

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157579	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/19/2016
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NAME OF PROVIDER OR SUPPLIER CJ'S ABUNDANT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 523 W PLUM ST CHESTERFIELD, IN 46017
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G 0000 Bldg. 00	<p>This was a federal home health recertification survey. This was a partial extended survey.</p> <p>Survey Dates: February 16, 17, 18, and 19, 2016 Partial Extended Dates: February 18 and 19, 2016</p> <p>Facility Number: IN004091</p> <p>Medicaid Number: 200806840</p> <p>Census Service Type: Skilled: 6 Home Health Aide Only: 45 Personal Care Only: 2 Total: 53</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>QA: 2/23/16 jlh</p>	G 0000		
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>			

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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N 0000 Bldg. 00	<p>Based on observation, document review, and interview, the agency failed to ensure all staff members followed infection control policies and procedures for 1 of 5 home visit observations. (#1)</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. During observation on 2/16/16 at 1:30 PM, employee C (Registered Nurse) was providing care to patient # 1. After employee C assessed patient, she removed gloves, then donned a new pair of gloves. Employee C failed to use hand sanitizer or wash hands in between glove changes. 2. During interview on 2/18/16 at 12:15 PM, employee A (Administrator) stated the agency's policy is to wash hands prior to donning gloves, after removing gloves, and in between glove changes. 3. The agency's policy titled "Standard Infection Control Procedures for Home Care," # N-100, dated August 2002 stated, "Procedure 1. Wash hands before and after client care and after removing gloves." 	G 0121	G 0121 Deficiency corrected by 2/26/2016. All agency staff has been inserviced on Infection Control Policy, Standard Infection Control Procedures Policy, and HandWashing Policy by 2/26/2016. All staff members have been checked off on Handwashing by 2/26/2016. Employee C was reprimanded 2/17/2016. Agency will continue monitoring/observing infection control procedures to include handwashing in the home setting to prevent the deficiency from reoccurring in the future The Administrator and Director of Nursing are responsible for ensuring on-going compliance with this requirement	02/26/2016			

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	<p>employee medical files only contained medical information and documents for 8 of 8 employee files reviewed. (C, D, E, F, G, H, I, and J)</p> <p>Findings include</p> <p>1. Employee files C, D, E, F, G, H, I, and J were reviewed on 2/19/16.</p> <p>A. The medical file for employee C, Registered Nurse (RN), date of hire 12/18/12 evidenced a document titled "Indiana New Hire Reporting Center," dated 1/10/13.</p> <p>B. The medical file for employee D, Home Health Aide (HHA), date of hire 12/16/15 evidenced a document titled "Indiana New Hire Reporting Center," dated 12/16/15.</p> <p>C. The medical file for employee E, HHA, date of hire 9/30/15 evidenced a document titled "Indiana New Hire Reporting Center," dated 9/30/15.</p> <p>D. The medical file for employee H, RN, date of hire 7/29/15 evidenced a document titled "Indiana New Hire Reporting Center," dated 8/3/15; an untitled document with information about citizenship of the United States; the Form I-9 Employment Eligibility Verification</p>		<p>assistant audited all employee medical files on 2/19/2016 to ensure the medical files only contain medical documents. Agency Administrator and HR assistant will audit all new hires medical files upon completion of orientation and Administrator will review any new documents added to current employee medical files to prevent deficiency from reoccurring. The Administrator is responsible for ensuring compliance with this requirement.</p>	

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	<p>dated 7/29/15; a copy of the employee's Social Security Card and Driver's License; a copy of the employee's Cardio-Pulmonary Resuscitation (CPR) and Automatic External Defibrillator card; a copy of the employee's Advanced Cardiovascular Life Support card; and a copy of the employee's Tuberculosis Education Program Basic Course card.</p> <p>E. The medical file for employee G, HHA, date of hire 7/22/09 evidenced a copy of the employee's CPR training certificate, and a document titled "Reprimand" dated 3/2/12.</p> <p>F. The medical file for employee H, RN, date of hire 11/30/15 evidenced a document titled "Indiana New Hire Reporting Center," dated 11/30/15.</p> <p>G. The medical file for employee I, HHA, date of hire 9/2/15 evidenced a document titled "Indiana New Hire Reporting Center," dated 9/2/15.</p> <p>H. The medical file for employee J, HHA, date of hire 12/16/15 evidenced a document titled "Indiana New Hire Reporting Center," dated 12/16/15.</p> <p>2. During interview on 2/19/16 at 11:25 AM, employee A (Administrator), stated the agency did review the files after the</p>			

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N 0470 Bldg. 00	<p>last survey.</p> <p>3. The agency's undated policy titled "Personnel Records," # D-180 stated, "1. Personnel Records: a. The personnel record for an employee will include, but not be limited to: ... e. Medical History/Health Status- Maintained Confidentiality: Pre-employment, Physical if required, Hepatitis B declination or immunization record, TB screening (2-step Mantoux), chest x-ray or evidence of treatment as indicated, Drug screening if required."</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. Based on observation, document review, and interview, the agency failed to ensure all staff members followed infection control policies and procedures for 1 of 5</p>	N 0470	N 0470 Deficiency corrected by 2/26/2016. All agency staff has been inserviced on Infection Control Policy, Standard Infection Control	02/26/2016

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