evaluation in hand washing/hand hygiene in accordance with agency policies to ensure that this deficiency is corrected and will not recur.	04/11/2013	

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	<p>and removed her gloves and did not wash her hands before donning clean gloves. She applied neosporin ointment with the sterile applicators and applied a duoderm dressing. She removed her gloves and did not wash her hands before applying new gloves. She applied skin lotion to the patient's legs and feet with the clean gloves and removed the gloves and did not wash her hands.</p> <p>2. The agency policy titled "Handwashing / Hand Hygiene" with a review date of 12/12/12 stated, "Indications for hand washing and hand antisepsis ... after removing gloves."</p> <p>3. The agency policy titled "OSHA / Exposure Control Plan" with a review date of 12/12/12 stated, "Agency shall maintain policies and procedures ... for infection control practices by Employees ... Patient infection control procedures shall include, but not be limited to: a. Wearing and changing gloves as necessary during the delivery of patient care."</p> <p>4. On 3/19/13 at 3:45 PM, the director of nursing indicated Employee F failed to follow the agency infection control policies.</p>			

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N000524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on clinical record review, policy review, observation, and staff and patient interview, the agency failed to ensure the plan of care included an accurate list of medications and treatments and the frequency of visits did not include a zero frequency for 5 of 6 records reviewed (#1, 2, 3, 4, and 6) with the potential to affect all of the agency patients.</p> <p>Findings</p>	N000524	N0524 The Administrator will inservice all field staff and medical records staff. The Skilled Nurses role in writing orders and ensuring that they are written to be perfectly clear as to when each discipline is to being services will be covered and explained. The inservice will cover how the weeks run and how the orders declare the start of services will be covered. The nurses will discontinue the practice of writing the orders as they are currently being written	04/11/2013			

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	<p>Related to "0" frequency:</p> <ol style="list-style-type: none"> Clinical record #1 included a plan of care for the certification period of 12/8/12 to 2/5/13 that evidenced the skilled nurse was to visit 0-1 times a weeks for skilled services and assessments per plan of care. Clinical record #2 included a plan of care for the certification period of 3/3/13 to 5/1/13 that evidenced the skilled nurse was to visit 0-1 times a weeks for skilled services and assessments per plan of care. Clinical record #3 included a plan of care for the certification period of 3/8/13 to 5/6/13 that evidenced the skilled nurse was to visit 0 - 1 times a week for skilled services and assessments per plan of care. Clinical record #6 included a plan of care for the certification period of 3/1/13 to 4/29/13 that evidenced the skilled nurse was to visit 0 - 1 times a week of 3/03/13 and the home health aide was to visit 0 - 1 week 1 to begin week of 3/3/13. On 3/20/13 at 11:50 AM, the director of nursing indicated the plan of care gave the range of 0 to 1 as a frequency for the agency visits. The agency policy titled "Plan of Care" with a review date of 12/12/12 stated, 		<p>that resulted in this deficiency. The current practice was 0-1 meant the first full week of service, especially on a recertification. We now will change the practice that 0-1 will be discontinued and the orders will be clear as to the start of date and the start of each disciplines service start date. Special attention will be made to these incidences. Attention will also be given to medications, special instructions and treatments that the plan of care is an accurate reflection of the care given.100% of the clinical records will be audited weekly to ensure this correction is carried out. We will continue this audit until 100% compliance has been reached.The previous practice will discontinue as soon as this inservice is completed. The Administrator and medical records staff will be responsible for monitoring these corrections to ensure that this deficiency does not recur.</p>		

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	<p>"The plan of care shall be completed in full to include ... type, frequency, and duration of all visits / services."</p> <p>Related to accurate list of medications / treatments:</p> <p>7. Clinical record #4, start of care 12/21/12, included a plan of care for the certification period 2/19/13 - 4/19/13, that failed to evidence oxygen was included on the plan of care.</p> <p>a. On 3/19/13 at 1:40 PM, patient #4 was observed to be on oxygen per nasal cannula continuously at 2 liters.</p> <p>b. On 3/19/13 at 1:40 PM, patient #4 indicated being on oxygen for several weeks.</p> <p>c. On 3/20/13 at 11:40 AM, the director of nursing indicated the patient was on oxygen which was not listed on the patient's plan of care.</p> <p>8. The agency policy titled "Plan of Care" with an effective date of 12/12/12 stated, "The plan of care shall be completed in full to include ... medications, treatments, and procedures."</p>						

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N000608	<p>410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <p>(1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary.</p> <p>Based on clinical record review and interview, the agency failed to ensure all documents were filed in the clinical record within 14 days for 1 of 6 records reviewed (clinical record #2) with the potential to affect all patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #2, start of care 1/2/13, failed to evidence the clinical record had a current medical plan of care and all skilled nurse visit notes. The following documents were not present in the clinical record:</p>	N000608	N 0608 The clinical supervisor will conduct inservice regarding policies of the filing of all documents within the regulation of 14 days. Beginning 3/29/2013 medical records will perform audits on 100% of patient charts weekly until 100% compliance is met. After 100% compliance is met audit will be reduced to 10% of patient charts quarterly for the rest of 2013. The administrator will be responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur.	04/11/2013			

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	<p>a. A clinical document titled "Home Health Certification and Plan of Care" with a date of 3/3/13 and signature of Employee F, Registered Nurse (RN).</p> <p>b. A clinical document titled "Skilled Nursing Visit note" with a date of 1/28/13 and time in of 2 PM and time out of 3 PM and signature of Employee L, RN.</p> <p>c. A clinical document titled "Skilled Nursing Visit Note" with a date of 2/19/13 time in of 10 AM and time out of 11 PM and signature of Employee F.</p> <p>d. A clinical document titled "Recertification Follow-up Assessment" with a date of 2/28/13 and signature of Employee F.</p> <p>2. On 3/19/13 at 10:45 AM, Employee A, the administrator and director of nursing, indicated the above documents were not in the record because they had not been filed yet and should be in the record within 14 days.</p>				

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N000614	<p>410 IAC 17-15-1(c) Clinical Records Rule 15 Sec. 1(c) Clinical record information shall be safeguarded against loss or unauthorized use. Written procedures shall govern use and removal of records and conditions for release of information. Patient's written consent shall be required for release of information not authorized by law. Current service files shall be maintained at the parent or branch office from which the services are provided until the patient is discharged from service. Closed files may be stored away from the parent or branch office provided they can be returned to the office within seventy-two (72) hours. Closed files do not become current service files if the patient is readmitted to service.</p> <p>Based on observation, interview, and review of agency documents and agency policy, the agency failed to ensure that 55 of 55 active records and 26 of 26 closed records were kept in a locked cabinet per agency policy with the potential to affect all of the agency patients.</p> <p>Findings</p> <ol style="list-style-type: none"> On 3/18/13 at 2:40 PM, observation of the medical records room evidenced 55 active records and 26 closed records in an unlocked cabinet. On 3/18/13 at 2:40 PM, the alternate administrator indicated the medical records room was accessible to cleaning staff and the cabinet which housed the 	N000614	N 0614 The policy and procedure for clinical records has been revised in order safeguard patient records against loss or unauthorized use. Medical records will now be kept in a locked file or room, medical records personnel will be responsible for all cleaning and upkeep of the medical record area and no outside cleaning personnel will have access to the medical records room. The administrator shall be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	04/01/2013			

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	<p>active and closed records was not able to be locked.</p> <p>3. The agency policy titled "Clinical Records / Medical Record Retention" with a review date of 12/12/12 stated, "All open clinical records, when not in use, will be kept in a locked file in the agency office."</p> <p>4. The agency document titled "Confidentiality of patient information" with a date of 9/20/11 evidenced the signatures of Employee K, administrative assistant, and a cleaning staff contract person. This document evidenced the contracted cleaning person agreed to abide by the confidentiality of patient information at the agency.</p>			