

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157550	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/10/2015
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE AT HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8929 BROADWAY MERRILLVILLE, IN 46410
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G 0000 Bldg. 00	<p>This was a Federal home health recertification survey.</p> <p>This survey was partially extended.</p> <p>Survey dates: September 3-4, 2015 and September 8-10, 2015</p> <p>Medicare #: 200451170</p> <p>Facility #: 003435</p> <p>Unduplicated Admission: 137</p> <p>Active Patients: 39</p> <p>Records reviewed without home visits: 5</p> <p>Records reviewed with home visits: 5</p> <p>Total number of records reviewed: 10</p>	G 0000	<p>Providence Home Health Care, hereby submits its Plan of Correction pursuant to the State and Federal rules and regulations governing the licensing and certification of home health care agencies. It is the Indiana State Department of Health's ("ISDH") and the Centers for Medicare and Medicaid Services' ("CMS") stated position that an agency submitting a Plan of Correction ("POC") must respond to each alleged violation, regardless of whether the agency denies or disagrees with a factual or legal allegation contained in the survey. It is ISDH's and CMS's position that even if the agency has requested Informal Dispute Resolution ("IDR") and has set forth specific grounds for its disputes, the agency must still provide a POC for each disputed tag. It is ISDH's position and CMS's position that failure to provide the POC may result in fines, probations, or loss of the Agency's license. In order to comply with these procedural requirements, the Agency has responded to each alleged deficiency below. These responses are made only for informational purposes of establishing the Agency's compliance, and do not constitute an admission or</p>	
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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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G 0121 Bldg. 00	<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, record review, and interview, the agency failed to ensure the registered nurse (RN), employee F, followed the agencies own standard precautions policies in 1 of 5 (#5) home visits.</p>	G 0121	<p>agreement with the allegations contained in the survey. The Agency denies any and all wrongdoing and/or liability arising out of or relating to those factual or legal allegations contained in the survey dated September 3-4, 2015 and September 8-10, 2015. This being said, no admission of guilt or concession of agreement should be implied by the lack of administrative or other appeal in this instance by the Agency or by the descriptions of means to correct the alleged and disputed deficiencies. To the extent that such legal or administrative appeal becomes available to the Agency at a later time, the Agency hereby reserves the right to pursue all formal and informal administrative, civil, and legal processes available in contesting the allegations contained in this survey.</p> <p>The Clinical Supervisor spoke with employee F on 9/9/2015 to discuss surveyor findings from the home visit, reviewed The Standard Precaution Policy that included the use of gloves and when gloves should be changed. The Clinical Supervisor completed an educational session</p>	09/17/2015

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	<p>Findings include:</p> <p>1. Patient #5 was observed during a home visit on 9/8/15 at 2:00 p.m., with employee F (RN) providing care. During a colostomy bag change employee F removed the old drainage bag and ostomy wafer, cleaned the surrounding area, and wiped bowel with gauze several times that was oozing from the colostomy site. Without changing gloves employee F opened the new wafer and applied it to the patient's colostomy site and wiped oozing bowel again. Employee F removed gloves and disinfected hands then applied new gloves and wiped oozing bowel again several times. Employee F then opened a new drainage bag and attached to the wafer without changing gloves.</p> <p>2. Interview on 9/9/15, at 12:00 PM with employee A, director of nursing, employee C, alternate administrator, and employee D, quality assurance nurse, all confirmed that employee F, RN, did not follow their own standard precautions policies.</p> <p>3. Agency policy titled "Standard Precautions", dated effective:12/10, revised: 6/13, 5/13, states, "Purpose ... Gloves are to be changed: 1. Between tasks and procedures on the same patient</p>		<p>including policy review oninfection control standards on 9/17/2015 with employee F and the additionalstaff members (attachment #1). At theend of the session, staff members demonstrated a colostomy bag and ostomy waferchange correctly. Infection Control CoreCompetency was also reviewed with the three staff members (attachment 2). The Clinical Supervisor/designee will performquarterly visits with the field staff using an Opportunity Based Audit Tool.These visits will be reported quarterly to the QI coordinator and QualityCommittee, and annually reported to the Professional Advisory Committee. The Director of Clinical Services will be responsiblefor monitoring these corrective actions to ensure that this deficiency iscorrected and will not recur.</p>	

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G 0123 Bldg. 00	<p>2. After changing or cleaning an incontinent patient 3. After removing an old dressing ... "</p> <p>484.14 ORGANIZATION, SERVICES & ADMINISTRATION Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable. Based on Interview and record review, the agency failed to ensure the alternate administrator and alternate director of nursing (ADON) roles were delegated clearly among staff and the lines of authority were clearly set in writing per organizational chart.</p> <p>Findings include:</p> <p>1. Interview on 9/3/15 at 10:30 AM with employee C, alternate administrator, indicated she was the ADON and maybe the alternate administrator of the agency.</p> <p>2. Agency document titled "Providence at Home Organizational Chart", not dated, failed to include any names of the persons currently acting in those roles</p>	G 0123	<p>The Organizational Chart was revised 9/3/2015 to identify individuals in their positions. The updated Organizational Chart was distributed to staff members 9/10/2015. Employee C signed the job description for alternate administrator 9/10/2015. QI Coordinator will review any future changes of administrative personnel that have been accepted by the state and ensure job descriptions are reviewed and signed by appropriate staff.</p>	09/10/2015

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G 0141 Bldg. 00	<p>within the agency.</p> <p>3. Interview on 9/3/15 at 12:00 PM with employee A, director of nursing, employee C, alternate administrator, and employee D, quality assurance nurse. Employee D, retrieved a letter from the state that listed who was acting in what role within the agency in order to positively identify who held the alternate administrator and ADON roles within the agency. Employee D identified employee C as the alternate administrator and employee B, administrator as the ADON.</p> <p>4. Employee record review of employee C, alternate administrator, failed to evidence a signed job description for alternate administrator.</p> <p>5. Agency policy titled "Lines of Authority/Use of Organizational Chart" dated effective: 12/10, states, "PURPOSE ... There will be defined lines of authority that clearly establish responsibility and accountability for all organization personnel"</p> <p>484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies.</p>			

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	<p>Personnel records include qualifications and licensure that are kept current.</p> <p>Based on record review and interview, the agency failed to ensure all employee records were maintained per their own policy in 4 of 10 (C, E, I, and J) employee records.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Employee Record C, alternate administrator, failed to evidence a alternate administrator job description. 2. Employee Record E, office staff, failed to evidence a criminal background check. 3. Employee Record I, occupational therapist, failed to evidence a physical and current chest x-ray (last chest x-ray was on 2/3/2000) and a job description. 4. Employee Record J, physical therapist, failed to evidence a criminal background check, physical, and job description. 5. Interview on 9/10/15 at 3:30 PM, employee A, director of nursing, employee B, administrator, employee C, alternate administrator, and employee D, quality assurance nurse, all confirmed that employee records C, E, I, and J did not contain all the required documentation for each employee record. 	G 0141	<ol style="list-style-type: none"> 1. Employee C signed an alternate administrator job description 9/10/2015. 2. A criminal background check was completed for employee E. 3. Therapy Company Contract states that "rehabilitation professionals rendering Service to facility's patients have and will have all qualifications, licenses and certifications required under federal, state and local laws, and third party reimbursement source requirements to provide Service under this Agreement". For Employee I: TB questionnaire was completed annually by the contract company and copies were obtained for the HR file on 9/17/15. Evidence of original physical from the Therapy company was obtained on 9/24/15. Background check obtained on 10/20/15, after obtaining consent to run the background check. 4. Employee Record J background check was completed on 10/20/15, after obtaining consent for the background check to be done by PAH. Job description signed and obtained by 9/24/15. Evidence of original physical from Therapy Company when hired by them obtained on 9/24/15. 5. The Employee Checklist Form has been revised for Contracted Staff. HR personnel will use 	10/21/2015

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	<p>6. Agency policy titled "Personnel Record Contents" dated effective: 12/10, states, "Purpose To specify the content of the personnel files for personnel and contracted organization staff ... Signed job description ... Criminal background check ... Performance evaluations ... TB Mantoux test documentation ... Physician's statement of health"</p> <p>7. Agency policy titled "Performance Review & Salary Increase Process for Salaried Employees", dated effective: 9/10, states, "Purpose ... Annual Performance Reviews---All salaried personnel's performance must be reviewed/documentated annually"</p> <p>8. Agency policy titled "Criminal Background Check", dated effective: 4/11, states, "Purpose ... No potential hire can start work or be placed on a schedule until their background is cleared through the Indiana State Department of Health Nurse Registry and/or the Indiana State Police Department"</p> <p>9. Agency policy titled "Tuberculosis screening of Health Care Workers", date effective: 12/10, states, "Purpose ... All direct care health care workers will be given a repeat Mantoux test/chest x-ray on an annual basis to ensure no new</p>		<p>tracking tool for allcontracted personnel as well as company employees. The information to be checked upon hire andobtained from the therapy company at the time a new employee will be seeing outpatients. Therapy company has beeninformed of all needed information for any new hires they have. This checklist also includes the dates of expiration for allitems that must be renewed pertaining to the job.</p> <p>6.Providenceat Home obtained the background checks for all employees including contract company after obtainingsigned consent, from the Indiana State Police Department. This was completed by10/20/15, as we needed to obtain signed consents from the contracted therapistsprior to running the background checks. The contract company was given the consents onSept 14, 2015. HR files to be kept on all employees according to Agency policy.</p> <p>Contractemployees will have an HR file kept in the office, with a checklist signed bethe Clinical Supervisor that it is complete. It includes all needed informationat the time of hire, competency tests and annual evaluations. Clinical Supervisor/designee will sign off onevery new employee and contracted employee HR file. This Employee ChecklistForm was completed on all current contracted employees by</p>	

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G 0153 Bldg. 00	<p>exposure to tuberculosis"</p> <p>10. Agency policy titled "Employee Health Requirements", dated effective: 9/10, revised 9/13, 11/11, states, "Purpose ... All employees receive a complete physical prior to hire"</p> <p>484.16 GROUP OF PROFESSIONAL PERSONNEL The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency. Based on record record and interview, the agency failed to ensure a group of professional advisory committee (PAC) meeting included a representative for a member that was neither owner or employee in 4 of 4 PAC meetings and failed to include a physician in 1 of 4 (2013) PAC meetings.</p> <p>Findings include:</p> <p>1. The agency's administrative records</p>	G 0153	<p>10/20/15. TheOffice Manager/QI Coordinator/designee will review any future changes of administrative personnel that have been accepted by the state and ensure jobdescriptions are reviewed and signed by appropriate staff. TheOffice Manager will be responsible for monitoring these corrective actions toensure that this deficiency is corrected and will not recur. .</p> <p>A member of the committee that is neither an owner noran employee of the organization has been chosen to join the committee, will beappointed by the Governing Body and attend the 4th Quarter PAGmeeting in January 2016. Ongoing monitoring by the QI Coordinator/designee.</p>	01/01/2016

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	<p>included a document titled "Providence At Home, Indiana Professional Advisory Committee Meeting Minutes", dated November 7, 2013. The document failed to show an appropriate representative for a member that was neither owner or employee nor a physician was in attendance at the meeting.</p> <p>2. The agency's administrative records included a document titled "Providence At Home, Indiana Professional Advisory Committee Meeting Minutes", dated February 4, 2014. The document failed to show an appropriate representative for a member that was neither owner or employee was in attendance at the meeting.</p> <p>3. The agency's administrative records included a document titled "Providence At Home, Indiana Professional Advisory Committee Meeting Minutes", dated May 6, 2014. The document failed to show an appropriate representative for a member that was neither owner or employee was in attendance at the meeting.</p> <p>4. The agency's administrative records included a document titled "Providence At Home, Indiana Professional Advisory Committee Meeting Minutes", dated 2/10/15. The document failed to show an appropriate representative for a member</p>			

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G 0158 Bldg. 00	<p>that was neither owner or employee was in attendance at the meeting.</p> <p>5. Interview on 9/10/15 at 4:00 PM, employee A, director of nursing, employee B, administrator, employee C, alternate administrator, and employee D, quality assurance nurse, all confirmed that a representative for a member that was neither owner or employee nor a physician was in attendance at the PAC meetings dated 11/7/13, 2/4/14, 5/6/14, and 2/10/15. They also confirmed that a physician was not in attendance at the 11/7/13 PAC meeting.</p> <p>6. The agency policy titled "Professional Advisory Committee" dated effective: 12/10, revised: 12/14, 5/13, states, " Purpose ... The committee will consist of at least one (1) practicing physician ... At least one member of the committee is neither an owner nor an employee of the organization"</p> <p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. Based on record review, observation, and interview the agency failed to ensure care was provided as ordered on the plan of</p>	G 0158	The Clinical Supervisor spoke with employee F on 9/9/2015 to discuss surveyor findings from	09/17/2015

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	<p>care (POC) to observe and assess for signs and symptoms of infection for 1 of 5 (#5) home visits.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 9/8/15, at 2:00 PM, a home visit observation was made with patient #5, and employee F, registered nurse (RN). Employee F failed to assess the patient's temperature as ordered on the POC. 2. Clinical record #5 was reviewed on 9/9/15 at 11:00 PM, start of care (SOC) date 4/26/15 contained POC's dated 6/25/15 - 8/23/15 and 8/24/15 - 10/22/15. The POC's indicated the skilled nurse (SN) was to observe and assess for signs and symptoms of infection. SN clinical note dated 9/8/15 failed to evidence the patient's temperature was assessed and documented on that visit date. 3. Interview on 9/9/15, at 12:00 PM, with employee A, director of nursing, employee C, alternate administrator, and employee D, quality assurance nurse, all indicated employee F, RN was just really nervous and had an oversight during the home visit. 4. Agency policy titled "Physician Participation in Plan of Care", dated effective: 12/10, revised: 01/15, 11/11, 		<p>the home visit, reviewed the Physician Participation on Plan of Care policy that included the taking of vital signs during each visit/providing care in compliance with the physician orders. The Clinical Supervisor completed an educational session including policy review on the Physician Participation on Plan of Care policy on 9/17/2015 that included the taking of vital signs during each visit/providing care in compliance with the physician orders (attachment #1). Monitoring activity – the Clinical Supervisor will monitor visit notes ensure the completion of vital signs at patient visits using a Visit Note Review for the Completion of Vital Signs form. Visit Note review results will be reported to the QI Coordinator monthly, with reporting to the Quality Committee Quarterly and to the Professional Advisory Committee annually. The Director of Clinical Services will be responsible for the monitoring of this activity to ensure deficient practice does not recur.</p> <p>Time frame for monitoring: nine months.</p> <p>Criteria QA will use to determine whether further monitoring is necessary or can be stopped: when compliance is 100%</p>	

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G 0170 Bldg. 00	<p>states, "Purpose ... Policy A physician will direct the care of every home health patient admitted for service ... The care will be provided in compliance with his/her therapeutic and diagnostic orders"</p> <p>484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care. Based on record review, observation, and interview the agency failed to ensure care was provided as ordered on the plan of care (POC) by the registered nurse (RN), employee F to observe and assess for signs and symptoms of infection for 1 of 5 (#5) home visits.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 9/8/15, at 2:00 PM, a home visit observation was made with patient #5, and employee F, RN. Employee F failed to assess the patient's temperature as ordered on the POC. 2. Clinical record #5 was reviewed on 9/9/15 at 11:00 PM, start of care (SOC) date 4/26/15 contained POC's dated 6/25/15 - 8/23/15 and 8/24/15 - 10/22/15. The POC's indicated the skilled nurse (SN) was to observe and assess for signs and symptoms of infection. SN clinical 	G 0170	The Clinical Supervisor spoke with employee F on 9/9/2015 to discuss surveyor findings from the home visit, reviewed the Physician Participation on Plan of Care policy that included the taking of vital signs during each visit/providing care in compliance with the physician orders. The Clinical Supervisor completed an educational session including policy review on the Physician Participation on Plan of Care policy on 9/17/2015 that included the taking of vital signs during each visit/providing care in compliance with the physician orders (attachment #1). Monitoring activity – the Clinical Supervisor/designee will monitor visit notes ensure the completion of vital signs at patient visits using a Visit Note Review for the Completion of Vital Signs form. Visit Note review results will be reported to the QI Coordinator monthly, with reporting to the Quality Committee Quarterly and to the Professional Advisory	09/17/2015

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N 0000 Bldg. 00	<p>note dated 9/8/15 failed to evidence the patient's temperature was assessed and documented on that visit date.</p> <p>3. Interview on 9/9/15, at 12:00 PM, with employee A, director of nursing, employee C, alternate administrator, and employee D, quality assurance nurse, all indicated employee F, RN was just really nervous and had an oversight during the home visit.</p> <p>4. Agency policy titled "Physician Participation in Plan of Care", dated effective: 12/10, revised: 01/15, 11/11, states, "Purpose ... Policy A physician will direct the care of every home health patient admitted for service ... The care will be provided in compliance with his/her therapeutic and diagnostic orders"</p> <p>This was a State home health re-licensure survey. Survey dates: September 3-4, 2015 and September 8-10, 2015 Facility #: 003435 Unduplicated Admission: 137 Active Patients: 39 Records reviewed without home visits: 5 Records reviewed with home visits: 5</p>	N 0000	<p>Committee annually. The Director of Clinical Services will beresponsible for monitoring this activity to ensure deficient practice does notrecur. Time frame for monitoring: nine months. Criteria QA will use to determine whether furthermonitoring is necessary or can be stopped: when compliance is 100%.</p> <p>Providence Home Health Care, hereby submits its Plan of Correction pursuant to the State and Federal rulesand regulations governing the licensing and certification of home health careagencies. It is the Indiana State Department of Health's ("ISDH") and theCenters for Medicare and Medicaid Services' ("CMS") stated position that anagency submitting a Plan of</p>				

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	Total number of records reviewed: 10		Correction ("POC") must respond to each alleged violation, regardless of whether the agency denies or disagrees with a factual or legal allegation contained in the survey. It is ISDH's and CMS's position that even if the agency has requested Informal Dispute Resolution ("IDR") and has set forth specific grounds for its disputes, the agency must still provide a POC for each disputed tag. It is ISDH's position and CMS's position that failure to provide the POC may result in fines, probations, or loss of the Agency's license. In order to comply with these procedural requirements, the Agency has responded to each alleged deficiency below. These responses are made only for informational purposes of establishing the Agency's compliance, and do not constitute an admission or agreement with the allegations contained in the survey. The Agency denies any and all wrongdoing and/or liability arising out of or relating to those factual or legal allegations contained in the survey dated September 3-4, 2015 and September 8-10, 2015. This being said, no admission of guilt or concession of agreement should be implied by the lack of administrative or other appeal in this instance by the Agency or by the descriptions of means to correct the alleged and disputed	

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N 0440 Bldg. 00	<p>410 IAC 17-12-1(a) Home health agency administration/management Rule 12 Sec. 1(a) Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level shall be: (1) clearly set forth in writing; and (2) readily identifiable.</p> <p>Based on Interview and record review, the agency failed to ensure the alternate administrator and alternate director of nursing (ADON) roles were delegated clearly among staff and the lines of authority were clearly set in writing per organizational chart.</p> <p>Findings include:</p> <p>1. Interview on 9/3/15 at 10:30 AM with employee C, alternate administrator, indicated she was the ADON and maybe the alternate administrator of the agency.</p> <p>2. Agency document titled "Providence at Home Organizational Chart", not dated, failed to include any names of the</p>	N 0440	<p>deficiencies. To the extent that such legal or administrative appeal becomes available to the Agency at a later time, the Agency hereby reserves the right to pursue all formal and informal administrative, civil, and legal processes available in contesting the allegations contained in this survey.</p> <p>The Organizational Chart was revised 9/3/2015 to identify individuals in their positions. The updated Organizational Chart was distributed to staff members 9/10/2015. Employee C signed the job description for alternate administrator 9/10/2015. QI Coordinator will review any future changes of administrative personnel that have been accepted by the state and ensure job descriptions are reviewed and signed by appropriate staff.</p>	09/10/2015

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N 0458 Bldg. 00	<p>persons currently acting in those roles within the agency.</p> <p>3. Interview on 9/3/15 at 12:00 PM with employee A, director of nursing, employee C, alternate administrator, and employee D, quality assurance nurse. Employee D, retrieved a letter from the state that listed who was acting in what role within the agency in order to positively identify who held the alternate administrator and ADON roles within the agency. Employee D identified employee C as the alternate administrator and employee B, administrator as the ADON.</p> <p>4. Employee record review of employee C, alternate administrator, failed to evidence a signed job description for alternate administrator.</p> <p>5. Agency policy titled "Lines of Authority/Use of Organizational Chart" dated effective: 12/10, states, "PURPOSE ... There will be defined lines of authority that clearly establish responsibility and accountability for all organization personnel"</p> <p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for</p>			

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	<p>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:</p> <ol style="list-style-type: none"> (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. <p>Based on record review and interview, the agency failed to ensure all employee records were maintained per their own policy in 4 of 10 (C, E, I, and J) employee records.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Employee Record C, alternate administrator, failed to evidence a alternate administrator job description. 2. Employee Record E, office staff, failed to evidence a criminal background check. 3. Employee Record I, occupational therapist, failed to evidence a job description. 4. Employee Record J, physical therapist, failed to evidence a criminal background 	N 0458	<p>Employee C signed an alternate administrator job description 9/10/2015. A criminal background check was completed for employee E on 10/15/2015. Employee record I obtained signed job description by 9/24/15. Employee Record J background check was completed on 10/20/15 after obtaining consent for the background check to be done by PAH. Job description signed and obtained by 9/24/15. The Employee Checklist Form has been revised for Contracted Staff. HR personnel will use tracking tool for all contracted personnel as well as company employees. The information to be checked upon hire and obtained from the therapy company at the time a new employee will be seeing out patients. Therapy company has been informed of all needed information for any new hires they</p>	10/21/2015

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	<p>check and job description.</p> <p>5. Interview on 9/10/15 at 3:30 PM, employee A, director of nursing, employee B, administrator, employee C, alternate administrator, and employee D, quality assurance nurse, all confirmed that employee records C, E, I, and J did not contain all the required documentation for each employee record.</p> <p>6. Agency policy titled "Personnel Record Contents" dated effective: 12/10, states, "Purpose To specify the content of the personnel files for personnel and contracted organization staff ... Signed job description ... Criminal background check ... Performance evaluations"</p> <p>7. Agency policy titled "Performance Review & Salary Increase Process for Salaried Employees", dated effective: 9/10, states, "Purpose ... Annual Performance Reviews---All salaried personnel's performance must be reviewed/documented annually"</p> <p>8. Agency policy titled "Criminal Background Check", dated effective: 4/11, states, "Purpose ... No potential hire can start work or be placed on a schedule until their background is cleared through the Indiana State Department of Health Nurse Registry and/or the Indiana State</p>		<p>have. Providence at Home obtained the backgroundchecks for all employees including contract company after obtaining signedconsent, from the Indiana State Police Department.. This was completed by10/20/15, as we needed to obtain signed consents from the contracted therapistsprior to running the background checks. HR files to be kept on all employees according to Agency policy. Contractemployees will have an HR file kept in the office, with a checklist signed bethe Clinical Supervisor that it is complete. It includes all needed informationat the time of hire, competency tests and annual evaluations. Clinical Supervisor/designee will sign off onevery new employee and contracted employee HR file. This Employee ChecklistForm was completed on all current contracted employees by 10/20/15. TheOffice Manager/QI Coordinator/designee will review any future changes ofadministrative personnel that have been accepted by the state and ensure jobdescriptions are reviewed and signed by appropriate staff. TheOffice Manager will be responsible for monitoring these corrective actions toensure that this deficiency is corrected and will not recur.</p>	

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N 0462 Bldg. 00	<p>Police Department ... "</p> <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 record review and interview the agency failed to evidence a physical examination for 2 of 10 employee records (I and J).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Employee Record I, occupational therapist, failed to evidence a physical examination. 2. Employee Record J, physical therapist failed, to evidence a physical examination. 3. Interview on 9/10/15 at 3:30 PM, employee A, director of nursing, employee B, administrator, employee C, alternate administrator, and employee D, 	N 0462	<p>Personnel records did include physical examinations, however they were not completed by Providence – per our policy. Therapy Company Contract states that “rehabilitation professionals rendering Services to facility’s patients have and will have all qualifications, licenses and certifications required under federal, state and local laws, and third party reimbursement source requirements to provide Service under this Agreement”. Personnel records did include physical examinations, however they were not completed by Providence – per our policy. Therapy Company Contract states that “rehabilitation professionals rendering Services to facility’s patients have and will have all qualifications, licenses</p>	10/21/2015

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N 0464 Bldg. 00	<p>quality assurance nurse, all confirmed that employee records I and J did not contain physical examinations.</p> <p>4. Agency policy titled "Personnel Record Contents" dated effective: 12/10, states, "Purpose To specify the content of the personnel files for personnel and contracted organization staff ... Signed job description ... Criminal background check ... Performance evaluations ... TB Mantoux test documentation ... Physician's statement of health"</p> <p>5. Agency policy titled "Employee Health Requirements", dated effective: 9/10, revised 9/13, 11/11, states, "Purpose ... All employees receive a complete physical prior to hire"</p> <p>410 IAC 17-12-1(i) Home health agency administration/management</p>		<p>and certifications required under federal, state and local laws, and third party reimbursement source requirements to provide Service under this Agreement".</p> <p>1. Employee Record I: Evidence of original physical from the Therapy company was obtained on 9/24/15.</p> <p>2. Employee Record J: Evidence of original physical from Therapy Company was obtained on 9/24/15.</p> <p>The Employee Checklist Form has been revised for Contracted Staff and will be used to monitor all contracted staff HR files by the HR clerk/designee.</p> <p>Contract employees will have an HR file kept in the office, with a checklist signed by the Clinical Supervisor that it is complete. It includes all needed information at the time of hire, physical exam record from hire at the company, competency tests and annual evaluations. Clinical Supervisor/designee will sign off on every new employee and contracted employee HR file. This Employee Checklist Form was completed on all current contracted employees by 10/20/15. The Office Manager will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	

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	<p>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:</p> <p>(A) a documented:</p> <p>(i) history of tuberculosis;</p> <p>(ii) previously positive test result for tuberculosis; or</p> <p>(iii) completion of treatment for tuberculosis;</p> <p>or</p> <p>(B) newly positive results to the tuberculin skin test;</p> <p>must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must:</p> <p>(A) be completed annually; and</p> <p>(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 a tuberculosis evaluation may not:</p> <p>(A) work in the home health agency; or</p> <p>(B) provide direct patient contact;</p>			

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	<p>unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:</p> <p>(A) working for the home health agency; or</p> <p>(B) having direct patient contact;</p> <p>has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on record review and interview, the agency failed to evidence a tuberculosis (TB) evaluation or current chest x-ray for 1 of 10 (I) employee records.</p> <p>Findings include:</p> <p>1. Employee Record I, occupational therapist, failed to evidence a TB evaluation or current chest x-ray (last chest x-ray was on 2/3/2000).</p> <p>2. Interview on 9/10/15 at 3:30 PM, employee A, director of nursing, employee B, administrator, employee C, alternate administrator, and employee D, quality assurance nurse, all confirmed that employee record I did not contain a current TB evaluation or chest x-ray.</p> <p>3. Agency policy titled "Personnel Record Contents" dated effective: 12/10, states, "Purpose To specify the content of the personnel files for personnel and contracted organization staff ... Signed job description ... Criminal background</p>	N 0464	<p>TB evaluations were present for employee I for thepast three years (attachments 3, 4 and 5) which makes up compliant with ourpolicy (attachment 6). TB evaluations were obtained for employee I for thepast three years (attachments 3, 4 and 5) on 9/17/15. TB screening Policy (Attachment #6) includes TBscreening to include all or some of the following...</p> <p>TheEmployee Checklist Form has been revised for Contracted Staff and will be usedto monitor all contracted staff HR files. All current TB screenings and/orMantoux results were obtained and fileswere completed by 9/17/15. Contractemployees will have an HR file kept in the office, with a checklist signed bethe Clinical Supervisor that it is complete. It includes all needed informationat the time of hire, TB questionnaire and/or Mantoux tests. Clinical Supervisor/designee will sign off onevery new employee and contracted employee HR file. This Employee ChecklistForm was completed on all current contracted employees by</p>	10/21/2015

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N 0470 Bldg. 00	<p>check ... Performance evaluations ... TB Mantoux test documentation ... Physician's statement of health ... "</p> <p>4. Agency policy titled "Tuberculosis screening of Health Care Workers", date effective: 12/10, states, "Purpose ... All direct care health care workers will be given a repeat Mantoux test/chest x-ray on an annual basis to ensure no new exposure to tuberculosis ... "</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 and interview, the agency failed to ensure the registered nurse (RN), employee F, followed the agencies own standard precautions policies in 1 of 5 (#5) home visits.</p> <p>Findings include:</p> <p>1. Patient #5 was observed during a home visit on 9/8/15 at 2:00 p.m., with employee F (RN) providing care. During a colostomy bag change employee F removed the old drainage bag and ostomy</p>	N 0470	<p>10/20/15. TheOffice Manager will be responsible for monitoring these corrective actions toensure that this deficiency is corrected and will not recur.</p> <p>The Clinical Supervisor spoke with employee F on9/9/2015 to discuss surveyor findings from the home visit, reviewed TheStandard Precaution Policy that included the use of gloves and when glovesshould be changed. The ClinicalSupervisor completed an educational session including policy review oninfection control standards on 9/17/2015 with employee F and the additionalstaff members (attachment #1). At theend of the session, staff members demonstrated a colostomy bag</p>	09/17/2015

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	<p>wafer, cleaned the surrounding area, and wiped bowel with gauze several times that was oozing from the colostomy site. Without changing gloves employee F opened the new wafer and applied it to the patient's colostomy site and wiped oozing bowel again. Employee F removed gloves and disinfected hands then applied new gloves and wiped oozing bowel again several times. Employee F then opened a new drainage bag and attached to the wafer without changing gloves.</p> <p>2. Interview on 9/9/15, at 12:00 PM with employee A, director of nursing, employee C, alternate administrator, and employee D, quality assurance nurse, all confirmed that employee F, RN, did not follow their own standard precautions policies.</p> <p>3. Agency policy titled "Standard Precautions", dated effective:12/10, revised: 6/13, 5/13, states, "Purpose ... Gloves are to be changed: 1. Between tasks and procedures on the same patient 2. After changing or cleaning an incontinent patient 3. After removing an old dressing"</p>		and ostomy waferchange correctly. Infection Control CoreCompetency was also reviewed with the three staff members (attachment 2).		

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N 0478 Bldg. 00	<p>410 IAC 17-12-2(d) Q A and performance improvement Rule 12 Sec. 2(d) If personnel under contracts are used by the home health agency, there shall be a written contract between those personnel and the home health agency that specifies the following:</p> <ol style="list-style-type: none"> (1) That patients are accepted for care only by the primary home health agency. (2) The services to be furnished. (3) The necessity to conform to all applicable home health agency policies including personnel qualifications. (4) The responsibility for participating in developing plans of care. (5) The manner in which services will be controlled, coordinated, and evaluated by the primary home health agency. (6) The procedures for submitting clinical notes, scheduling of visits, and conducting periodic patient evaluation. (7) The procedures for payment for services furnished under the contract. <p>Based on record review and interview the agency failed to ensure all contracted employee records were maintained per their own policy in 2 of 2 (I and J) contracted employee records.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Employee Record I, occupational therapist, failed to evidence a physical and current chest x-ray (last chest x-ray was on 2/3/2000) and a job description. 2. Employee Record J, physical therapist, failed to evidence a criminal background 	N 0478	<p>1.ForEmployee I: TB questionnaire was completed annually by the contract company andcopies were obtained for the HR file on 9/17/15. Evidence of original physical at time of hirefor the therapy company was obtained on 9/24/15. Signed job description obtained on 9/24/15.</p> <p>1.EmployeeRecord J background check was completed on 10/20/15. Job description signed and obtained by 9/24/15.. Evidence of original physical at timeof hire for the therapy company was obtained on 9/24/15.</p>	10/21/2015			

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	<p>check, physical, and job description.</p> <p>3. Interview on 9/10/15 at 3:30 PM, employee A, director of nursing, employee B, administrator, employee C, alternate administrator, and employee D, quality assurance nurse, all confirmed that employee records I and J did not contain all the required documentation for each employee record.</p> <p>4. Agency policy titled "Personnel Record Contents" dated effective: 12/10, states, "Purpose To specify the content of the personnel files for personnel and contracted organization staff ... Signed job description ... Criminal background check ... Performance evaluations ... TB Mantoux test documentation ... Physician's statement of health"</p> <p>5. Agency policy titled "Criminal Background Check", dated effective: 4/11, states, "Purpose ... No potential hire can start work or be placed on a schedule until their background is cleared through the Indiana State Department of Health Nurse Registry and/or the Indiana State Police Department"</p> <p>6. Agency policy titled "Tuberculosis screening of Health Care Workers", date effective: 12/10, states, "Purpose ... All direct care health care workers will be</p>		<p>2.TheEmployee Checklist Form has been revised for Contracted Staff. HR personnel will use tracking tool for allcontracted personnel as well as company employees. The information to be checked upon hire andobtained from the therapy company at the time a new employee will begin seeingout patients. Therapy company has beeninformed of all needed information for any new hires they have.</p> <p>3.Providenceat Home obtained the background checks for all employees including contractcompany after obtaining signed consent, from the Indiana State PoliceDepartment. This was completed by 10/20/15, as we needed to obtain signedconsents from the contracted therapists prior to running the backgroundchecks. HR files to be kept on allemployees according to Agency policy.</p> <p>TheEmployee Checklist Form has been revised for Contracted Staff and will be usedto monitor all contracted staff HR files by the HR clerk/designee. Contractemployees will have an HR file kept in the office, with a checklist signed bethe Clinical Supervisor that it is complete. It includes all needed informationat the time of hire, physical exam record from hire at the company, jobdescription signed, background checks, competency tests and annual evaluations.</p>	

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N 0522 Bldg. 00	<p>given a repeat Mantoux test/chest x-ray on an annual basis to ensure no new exposure to tuberculosis ... "</p> <p>7. Agency policy titled "Employee Health Requirements", dated effective: 9/10, revised 9/13, 11/11, states, "Purpose ... All employees receive a complete physical prior to hire ... "</p> <p>8. Agency policy titled "Written agreements for contracted services", date effective 12/10, states, "Purpose ... The responsibility of the contracted individual or organization to adhere, as appropriate, to applicable policies and personnel qualifications"</p> <p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: Based on record review, observation, and interview the agency failed to ensure care was provided as ordered on the plan of care (POC) to observe and assess for signs and symptoms of infection for 1 of 5 (#5) home visits.</p> <p>Findings include:</p> <p>1. On 9/8/15, at 2:00 PM, a home visit</p>	N 0522	<p>Clinical Supervisor/designee will sign off onevery new employee and contracted employee HR file. This Employee ChecklistForm was completed on all current contracted employees by 10/20/15. TheOffice Manager will be responsible for monitoring these corrective actions toensure that this deficiency is corrected and will not recur.</p> <p>The Clinical Supervisor spoke with employee F on9/9/2015 to discuss surveyor findings from the home visit, reviewed thePhysician Participation on Plan of Care policy that included the taking ofvital signs during each visit/providing care in compliance with the physicianorders. The Clinical Supervisorcompleted an educational session including policy review on the</p>	09/17/2015			

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	<p>observation was made with patient #5, and employee F, registered nurse (RN). Employee F failed to assess the patient's temperature as ordered on the POC.</p> <p>2. Clinical record #5 was reviewed on 9/9/15 at 11:00 PM, start of care (SOC) date 4/26/15 contained POC's dated 6/25/15 - 8/23/15 and 8/24/15 - 10/22/15. The POC's indicated the skilled nurse (SN) was to observe and assess for signs and symptoms of infection. SN clinical note dated 9/8/15 failed to evidence the patient's temperature was assessed and documented on that visit date.</p> <p>3. Interview on 9/9/15, at 12:00 PM, with employee A, director of nursing, employee C, alternate administrator, and employee D, quality assurance nurse, all indicated employee F, RN was just really nervous and had an oversight during the home visit.</p> <p>4. Agency policy titled "Physician Participation in Plan of Care", dated effective: 12/10, revised: 01/15, 11/11, states, "Purpose ... Policy A physician will direct the care of every home health patient admitted for service ... The care will be provided in compliance with his/her therapeutic and diagnostic orders"</p>		<p>PhysicianParticipation on Plan of Care policy on 9/17/2015 that included the taking ofvital signs during each visit/providing care in compliance with the physicianorders (attachment #1). Monitoring activity – the Clinical Supervisor willmonitor visit notes ensure the completion of vital signs at patient visitsusing a Visit Note Review for the Completion of Vital Signs form. Visit Note review results will be reported tothe QI Coordinator monthly, with reporting to the Quality Committee Quarterlyand to the Professional Advisory Committee annually. The Director of Clinical Services will beresponsible for the monitoring of this activity to ensure deficient practicedoes not recur. Time frame for monitoring: nine months. Criteria QA will use to determine whether further monitoringis necessary or can be stopped: when compliance is 100%.</p>		

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N 0537 Bldg. 00	<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: Based on record review, observation, and interview the agency failed to ensure care was provided as ordered on the plan of care (POC) by the registered nurse (RN), employee F, to observe and assess for signs and symptoms of infection for 1 of 5 (#5) home visits.</p> <p>Findings include:</p> <p>1. On 9/8/15, at 2:00 PM, a home visit observation was made with patient #5, and employee F, RN. Employee F failed to assess the patient's temperature as ordered on the POC.</p> <p>2. Clinical record #5 was reviewed on 9/9/15 at 11:00 PM, start of care (SOC) date 4/26/15 contained POC's dated 6/25/15 - 8/23/15 and 8/24/15 - 10/22/15. The POC's indicated the skilled nurse (SN) was to observe and assess for signs and symptoms of infection. SN clinical note dated 9/8/15 failed to evidence the patient's temperature was assessed and documented on that visit date.</p> <p>3. Interview on 9/9/15, at 12:00 PM, with</p>	N 0537	<p>The Clinical Supervisor spoke with employee F on 9/9/2015 to discuss surveyor findings from the home visit, reviewed the Physician Participation on Plan of Care policy that included the taking of vital signs during each visit/providing care in compliance with the physician orders. The Clinical Supervisor completed an educational session including policy review on the Physician Participation on Plan of Care policy on 9/17/2015 that included the taking of vital signs during each visit/providing care in compliance with the physician orders (attachment #1). Monitoring activity – the Clinical Supervisor will monitor visit notes ensure the completion of vital signs at patient visits using a Visit Note Review for the Completion of Vital Signs form. Visit Note review results will be reported to the QI Coordinator monthly, with reporting to the Quality Committee Quarterly and to the Professional Advisory Committee annually. The Director of Clinical Services will be responsible for the monitoring of this activity to ensure deficient practice does not recur. Time frame for monitoring: nine months. Criteria QA will use</p>	09/17/2015
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	<p>employee A, director of nursing, employee C, alternate administrator, and employee D, quality assurance nurse, all indicated employee F, RN was just really nervous and had an oversight during the home visit.</p> <p>4. Agency policy titled "Physician Participation in Plan of Care", dated effective: 12/10, revised: 01/15, 11/11, states, "Purpose ... Policy A physician will direct the care of every home health patient admitted for service ... The care will be provided in compliance with his/her therapeutic and diagnostic orders"</p>		to determine whether further monitoring is necessary or can be stopped: when compliance is 100%.		