

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K079	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/02/2015
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NAME OF PROVIDER OR SUPPLIER ATTENTIVE HOME HEALTHCARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5226 S EAST STREET SUITE A9 INDIANAPOLIS, IN 46227
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G 000 Bldg. 00	<p>This visit was for a home health agency partial extended recertification survey.</p> <p>Dates of survey: 3-30, 3-31, 4-1, and 4-2-2015</p> <p>Facility #: IN012723</p> <p>Medicaid Vendor #: 201060380A</p> <p>Census: 11 Skilled unduplicated admissions, past twelve months 15 Skilled active patients 50 Home health aide only active patients</p> <p>Quality Review: JE 4/7/15</p>	G 000		
G 121 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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	<p>Based on observation, policy review, and interview, the agency failed to ensure the home health aide had provided services in accordance with infection control policies and procedures in 1 of 3 home visit observations (3) with a home health aide (HHA), Employee H.</p> <p>Findings include:</p> <p>1. During home visit observation for patient 3, on 4-1-15 at 10:30 AM, Employee H, HHA, was observed providing services. When Employee H prepared for toileting and shower/bath of patient 3, she was observed to don 2 pair of non-sterile gloves. After assisting client to remove clothing, including a soiled (wet) adult diaper, HHA placed the adult diaper in a plastic bag, removed her outer gloves, and closed the bag. She then was not observed to remove inner gloves and perform hand hygiene. Employee H assisted client with bathing using the inner gloves she had donned earlier.</p> <p>2. Agency policy "Handwashing/Hand Hygiene", last reviewed/revised 2014, states, "Indications for hand washing and hand antisepsis: ... between tasks on the same patient ... after removing gloves ... after touching objects that are potentially</p>	G 121	<p>Attentive home healthcare will continue to in-service newclinical staff on how to properly follow policy and procedure on the donning ofgloves and hand washing procedures to be in compliance with all infectioncontrol policy and procedures.</p> <p>Attentive Home Healthcare as a result of the state surveyfindings will in-service all clinical staff on proper procedure and policy ofdonning gloves and proper hand washing techniques to be in compliance of agencypolicy and procedures of infection control during our mandatory staff meetingon April 28th and April 30th. All clinical staff will becompleted by May 6th 2015. The agency decided the best practice to in-service allclinical staff would be during the mandatory staff meetings and any staff thatcould not attend would be in-serviced by May 6th 2015.</p> <p>The steps that the agency will take to ensure this does notrecur will be to in-service clinical staff quarterly at mandatory monthly staffmeetings with proper procedure and policy of donning of gloves and proper handwashing techniques.</p> <p>The corrective actions will be monitored by the director ofnursing quarterly during the mandatory staff meetings and will be documented inthe monthly meeting minutes and sign-in log of who attended. The skilled nurseswill also monitor proper donning of gloves and proper</p>	05/06/2015			

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N 000 Bldg. 00	<p>contaminated ... after assisting the client to use the bathroom ... decontaminate hands after removing gloves ... "</p> <p>3. On 4-2-15 at 11:55 AM, Employee B, the nursing supervisor, indicated Employee H had not followed infection control principles and agency policy as instructed during orientation, during HHA competency, and agency continuing education offerings.</p> <p>This visit was for a home health agency state re-licensure survey.</p> <p>Dates of survey: 3-30, 3-31, 4-1, and 4-2-2015</p>	N 000	<p>hand washing techniques during supervisory visits and will be listed on supervisory visit form under universal precautions. The agency will also add the procedure of donning of gloves and proper hand washing techniques by our designated home health aide field auditor during random audits that are performed weekly. The actions of the procedure will be documented on the auditor's form that is completed by the auditor and will be filed in our home health aide quality assurance log. The monitoring of donning of gloves and proper hand washing techniques will be on-going indefinitely, monthly meeting minutes will reflect quarterly in-services on infection control policies such as donning of gloves and proper hand washing techniques. Quality assurance log will reflect weekly random home health aide audit forms that document the proper procedure of donning of gloves and hand washing techniques.</p>	

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N 470 Bldg. 00	<p>Facility #: IN012723</p> <p>Medicaid Vendor #: 201060380A</p> <p>Census: 11 Skilled unduplicated admissions, past twelve months 15 Skilled active patients 50 Home health aide only active patients</p> <p>Quality Review: JE 4/7/15</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, policy review, and interview, the agency failed to ensure the home health aide had provided services in accordance with infection control policies and procedures in 1 of 3 home visit observations (3) with a home health aide (HHA), Employee H.</p> <p>Findings include:</p>	N 470	<p>Attentive home healthcare will continue to in-service newclinical staff on how to properly follow policy and procedure on the donning ofgloves and hand washing procedures to be in compliance with all infectioncontrol policy and procedures.</p> <p>Attentive Home Healthcare as a result of the state surveyfindings will in-service all clinical staff on proper procedure and policy ofdonning gloves and proper hand washing</p>	05/06/2015

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	<p>1. During home visit observation for patient 3, on 4-1-15 at 10:30 AM, Employee H, HHA, was observed providing services. When Employee H prepared for toileting and shower/bath of patient 3, she was observed to don 2 pair of non-sterile gloves. After assisting client to remove clothing, including a soiled (wet) adult diaper, HHA placed the adult diaper in a plastic bag, removed her outer gloves, and closed the bag. She then was not observed to remove inner gloves and perform hand hygiene. Employee H assisted client with bathing using the inner gloves she had donned earlier.</p> <p>2. Agency policy "Handwashing/Hand Hygiene", last reviewed/revised 2014, states, "Indications for hand washing and hand antisepsis: ... between tasks on the same patient ... after removing gloves ... after touching objects that are potentially contaminated ... after assisting the client to use the bathroom ... decontaminate hands after removing gloves ... "</p> <p>3. On 4-2-15 at 11:55 AM, Employee B, the nursing supervisor, indicated Employee H had not followed infection control principles and agency policy as instructed during orientation, during HHA competency, and agency continuing education offerings.</p>		<p>techniques to be in compliance of agency policy and procedures of infection control during our mandatory staff meeting on April 28th and April 30th. All clinical staff will be completed by May 6th 2015. The agency decided the best practice to in-service all clinical staff would be during the mandatory staff meetings and any staff that could not attend would be in-serviced by May 6th 2015.</p> <p>The steps that the agency will take to ensure this does not recur will be to in-service clinical staff quarterly at mandatory monthly staff meetings with proper procedure and policy of donning of gloves and proper handwashing techniques.</p> <p>The corrective actions will be monitored by the director of nursing quarterly during the mandatory staff meetings and will be documented in the monthly meeting minutes and sign-in log of who attended. The skilled nurses will also monitor proper donning of gloves and proper hand washing techniques during supervisory visits and will be listed on supervisory visit form under universal precautions. The agency will also add the procedure of donning of gloves and proper hand washing techniques by our designated home health aide field auditor during random audits that are performed weekly. The actions of the procedure will be documented on the auditor's form that is completed by the auditor and will be</p>	

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			filed in our home health aide quality assurance log. The monitoring of donning of gloves and proper hand washing techniques will be on-going indefinitely, monthly meeting minutes will reflect quarterly in-services on infection control policies such as donning of gloves and proper hand washing techniques. Quality assurance log will reflect weekly random home health aide audit forms that document the proper procedure of donning of gloves and hand washing techniques.	