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| 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 06/20/2013 |
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| NAME OF PROVIDER OR SUPPLIER HOME HEALTHCARE ASSOCIATES INC | STREET ADDRESS, CITY, STATE, ZIP CODE 16725 PINE RIDGE PASS LEO, IN 46765 |
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| G000000 | <p>This was a home health initial Medicaid Certification survey. This was a partial extended survey.</p> <p>Survey dates: June 18, 19, and 20, 2013.</p> <p>Partial extended date: June 18, 2013.</p> <p>Facility Number: IN004998</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type: Skilled: 10 Home Health Aide Only: 0 Personal Care Only: 0 Total: 10</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 21, 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. Based on observation, interview, and review of policy and documents, the agency failed to ensure the Registered Nurse (RN) followed infection control guidelines for 2 of 5 home visit observations with the potential to affect all the agency's patients. (#1, 4, and 5)</p> <p>Findings include:</p> <p>1. During home visit observation with patient #1 on 6/18/13 at 11:10 AM, employee A, RN, was observed performing medication set up. Employee A donned clean gloves then reached into pockets of uniform looking for a pen and touched car keys. Employee A failed to change the gloves and proceeded to set up patient's medications touching pills with same gloves. RN removed gloves, assessed patient, then cleaned equipment before returning it to nursing bag but failed to wash hands after removing gloves, before assessing patient, before returning clean supplies to nursing bag, and prior to leaving the patient's home.</p> <p>During interview on 6/18/13 at 11:45</p> | G000121 | <p>G121: 1. Corrections: A. All staff were inserviced on infection control policies and procedures. B. All staff were tested on infection control policies and procedures. 2. Spot visits will be conducted for three months to ensure compliance. 3. Administrator will be responsible for the above. 4. The deficiency was corrected on 6/24/13.</p> | 06/24/2013 | | | |

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| | <p>AM, employee A indicated they did not realize they failed to change the gloves after looking for a pen and that they should have changed their gloves. Employee A also indicated they should have washed their hands after removing gloves and prior to assessing patient and again after cleaning equipment because the sanitizer wipes contain bleach.</p> <p>2. During home visit observation on 6/19/13 at 12:40 PM with patient #4 and #5, employee A washed hands upon entering home but failed to scrub hands for longer than 5 seconds. Employee A checked patient #4's blood pressure and auscultated lungs, then failed to clean blood pressure cuff and stethoscope and wash hands or use hand gel before assessing patient #5.</p> <p>During interview on 6/19/13 at 2:10 PM, employee A indicated they did not realize the hand wash was only 5 seconds and they believe since patients 4 and 5 live in the same home they share the same germs so no need to clean equipment or wash hands between these two patients. Employee A also indicated they would have to wait for the blood pressure cuff to dry before using on the second patient in the home so as not to irritate the patient's skin with the sanitizer moisture.</p> | | | | | | |

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| | <p>3. The agency's undated policy titled "Nursing Bag Technique" states, "Hands are to cleansed prior to returning clean equipment and supplies to the bag."</p> <p>4. The document titled "World Health Organization, Patient Safety, Save Lives, Clean Your Hands," revised August 2009 was provided by employee A on 6/18/13 at 2:15 PM and they indicated this is the agency's current infection control policy. The document states, "Your 5 Moments for Hand Hygiene. 1. Before touching a patient ... c) Before performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG. ... 2. Before clean/aseptic procedure ... d) Before preparing food, medications, pharmaceutical products, sterile material. ... 4. After touching a patient ... d) After performing a physical non-invasive examination: taking pulse, blood pressure, chest auscultation, recording ECG. ... Hand hygiene and Medical Glove Use: Hand hygiene must be performed when appropriate regardless of the indications for glove use. How to Hand Wash? Wash hands when visibly soiled! Otherwise, use handrub. Duration of the entire procedure: 40-60 seconds."</p> <p>5. The document titled "Cleaning and disinfection of Patient Care Equipment used in the Home Setting," March 2009</p> | | | | | | |

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| | <p>states, "One of the risks for transmitting infections to home care and hospice patients is the use of improperly cleaned and disinfected medical equipment. ...</p> <p>Non-critical Items- Non-critical items are those that come in contact with intact skin but not mucous membranes. ...</p> <p>Non-critical patient care items may include a blood pressure cuff, laptop computer keyboard, stethoscope, nursing bag taken into the home, pulse oximeter, etc. ... Non-critical environmental surfaces include the floor, bedside tables, side rails on a hospital bed in the home, television remote, light switches, and the patient's furniture. Many of these non-critical environmental surfaces are frequently touched by the staff member's hands and potentially could contribute to secondary transmission by contaminating the home care and hospice staff members' hands or by contacting medical equipment or non-critical patient care items that subsequently contact patients. This reinforces the need for staff to perform hand hygiene prior to having direct patient contact with the patient. ...</p> <p>Disinfection of Patient Care Equipment ...</p> <p>Most patient care equipment used by home care and hospice staff as well as surfaces touched by staff in the home would be considered non-critical. It is called non-critical as it carries little risk of causing an infection in patients or staff.</p> | | | |

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| | <p>However, patient care equipment (e.g., blood pressure cuffs, stethoscopes) can become contaminated with infectious agents (e.g., MRSA) and contribute to the transmission of infections. therefore, non-critical medical equipment surfaces should be disinfected with an EPA-registered low- or intermediate-level disinfectant at a minimum of when visibly soiled and on a regular basis (CDC, 2008). The term 'regular basis' is to be defined by the home care and hospice organization. It is suggested that vital sign equipment and supplies be cleaned and disinfected with a low- or intermediate- level disinfectant in the home after use and prior to placing the equipment back in the nursing bag for use on another patient." McGoldrick, M. (2009). Cleaning and Disinfection. Home Care Infection Prevention and Control Program. www.HomeCareandHopice.com.</p> | | | | | | |

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| G000158 | <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.</p> <p>Based on clinical record review and interview, the agency failed to ensure all visits were made as ordered for 3 of 10 clinical records reviewed with the potential to affect all the agency's patients. (#2, 3, and 5)</p> <p>Findings include</p> <p>1. Clinical record #2, start of care (SOC) 1/2/13, contained a Home Health Certification and Plan of Care for the certification period 5/2-6/30/13 with orders for Skilled Nurse (SN) 1 time a week times 9 weeks. The record failed to evidence a visit was made the first week of the certification period 5/2-5/4.</p> <p>During interview on 6/19/13 at 11:15 AM, employee A indicated they completed the recertification visit on 5/1 and thought that would count for that week's visits and did not realize it would affect the certification period visits.</p> <p>2. Clinical record #3, SOC 12/19/12, contained a Home Health Certification and Plan of Care for the certification</p> | G000158 | G158: 1. Corrections: A. All records were reviewed for timing of future scheduled visits with ordered Plan of Care for visit compliance. B. All staff were inserviced on visit compliance. 2. Charts of all new admissions will be audited thirty (30) days after admission for three months. Compliance with visit timing has been added to quarterly record review. Electric medical record software has added compliance tool for each patient record. 3. Administrator will be responsible for the above. 4. The deficiency was corrected on 6/24/13. | 06/24/2013 | | | |

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| | <p>period 4/16-6/16/13 with orders for Skilled Nurse (SN) 1 time a week times 9 weeks. The record failed to evidence a visit was made the first week of the certification period 4/16-4/20/13.</p> <p>During interview on 6/19/13 at 2:30 PM, employee A indicated they completed the recertification visit on 4/14 and thought that would count for that week's visits and did not realize it would affect the certification period visits.</p> <p>3. Clinical record #5, SOC 12/18/12, contained a Home Health Certification and Plan of Care for the certification period 4/16-6/16/13 with orders for SN 1 time a week times 8 weeks with an order dated 4/5/13 for SN 1 time a week times 2 weeks. The record failed to evidence a visit was made the last week of the certification period 4/14-4/16/13.</p> <p>During interview on 6/20/13 at 10:15 AM, employee A indicated they had to get a one time order to cover the last week of the certification period to make 9 weeks of visits and there was not a visit made 4/14-4/16 because the were already scheduled on 4/17 and did not realize that would affect the certification period.</p> | | | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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