

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157571	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/13/2015
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NAME OF PROVIDER OR SUPPLIER  CARETENDERS	STREET ADDRESS, CITY, STATE, ZIP CODE 1724 STATE STREET NEW ALBANY, IN 47150
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G000000	<p>This was a Federal home health recertification survey.</p> <p>The survey was partially extended on January 6, 2015</p> <p>Survey Dates: January 6-9 and January 13, 2015</p> <p>Facility #: IN004701</p> <p>Surveyor: Nina Koch, RN, PHNS</p> <p>Unduplicated 12 month census: 1175 Records Reviewed: 16 Home visits: 8</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 16, 2015</p>	G000000		
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>			

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>Based on the CDC (Centers for Disease Control and Prevention) website review, home visit observation, and agency policy and procedure review, the agency failed to ensure it had provided services in accordance with its own infection control policies and related CDC standards for 1 of 8 home visit observations (Employee B, #14) with the potential to affect the active patients of the agency.</p> <p>Findings:</p> <p>1. A home visit was made to observe wound care provided by employee B, a RN(registered nurse). The RN was observed to remove a soiled dressing from the patient's abdomen, discard the dressing and apply clean gloves without performing hand hygiene. The nurse then cleaned the wound with moistened gauze making contact with the moist body secretions in the wound bed with her gloved hand. The phone rang as the nurse was cleaning the wound and the RN answered it handling the patient's phone without first removing soiled gloves. The RN was then observed to remove soiled gloves and handle clean dressing supplies without performing hand hygiene.</p>	G000121	<p>The Director of each branch will in-service all staff regarding hand washing policy and procedure to include the CDC guidelines regarding handwashing. Quarterly ride along visits (4 per quarter) are done as a part of our Performance Improvement process by the Clinical Manager/Director. During the ride along visits, the Clinical Manager/Director will ensure the staff are performing handwashing techniques appropriately. The results will be reported in the Performance improvement process quarterly. The Director will ensure that this deficiency is corrected and will not recur.</p>	02/11/2015			

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G000321	<p>2. An agency policy, undated, titled 7.5 Handwashing states, "Healthcare personnel will follow CDC guidelines for handwashing to prevent the spread of infection ... Wash hands, ... Each time that gloves are removed ... After contact with any body fluids or secretions, mucous membrane or non-intact skin."</p> <p>3. The Centers for Disease Control's PowerPoint titled "Guidelines for the selection of PPE [personal protective equipment] in healthcare settings" and date of 6/29/04 stated, "Hand hygiene required for standard and expanded precautions ... hand hygiene is an essential infection control practice to protect patients, health care personnel and visitors and is required for both Standard and expanded Precautions. Hand hygiene should be performed immediately after removing PPE." This was retrieved on 1/14/15 at 1:30 PM from the following: <a href="http://www.cdc.gov/HAI/pdfs/ppe/PPEslides6-29-04.pdf">http://www.cdc.gov/HAI/pdfs/ppe/PPEslides6-29-04.pdf</a>.</p> <p>484.20(a) ENCODING OASIS DATA The HHA must encode and be capable of</p>			

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	<p>transmitting OASIS data for each agency patient within 30 days of completing an OASIS data set.</p> <p>Based on agency document and policy review and interview, the agency failed to ensure OASIS data had been transmitted within 30 days of the M0090 date in 18 of 109 records submitted during the months of October, November, and December creating the potential to affect all of the agency's patients who require OASIS to be transmitted.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. An agency document dated 12/08/2014, titled CMS State Report OASIS Final Validation Report, evidenced late data submission greater than 30 days from the M0090 date for six of forty records submitted on 12/8/2014 at 09:05:21.</li> <li>2. An agency document dated 12/08/2014, titled CMS State Report OASIS Final Validation Report, evidenced late data submission greater than 30 days from the M0090 date for four of forty records submitted on 12/8/2014 at 9:04:57.</li> <li>3. An agency document dated 11/10/2014, titled CMS State Report OASIS Final Validation Report,</li> </ol>	G000321	<p>The director of each branch will in-service all staff on the policy regarding completing, keying, and transmitting OASIS data. The director of each branch will audit 10% of OASIS submitted on a quarterly basis to ensure timely transmission and report in the Performance Improvement process quarterly. The director of each branch will also monitor the OASIS transmission reports to ensure that the assessments are being transmission in accordance with CMS guidelines to ensure that this deficiency has been corrected and will not recur.Effective January 1, 2015, the organization began utilizing the CMScentral database to transmit OASIS assessments. The assessments are now being transmitted every other day versus the every 14 days using the previous transmission process.</p>	02/11/2015

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N000000	<p>evidenced late data submission greater than 30 days from the M0090 date for four of twenty-nine records submitted on 11/10/2014 at 11:31:56.</p> <p>4. An agency document dated 11/10/2014, titled CMS State Report OASIS Final Validation Report, evidenced late data submission greater than 30 days from the M0090 date for four of twenty-six records submitted on 11/10/2014 at 11:32:17.</p> <p>5. The Director of Clinical Affairs and the Administrator were unable to provide any additional documentation and/or information when asked during exit conference on 1-13-15 at 4 PM.</p> <p>6. An agency policy dated 2/1991 and revised 5/2003, titled 5.2 Information Management Plan states, "OASIS is submitted to the SDOH at least every 30 days".</p>			

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N000470	<p>This was a state home health relicensure survey.</p> <p>Survey Dates: January 6-9 and Januray 13, 2015</p> <p>Facility #: IN004701</p> <p>Surveyor: Nina Koch, RN, PHNS</p> <p>Unduplicated 12 month census: 1175 Records Reviewed: 16 Home visits: 8</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 16, 2015</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 the CDC (Centers for Disease Control and Prevention) website review, home visit observation, and agency policy and procedure review, the agency failed to ensure it had provided services in accordance with its own infection control policies and related CDC</p>	N000000		
		N000470	The Director of each branch will in-service all staff regarding hand washing policy and procedure to include the CDC guidelines regarding handwashing. Quarterly ride along visits (4 per quarter) are done as a part of our Performance Improvement process by the Clinical	02/11/2015

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	<p>standards for 1 of 8 home visit observations (Employee B, #14) with the potential to affect the active patients of the agency.</p> <p>Findings:</p> <p>1. A home visit was made to observe wound care provided by employee B, a RN(registered nurse). The RN was observed to remove a soiled dressing from the patient's abdomen, discard the dressing and apply clean gloves without performing hand hygiene. The nurse then cleaned the wound with moistened gauze making contact with the moist body secretions in the wound bed with her gloved hand. The phone rang as the nurse was cleaning the wound and the RN answered it handling the patient's phone without first removing soiled gloves. The RN was then observed to remove soiled gloves and handle clean dressing supplies without performing hand hygiene.</p> <p>2. An agency policy, undated, titled 7.5 Handwashing states, "Healthcare personnel will follow CDC guidelines for handwashing to prevent the spread of infection ... Wash hands, ... Each time that gloves are removed ... After contact with any body fluids or secretions, mucous membrane or non-intact skin."</p>		<p>Manager/Director. During the ride along visits, the Clinical Manager/Director will ensure the staff are performing handwashing techniques appropriately. The results will be reported in the Performance improvement process quarterly. The Director will ensure that this deficiency is corrected and will not recur.</p>				

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