

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157625	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/14/2012
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NAME OF PROVIDER OR SUPPLIER HOME HEALTH NETWORK INC THE	STREET ADDRESS, CITY, STATE, ZIP CODE 6333 CONSTITUTION DR FORT WAYNE, IN 46804
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G0000	<p>This was a home health federal recertification survey. This was a partial extended survey.</p> <p>Survey dates: June 12-14, 2012.</p> <p>Facility #: IN012148</p> <p>Medicaid #: 20095790A</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type: Skilled: 486 Home Health Aide Only: 17 Total: 486</p> <p>Sample: RR w/HV: 5 RRw/o HV: 7 Total: 12</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 18, 2012</p>	G0000		

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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G0121	<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> <p>Based on observation during home visit, policy review, document review, and interview, the agency failed to ensure a Home Health Aide (HHA) was following infection control policies and procedures for 1 of 5 home visits with the potential to affect all the agency's patients who receive care from the HHA. (#1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 4/13/12 at 8:00 AM, employee A, a HHA, was observed providing a complete bed bath for patient #1. The HHA did not change the water or gloves for the entire bath and used the same gloves to dress the patient. After washing the rectal area, the HHA moved directly to washing the open wound with the same wash cloth. During interview on 4/13/12 at 3:45 PM, employee B indicated the HHA should not have washed the wound with the same wash cloth and water. The agency's policy titled "Infection Control," # 259.00, revised 5/31/11, states under the section "Procedure", "6. Gloves 	G0121	G 121 On 6-14-12 the specific Home Health Aide involved with the home visit received additional training regarding bathing techniques, bed bath instructions, and infection control. Following completion of the additional training she received RN supervision for competency check at patients home on 06-14-12. RN followed up with second competency supervisory visit the following week on 06-22-12. The Director of Nursing initiated additional training as part of inservice training rotation for all home health aide employees regarding bathing techniques, bed bath instructions, and infection control. The Nursing Supervisor will be responsible for monitoring this corrective action thru training and supervisory visits to ensure that this deficiency is corrected and will not recur. This deficiency will be corrected by 6-14-2012.	06/14/2012			

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	<p>should be changed between patient contact and procedures."</p> <p>4. The agency's education document titled "Bathing Techniques Bed Bath Instructions," not dated, was provided on 6/14/12 by employee C who indicated this is the current instruction given to HHA's. This document states, under the section titled "Bathing Technique," "Wash perineal area - Change bath water at this time - Remove gloves and wash hands - Apply new gloves - Obtain fresh wash cloth for cleansing this area." Under the section titled "OTHER CONSIDERATIONS" the document states "Any red areas, open areas, and dressings should be reported and cleansed separately with clean linens and clean water."</p>				

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G0159	<p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record review, home visit observation, interview, and policy review, the agency failed to ensure the Durable Medical Equipment (DME) was listed on the plan of care for 5 of 5 home visit observations with the potential to affect all the agency's patients. (#1, 2, 3, 4, and 5).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #1 included a Plan of Care (POC) dated 4/27-6/25/12. During home visit on 6/13/12 at 8:00 AM, DME observed in the home included a wheelchair, bedside commode, hospital bed, and a right foot immobilizer shoe. The POC failed to list these DME. 2. Clinical record #2 included a POC dated 4/28-6/26/12. During home visit on 6/13/12 at 10:00 AM, DME observed in the home included a walker and a shower 	G0159	G 159 The Nursing Supervisor will ensure that "all" patient DME will be included on the patients plan of Care. The Nursing Supervisor will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not reoccur. This deficiency will be corrected by 6-15-2012.	06/15/2012			

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	<p>chair. The POC failed to list these DME.</p> <p>3. Clinical record #3 included a POC dated 5/4-7/2/12. During home visit on 6/13/12 at 3:30 PM, DME observed in the home included a walker and a shower chair. The POC failed to list these DME.</p> <p>4. Clinical record #4 included a POC dated 5/18-7/16/12. During home visit on 6/13/12 at 1:00 PM, DME observed in the home included a quad cane and a left leg brace. During interview on 6/13/12 at 1:40 PM, employee I indicated the patient has a wheelchair which is used for transport to and from appointments. The POC failed to list these DME.</p> <p>5. Clinical record #5 included a POC dated 5/29-7/27/12. During home visit on 6/14/12 at 11:00 AM, DME observed in the home included a rollator walker and two door entry ramps (1 at garage to home entry, 1 at home to patio area entry). The POC failed to list these DME.</p> <p>6. On 6/13/12 at 3:45 PM, employee B indicated sometimes the agency does not know right away when patients receive new or additional DME items. Employee B indicated the issue would be looked into and corrected.</p> <p>7. The agency's policy titled "Plan of</p>			

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	Care," revised 5/31/11, states under the section titled "Plan of Treatment", "3. The Plan of Care will include physician orders for: -Medical equipment required."			

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N0470	<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 during home visit, policy review, document review, and interview, the agency failed to ensure a Home Health Aide (HHA) was following infection control policies and procedures for 1 of 5 home visits with the potential to affect all the agency's patients who receive care from the HHA. (#1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 4/13/12 at 8:00 AM, employee A, a HHA, was observed providing a complete bed bath for patient #1. The HHA did not change the water or gloves for the entire bath and used the same gloves to dress the patient. After washing the rectal area, the HHA moved directly to washing the open wound with the same wash cloth. 2. During interview on 4/13/12 at 3:45 PM, employee B indicated the HHA should not have washed the wound with the same wash cloth and water. 3. The agency's policy titled "Infection Control," # 259.00, revised 5/31/11, states 	N0470	G 121 On 6-14-12 the specific Home Health Aide involved with the home visit received additional training regarding bathing techniques, bed bath instructions, and infection control. Following completion of the additional training she received RN supervision for competency check at patients home on 06-14-12. RN followed up with second competency supervisory visit the following week on 06-22-12. The Director of Nursing initiated additional training as part of inservice training rotation for all home health aide employees regarding bathing techniques, bed bath instructions, and infection control. The Nursing Supervisor will be responsible for monitoring this corrective action thru training and supervisory visits to ensure that this deficiency is corrected and will not recur. This deficiency will be corrected by 6-14-2012.	06/14/2012			

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	<p>under the section "Procedure", "6. Gloves should be changed between patient contact and procedures."</p> <p>4. The agency's education document titled "Bathing Techniques Bed Bath Instructions," not dated, was provided on 6/14/12 by employee C who indicated this is the current instruction given to HHA's. This document states, under the section titled "Bathing Technique," "Wash perineal area - Change bath water at this time - Remove gloves and wash hands - Apply new gloves - Obtain fresh wash cloth for cleansing this area." Under the section titled "OTHER CONSIDERATIONS" the document states "Any red areas, open areas, and dressings should be reported and cleansed separately with clean linens and clean water."</p>						

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following:</p> <p>(i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on clinical record review, home visit observation, interview, and policy review, the agency failed to ensure the Durable Medical Equipment (DME) was listed on the plan of care for 5 of 5 home visit observations with the potential to affect all the agency's patients. (#1, 2, 3, 4, and 5).</p> <p>Findings include:</p> <p>1. Clinical record #1 included a Plan of</p>	N0524	G 159 The Nursing Supervisor will ensure that "all" patient DME will be included on the patients plan of Care. The Nursing Supervisor will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not reoccur. This deficiency will be corrected by 6-15-2012.	06/15/2012			

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	<p>home entry, 1 at home to patio area entry). The POC failed to list these DME.</p> <p>6. On 6/13/12 at 3:45 PM, employee B indicated sometimes the agency does not know right away when patients receive new or additional DME items. Employee B indicated the issue would be looked into and corrected.</p> <p>7. The agency's policy titled "Plan of Care," revised 5/31/11, states under the section titled "Plan of Treatment", "3. The Plan of Care will include physician orders for: -Medical equipment required."</p>				