

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K060	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/19/2013
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NAME OF PROVIDER OR SUPPLIER BETHANY CARES HOME HEALTH AGENCY	STREET ADDRESS, CITY, STATE, ZIP CODE 1515 S 21ST ST NEW CASTLE, IN 47362
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G000000	<p>This visit was a home health recertification survey.</p> <p>Facility #: 012408</p> <p>Survey Dates: 12/16, 17, 18, and 19/13</p> <p>Medicaid #: 201003150A</p> <p>Surveyor: Susan Sparks, RN, PHNS</p> <p>Census by Survey Type</p> <p>Skilled Patients 32</p> <p>Home Health Aide Only Patients 116</p> <p>Personal Service Only Patients 0</p> <p>Total 148</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 20, 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, policy review and interview, the agency failed to ensure their licensed practical nurse (LPN) and home health aides (HHA) followed professional standards when performing wound vac care and giving bed baths in 1 of 1 would vac care observed and 2 of 2 bed baths observed (#1, 2, 3) with the potential to affect all the wound vac and bed bath patients in the agency. (Employees B and D)</p> <p>Findings:</p> <p>1. On 12/16/13 at 1:12 PM, Employee B, LPN, was observed entering the home of Patient # 1. The LPN placed her bag on the floor in the living room without a barrier. The LPN washed her hands, removed supplies from a main box kept in the laundry/furnace room, opened the bedroom door by the handle, moved her bag into the bedroom and placed on the floor without a barrier, opened the cabinet in the bedroom for a bed covering, then got into her bag and removed her scissors. She did not clean the scissors. She put her gloves on without cleansing her hands</p>	G000121	G121: The Governing Body has adopted formalized competency check-offs to validate employee competency in the following areas:1.)Bag Technique and Hand Hygiene. All field staff will be checked off by 01-31-14. 2.)The Governing Body has also adopted a formal competency for Negative Pressure Wound Therapy and clinicians assigned to patients receiving this treatment must demonstrate competency prior to providing care to the patient independently.3.)Employee (B) has been terminated for failure to perform patient care in compliance with basic professional standards.4.)All field clinicians providing Negative Pressure Wound Therapy treatment will demonstrate competency prior to performing this procedure independently. 5.)All field clinicians will be supervised on a regular basis by the RN.G121: 1.) Staff will be educated on requirements of 484.12 (c) Compliance with acceptable professional STD. 2.) Staff will be educated on requirement of orientation and check development to document orientation. 3.) Agency will	01/31/2014			

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	and then moved a full trash can over to the side of the bed. She used the dirty scissors to cut strips to frame the wound and placed them in the bedroom supply box on the floor next to the bed. The patient, who was in the shower, dropped the shampoo and the LPN went to pick it up without changing gloves. The LPN returned, changed gloves but did not sanitize hands. She reset the machine, moved the trash can again with her gloved hands, and went into her bag for a clipboard, her stethoscope and her 02 monitor, and her blood pressure cuff. Since a field had not been set up, the LPN was in and out of the bag with these items. The scissors went back into the bag. The patient wanted privacy to dress. The LPN helped the patient dress in the bedroom. The patient had a decubitus on the left side that was approximately 7.1 cm x 6.2 cm x 2.7 cm and a decubitus on the right side that was approximately 4 cm x 3.1 cm x 2.4 cm. The LPN sanitized her hands and put on new gloves. She moved the trash can with her gloved hands. She then took the strips cut from the box on the floor and started to tent the left wound. She kept running her gloves around the edge to make sure the whole edge was tented. She was a few strips short. She was back into the bag for the dirty scissors. She did not clean the scissors. She stuffed the Alginate		in service staff on tote bag technique. 4.) Administrator is responsible for monitoring these actions and ensure that this deficiency is corrected and does not recur. 5.) Completion date 01-31-2014.	

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	<p>medicated padding into the wound with her gloved hand. She picked up the black foam and cut a piece to fit in the wound. The stripping would not release the backing so she put one end in her mouth so she could pull on the other, and then she could have the sticky side released to put over the black foam as a tape to hold into place. She cut more foam to form a bridge. The bridge laid on the covers while she was cutting more strips to cover it. She used the dirty scissors to cut the access for the vac adaptor. She applied and a seal was achieved and it was set for 125 mm Hg. For the right wound, the picked trash up from the floor. She changed her gloves but did not not sanitize her hands. She used her gloves to stuff the Alginae medicated padding into the wound. She used the dirty scissors to cut the tape. She used a sterile q-tip to apply silvadine around the edges. A bandage was applied due to a wound clinic visit the next day. She removed her gloves but did not sanitize her hands.</p> <p>At 2:10 PM, Employee G indicated the wound care had not been performed as instructed by the agency and infection control procedures had not been followed.</p> <p>2. On 12/17/13 at 9:00 AM, Employee D, a HHA, was observed giving a bed bath to patient # 2. The HHA did an appropriate</p>			

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	<p>bath until the genital area. She washed the back and then had the patient turn over. She indicated that the water should be changed but they never did so and she didn't change it. She proceeded to wash the genital area.</p> <p>3. On 12/17/13 at 10:03 AM, Employee D, a HHA, was observed giving a bed bath to patient # 3. The HHA did an appropriate bath until the genital area. She did not change the water before washing the genital area.</p> <p>4. On 12/17/13 at 11:05 AM, Employee G indicated the HHA's are taught to change the water before they wash the genital area.</p> <p>5. A policy titled "Tote Bag Technique", approved 2013, states, "1. The bag will be placed on a clean, hard surface (i.e. a surface that can be easily cleaned) in the care and in the home and a barrier will be placed under the bag. The bag is never placed on the floor unless it is a rolling bag."</p> <p>6. A undated policy titled "Skilled Nursing Services", states, "2. The Licensed Practical Nurse: ... 4. The nurse will demonstrate competency in providing procedures such as: ... d. Wound care involving prescription and medication,</p>			

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	<p>weekly measurements and aseptic technique."</p> <p>7. The website http://www.nursingassistanteducation.com identifies how to give a bed bath and includes instructions on performing perineal care for men and women who do not have a perineal catheter. The instructions state, "Fill the bath basin with clean water at 110 degrees ... and wash, rinse and dry the rectal area." The instructions include specific instructions on how to wash the perineal area before the rectal area which are different for men and women.</p>				

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G000217	<p>484.36(b)(3)(ii) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>The competency evaluation must be performed by a registered nurse. The in-service training generally must be supervised by a registered nurse who possesses a minimum of 2 years of nursing experience at least 1 year of which must be in the provision of home health care.</p> <p>Based on personnel record review and interview, the agency failed to ensure the home health aide (HHA) competency evaluation program was performed by a registered nurse (RN) in 1 of 3 HHA files reviewed (E) with the potential to affect all 116 patients that receive HHA services.</p> <p>Finding:</p> <p>1. Personnel record E, date of hire 10/1/13, first patient contact, 10/2/13, evidenced a skill checklist completed by a licensed practical nurse (LPN), Employee G, on 10/1/13.</p> <p>2. On 12/19/13 at 12:30 PM, the Administrator, Employee A, indicated the RN should do the skills checklist.</p>	G000217	<p>G217: 1.) Staff will be educated on requirement of 484.36 (b)(3)(ii) Competency Evaluation & In Service training. 2.) Adminiistrator is responsible for monitoring these actions and ensure that this deficiency is corrected and does not recur.3.)The home health aide (employee (E))has been re-competency tested by a RN on all required aspects of patient care on or before 01-31-14. 3.) Completion date 01-31-14.</p>	01/31/2014			

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G000227	<p>484.36(c)(2) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Any home health aide services offered by an HHA must be provided by a qualified home health aide. Based on personnel record and clinical record review and interview, the agency failed to ensure the registered nurse performed the home health aide (HHA) skills competency evaluation in 1 of 3 HHA files reviewed (E) with the potential to affect all 116 patients that receive HHA services.</p> <p>Finding:</p> <ol style="list-style-type: none"> 1. Personnel record E, date of hire 10/1/13, first patient contact, 10/2/13, evidenced a skill checklist completed by a licensed practical nurse (LPN), Employee G, on 10/1/13. 2. On 12/19/13 at 12:30 PM, the Administrator, Employee A, indicated the RN should do the skills checklist. 3. Clinical record 3, start of care 11/4/13, evidenced employee E providing HHA services for the certification period 11/4/13 through 1/2/14. 	G000227	<p>G227:1.) The home health aide (employee (E)has been re-competency tested by a RN on all required aspects of patient care on or before 01-31-14.2.) Staff will be educated on 484.36 (c)(2) Assignment & Duties of home health aide.3.) Agency will Audit all personnel records and then annually to meet 484.36 (c) (3)(ii). 4.) Administrator is responsible for monitoring these actions and ensure this deficiency is corrected and does not recur. 5.) Completion date 01-31-14.</p>	01/31/2014			

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N000000	<p>This visit was a home health licensure survey.</p> <p>Facility #: 012408</p> <p>Survey Dates: 12/16, 17, 18, and 19/13</p> <p>Medicaid #: 201003150A</p> <p>Surveyor: Susan Sparks, RN, PHNS</p> <p>Census by Survey Type</p> <p>Skilled Patients 32</p> <p>Home Health Aide Only Patients 116</p> <p>Personal Service Only Patients 0</p> <p>Total 148</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 20, 2013</p>	N000000			

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N000462	<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 personnel record review and interview, the agency failed to ensure the employee's physical examination was within 180 before the date the employee had direct patient contact in 1 of 6 personnel records reviewed (D) with the potential to affect all 148 patients.</p> <p>Findings:</p> <p>1. Personnel record D, with a date of hire 4/28/12 and a first patient contact 5/5/12, evidenced a physical exam of 7/21/11.</p> <p>2. On 12/19/13 at 12:15 AM, the Administrator, Employee A, indicated the physical exam date was too early.</p>	N000462	<p>N462: The aide whose physical was greater than 180 days old will get a new one. The aide was sent to Dr. Griffith and the Agency has a copy of a current physical demonstrating the individual is free of communicable disease. This will be completed by Jan 31, 2014. N462: 1.)Staff educated on requirement of 410 IAC 17-12-1 (h) home health administration/management.2.) Audit all current personnel records and then annually to meet 0 IAC 17-12-1 (h).3.) Administrator is responsible for monitoring these actions to ensure that this deficiency is corrected & will not recur.4.) Completion date 01-31-2013.</p>	01/31/2014			

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N000596	<p>410 IAC 17-14-1(l)(A) Scope of Services Rule 14 Sec. 1(l) The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows: (1) The home health aide shall: (A) have successfully completed a competency evaluation program that addresses each of the subjects listed in subsection (h) of this rule; and Based on personnel record and clinical record review and interview, the agency failed to ensure the home health aide (HHA) competency evaluation was completed by the RN in 1 of 3 HHA files reviewed (E) with the potential to affect all 116 patients that receive HHA services.</p> <p>Finding:</p> <ol style="list-style-type: none"> Personnel record E, date of hire 10/1/13, first patient contact, 10/2/13, evidenced a skill checklist completed by a licensed practical nurse (LPN), Employee G, on 10/1/13. On 12/19/13 at 12:30 PM, the Administrator, Employee A, indicated the RN should do the skills checklist. Clinical record 3, start of care 11/4/13, evidenced employee E providing HHA 	N000596	<p>N596:1.)The home health aide (employee) (E)has been re-competency tested by a RN on all required aspects of patient care.2.) Completion date 01-31-2014. N596:1.) Administration reviewed required process with nurse consultant. Current aide & future aide will complete competency evaluation that meets 17-14-1 (1) (A).2.) Audit all aide personnel records before they see their first client without nurse supervision. 3.) Administrator is responsible for this corrective action to ensure that this deficiency is corrected & doen not recur. 4.) Completion date 01-31-2014.</p>	01/31/2014	

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	services for the certification period 11/4/13 through 1/2/14.			