

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 01/14/2020
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NAME OF PROVIDER OR SUPPLIER BETHANY CARES HOME HEALTH AGENCY	STREET ADDRESS, CITY, STATE, ZIP COD 3637 S SR 3 NEW CASTLE, IN 47362
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G 0000 Bldg. 00	<p>This visit was for a Federal Recertification and State Licensure survey, in conjunction with 3 complaints. This was a fully extended survey.</p> <p>IN00317624 - Substantiated with findings IN00316174 - Substantiated with findings IN00308736 - Substantiated with findings</p> <p>Survey dates: January 7, 8, 9, 10, 13, 14, 17, 21, 22, 23</p> <p>Facility number: 012408 Provider number: 15K060</p> <p>Unduplicated Census: 440</p> <p>Record Reviews with home visits: 5 Record Reviews without home visits: 3 Discharged Record Reviews: 3 Total Record Reviews:11 Total Home visits: 5</p> <p>An immediate jeopardy related to patient rights was identified on 1/9/20. The administrator was notified on 1/9/20 at 3:45 PM. The agency failed to adequately train home health aides on hooyer lift safety which lead to a fall with injury and failed to ensure the patients were not neglected by accurately completing an environmental safety assessment to identify any and all safety concerns that could lead to an adverse event for the patients. The immediate jeopardy remained unremoved after exit on 1/23/20.</p> <p>Bethany Cares Home Health Agency, Inc. is precluded from providing its own training and</p>	G 0000		
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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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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G 0406 Bldg. 00	<p>competency evaluation program for a period of 2 years beginning January 23, 2020 to January 22, 2022 for being found out of compliance with the Condition of Participation 42 CFR 484.50 Patient Rights and 42 CFR 484.80 Home health aide services.</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>Quality Review Completed: 01/29/20 (Area 3)</p> <p>484.50 Patient rights Condition of participation: Patient rights. The patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. The HHA must protect and promote the exercise of these rights. Based on observation, record review, and interview, the home health agency failed to ensure the patients were not neglected by accurately completing an environmental safety assessment to identify any and all safety concerns that could lead to an adverse event or psychological harm; the administrative staff failed to ensure proper use of a hooyer lift by all staff for 6 of 11 patient records reviewed (#1, 2, 3, 6, 13, and 14); and failed to ensure all nurses were oriented and competencied on the proper use of all hooyer lifts for 1 of 1 skilled nurse home visit observations (I). These failures resulted in falls from the hooyer in 2 of 12 records reviewed of patients with hooyer lifts. This had the potential to affect the safety of all 11 patients who used a hooyer lift in their home.</p> <p>The cumulative effect of these systemic problems</p>	G 0406	<p>Deficiency Cited 42 CFR 484.50 G 406 <u>Corrective Action Agency</u> <u>Response:</u> 1. 1.) All RN Case Managers have been educated on requirements of 42 CFR 484.50 Patient Rights and the requirement and content of the patient environmental safety assessment. 2. 2.) All home health aides will be instructed that the Hoyer device is to be utilized as a "lifter" device only. It is not to be utilized to transfer the patient from one location to another location. to meet 42 CFR 484.50.</p>	01/22/2020

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	<p>resulted in the home health agency's inability to ensure the provision of quality health care in a safe environment for the Condition of Participation 42 CFR 484.50 Patient Rights.</p> <p>An immediate jeopardy related to patient rights was identified on 1/9/20. The administrator was notified on 1/9/20 at 3:45 PM. The immediate jeopardy remained unremoved after exit on 1/23/20.</p> <p>Findings include:</p> <p>1. An undated agency policy received from the agency on 1/14/20 at 10:24 AM titled "Comprehensive client assessment," Policy # C-145 stated "... Special instructions ... Assessment and documentation are made regarding whether the home environment is suitable for providing care"</p> <p>2. An undated agency policy received from the agency on 1/17/20 titled "Home care bill of rights," Policy # C-380 stated "... Client's and their representatives have the right to participate in and be informed about all assessments and not just the comprehensive assessment"</p> <p>3. An undated agency policy received from the agency on 1/14/20 at 12:31 PM titled "Position: Clinical supervisor," Policy # C-125 stated "... Essential functions/ areas of accountability ... 31. Promotes personal safety and a safe environment for clients and co-workers 32. Demonstrates knowledge of safety / infection control practices by compliance with policies and procedures and regulatory requirements 33. Assesses safety of environment and takes the initiative to help prevent accidents and promote safety 34. Recognizes and responds appropriately to</p>		<p>3. 3.) All RN Case Managers are required to complete an environmental safety assessment in Kantime EMR with every start of care, recertification, and resumption of care assessment. to meet 42 CFR 484.50.</p> <p>4. 4.) The RN Case Managers may not complete and submit assessments unless the environmental safety assessment is completed. This process was implemented with the initiation of the EMR system "KANTIME" effective 10-8-2018. To meet 42 CFR 484.50.</p> <p>5. 5.) All CM have been re-educated on the environmental safety assessment process to meet 42 CFR 484.50.</p> <p>6. 6.)100% of all assessment documentation will be reviewed by the Clinical Manager/designee at all certification timepoints to ensure compliance with this requirement. to meet 42 CFR 484.50.</p> <p>7. 7.)When the RN identifies that the Hoyer legs must be closed to fit through doorways the patient will be transferred via the Hoyer to a wheelchair and not one location to another location. The patient will be wheeled in the wheelchair to the established location (bathroom, living room recliner, etc.). The Hoyer device will be utilized to transfer the patient from the wheelchair to the recliner or other sitting surface. to</p>	

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	<p>potentially unsafe situations"</p> <p>4. An undated agency policy received from the agency on 1/14/20 at 12:05 PM titled "Position: RN [registered nurse] case manager," Policy # C-215 stated "... Essential functions/areas of accountability ... 6. Promotes personal safety and a safe environment for clients and co-workers ... b. Recognizes and responds appropriately to potentially unsafe situations, c. Demonstrates safe practice in the use of equipment ... d Assesses safety of environment and takes initiative to prevent accidents and promote safety "</p> <p>5. An undated agency policy received from the agency on 1/14/20 at 12:05 PM titled "Position: Registered nurse," Policy # C-210 stated "... Essential functions/areas of accountability ... 1A. Performs a comprehensive assessments of client status, including physical, psychosocial, and environmental parameters ... 7. Promotes personal safety and a safe environment for clients and co-workers ... b. Recognizes and responds appropriately to potentially unsafe situations, c. Demonstrates safe practice in the use of equipment"</p> <p>6. An undated agency policy received from the agency on 1/14/20 at 11:25 AM titled "Position: Home health," Policy # C-140 stated "... Essential functions/areas of accountability ... 6. Promotes personal safety and a safe environment for clients by ... reporting unsafe situations to the supervisor/case manager, 7. Demonstrates safe practice in the use of equipment"</p> <p>7. An undated agency policy received from the agency on 1/14/20 at 11:25 AM titled "Plan of care," Policy # C-580 stated " ... Special</p>		<p>meet 42 CFR 484.50.</p> <p>If the above processes are not feasible or acceptable to the patient /family the agency will re-explain the safety risks and potential consequences. If the patient and/or family continue to refuse the above safety measures the agency will explain the necessity for discharge of services due to safety concerns. The agency will provide appropriate discharge notice, assist with discharge/transfer to another service provider in accordance with all regulations. to meet 42 CFR 484.50.</p> <p>8. 8.)The Clinical Manager and Administrator are responsible for monitoring these actions to ensure that this deficiency is corrected & does not recur.</p> <p>9. 9.) Completion date 1-13-2020.</p> <p>PROVIDER: BETHANY CARES HOME HEALTH AGENCY PLAN FOR REMOVAL OF IMMEDIATE JEOPARDY FINDING Deficiency Cited 42 CFR 484.50 G 406 <u>Corrective Action Agency Response:</u> All RN Case Managers and Home Health Aides have been educated on the requirements of 42 CFR 484.50 Patient Rights and home health aide Hoyer lift training. The Agency took the following</p>	

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	<p>instructions ... 2. The plan of care shall be completed in full to include: ... functional limitations and precautions ... n. Any safety measures to protect against injury ... u. All of the above items must always be addressed on the plan of care"</p> <p>8. Kwikpoint. (n.d.). Patient Lifts Safety Guide. Retrieved from https://www.fda.gov on 1/23/20 stated, "Prepare Environment: Determine number of caregivers needed: Most lifts require two or more caregivers to safely operate lift and handle patient. Position lift and receiving surface: Move lift base legs near or around patient's device. Base legs are usually more stable in full open position. ... For thick carpet, consider choosing a lift with larger wheels or placing a plastic floor mat over carpet. ... Do not use lift to transport patient unless lift is specifically designed for transport."</p> <p>9. On 1/8/20 at 10:29 AM, requested a list of patients who utilized a hoyer lift. The alternate administrator brought the list in at 10:56 AM with the administrator present. The list provided contained 10 patients. During this time, the administrator and alternate administrator were asked if this was a complete list. The administrator stated it was. After the initial review patient #6's clinical record on 1/8/19, the record revealed that the patient had a hoyer lift. At 11:00 AM, the administrator was advised of the record indicating a hoyer lift was in the home. During this time, the administrator proceeded to write the name of patient #6 on the bottom of the list, making the total number of current hoyer patients 11.</p> <p>10. During an interview on 1/10/20 at 1:28 PM, a group home staff coordinator stated patient #1 had to be slid to the floor 4 to 5 times during</p>		<p>immediate steps to address the safety concerns identified:</p> <ol style="list-style-type: none"> 1. The Agency immediately identified all patients who use a Hoyer lift device to assist with transfers. This aspect of the correction plan was completed on 1-9-2020. 2. The Agency immediately identified all employees who provide care for the patients who use Hoyer lifts to assist with transfers. This aspect of the correction plan was completed on 1-9-2020 3. The Agency has placed an immediate hold on the acceptance of all referrals of individuals who require the use of a Hoyer lift for transfers. This was reviewed and approved by the Agency Governing Body. This aspect of the correction plan was completed on 1-9-2020. 4. All Current employees assigned to current Hoyer lift patients have completed additional Hoyer lift training to include the following: <ul style="list-style-type: none"> · Hoyer video, · FDA Hoyer Lift Booklet, · written test on FDA booklet, · letter of acknowledgment, · RN check off sheet, · lab setting check offs, · in pt home check offs, demonstrating the correct procedure using MFU instructions of use. 	

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	<p>hoyer lift transfers. The coordinator stated the last time this incident occurred, the home health aide notified the group home staff of the incident. When the group home staff assisted the patient off the floor, one side of the hoyer sling was not hooked up properly.</p> <p>The clinical record of patient #1, start of care 1/16/17, was reviewed on 1/13/20. The record failed to evidence documentation of patient #1's falls/ sliding out of the hoyer.</p> <p>11. During an observation on 1/13/20 at 10:50 AM, the home of patient #2 was observed to include narrow doorways, a high threshold in between the kitchen and living room, and a cluttered living environment which contained the patient's bed. Review of a home safety evaluation that was completed on 1/11/20 (by employee L) and 1/13/20 (by employee J), indicated "No home safety problems identified."</p> <p>12. The clinical record of patient #3 was reviewed on 1/7/20 and indicated a start of care date of 8/16/19. A home safety evaluation was completed on 8/16/19 during the start of care comprehensive assessment (by employee O) and indicated "No home safety problems identified." On page 4 of 25 on the comprehensive assessment under the section "risk for hospitalizations," the choice "history of falls (2 or more falls-or any fall with injury-in the past 12 months) was not checked, but rather was left blank. The comprehensive assessment failed to identify previous falls or occurrences due to the safety environment with the use of the hoyer.</p> <p>The record failed to identify additional safety evaluations for patient #3 after 8/16/19.</p>		<p>The above training was completed by 1/17/2020. to meet 42 CFR 484.50.</p> <p>5. All home health aides who fail either the written FDA test, lab demonstration, or demonstration in the home setting will not be allowed to care for patients who require Hoyer Lift Transfers. This process was completed by 1-9-2020. to meet 42 CFR 484.50.</p> <p>6. All Agency Home health aides and / or new agency home health aides that are not <u>currently</u> assigned @ this time to a Hoyer Lift patient will be checked off on the Hoyer video, FDA Hoyer Lift Booklet, written test on FDA booklet, letter of acknowledgment, RN check off sheet, lab setting check offs, in patient home check offs, demonstrating the correct procedure using MFU instructions of use, on their specific Hoyer lift <u>prior to their next scheduled Hoyer Lift assignment.</u> This process was implemented on 01/10/2020. to meet 42 CFR 484.50.</p> <p>7. In addition the RN Case Managers, Clinical Manager, and Administrator will perform "random" un-announced supervisory visits to observe the employees' performance of the Hoyer lift process.</p> <p>8. The book with the "manufacturer guidelines booklet" is present with the Home Health Red Folder in the patient's home.</p>	

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	<p>A journal note entry dated 8/22/19 stated "After aide clock in in for shift, she got the pt [patient] up in the hoier lift and began moving pt in hoier lift to the bed when the Hoyer wheel became stuck on the carpet causing hoier lift to tip over with pt still in hoier Aide caught pt and stabilized hoier before pt fell. Aide was able to lower her to the floor. During aide assisting pt to the floor the pt hit head on coffee table. Pt also received small abrasion to arm. No other injuries noted. No redness or swelling noted to head. Pt's so called EMT's [emergency medical technician] to have pt taken to ER [emergency room] to be evaluated."</p> <p>During an aide supervisory visit on 9/10/19 (first nursing visit since fall on 8/22/19) at 11:30 AM, with the HHA present, the nurse failed to observe/document the HHA completed a transfer with the hoier lift for patient #3. The document stated under adaptive equipment "Instruction of the client/caregiver/or aide on the utilization and safety measures of the following adaptive devices includes: hosp [hospital] bed. Adaptive equipment instruction provided: Always use safety precautions when using equipment. Never use broken equipment and only use as directed. V/U [verbalized understanding" The registered nurse (RN)</p> <p>A journal note entry dated 10/4/19 stated "Staff informed agency they were transferring pt per hoier lift and lift toppled over, Pt and aide fell to floor. ROM [range of motion] per usual, pt denied pain. Staff phoned paramedics. Paramedics examined pt and did not see any injury. Pt was assisted per paramedics back to bed. Will continue to monitor pt. Educated family on proper uses of hoier lift."</p> <p>During an interview on 1/7/20 at 11:29 AM, the</p>		<p>Completed 1-15-2020.</p> <p>9. The Governing Body has developed a QAPI indicator to evaluate and track employee performance and compliance with the Hoyer Transfer Procedure. The Agency compliance goal is to strive for a 100% compliance rating with the provision of care with Hoyer patients to ensure their ongoing safety.</p> <p>10. The Agency Clinical Manager and Administrator are responsible for monitoring these actions to ensure the deficiency has been corrected and will not recur.</p> <p>11. Completion date 1-22-2020.</p>	

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	<p>family of patient #3 stated every HHA that entered the home stated they had never used the hooyer. The family reported they had trained all staff who entered the home to care for patient #3. The family stated no nurse had ever come into the home to train a HHA on the hooyer lift. The family stated the patient had been dropped out of the hooyer by the previous home health agency and had fallen twice while under the care of Bethany Cares Home Health and now is scared and showed increased emotional distress when having to be placed in the hooyer lift.</p> <p>During an interview on 1/8/2020 at 1:13 PM, employee H stated one day while she provided care to patient # 3, the wheel of the hooyer lift got caught on the carpet. She stated she pushed the patient in the hooyer with legs in the closed position (together) and the hooyer tipped over and she hurt her knee.</p> <p>During an interview on 1/14/20 at 4:11 PM, the administrator stated when the nurse did the start of care assessment she marked no issues with safety because she didn't see a transfer at that time and didnt see any issues. She stated the last home health agency even had issues with the patient falling with the hooyer due to the carpet.</p> <p>13. During a home visit observation on 1/13/20 at 10:50 AM, employee I was providing skilled care to patient #6. Employee I applied the hooyer sling while the patient was in bed, hooked the sling up to the hooyer lift, put the legs of the hooyer lift together (closed), and pushed the patient while in the hooyer lift out of the bedroom, down the hallway and into the living room before placing the patient in the wheelchair. The home was observed having narrow doorways and hallway.</p>			

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	<p>The clinical record of patient #6, start of care 7/5/18, was reviewed on 1/14/20. Review of a home safety evaluation that was completed on 1/13/20 (by employee M), indicated "No home safety problems identified."</p> <p>During an interview on 1/10/20 at 11:40 AM, a family member of patient #6 stated they had one nurse who came into the home that did not know how to use a hooyer, but was unsure of the nurses name.</p> <p>14. During an interview on 1/22/20 at 10:58 AM, employee D stated employee L checked her off in the office on the manual hooyer lift. Employee D was asked to explain the process she used when she utilized the hooyer lift for patient #13 and #14. Employee D stated patient #13 had an electric hooyer lift and upon starting care with patient #13, no one from the agency checked her off, but she familiarized herself with the hooyer by looking at a manual located in the patient's home. She indicated she transported the patient from bed to wheelchair with the legs in the closed position due to the lack of room and furniture placement in the bedroom. Furthermore, she indicated she also cared for patient #14. She stated when caring for patient #14, she closed the legs to the hooyer and transported the patient from the bedroom to the bathroom before lowering him onto the commode. After the patient was finished on the commode, she would re-attached the hooyer sling and put patient #14 back into hooyer, transported the patient out of the bathroom to turn the hooyer around and backed the hooyer into the bathroom again to get the patient into the shower. The hooyer was unable to fully enter the shower so employee D pulled the shower bench as close as possible and lowered the patient onto the bench so patient #14 could position themselves onto the</p>			

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G 0750 Bldg. 00	<p>shower bench. Employee L stated she was recently checked off in patient #14's home on the manual hoier lift by employee L.</p> <p>15. The clinical record of patient #13 was reviewed. Review of a home safety evaluation that was completed on 1/10/20 (by the administrator), indicated "No home safety problems identified." The safety assessment failed to evidence the small space to provide care with the use of the hoier lift.</p> <p>16. The clinical record of patient #14 was reviewed. Review of a home safety evaluation that was completed on 1/11/20 (by employee L), indicated "No home safety problems identified." The safety assessment failed to evidence the narrow doorways and limited space to provide care with the use of the hoier lift.</p> <p>484.80 Home health aide services Condition of participation: Home health aide services. All home health aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure home health aides (HHA) were oriented and were competencied on the proper use of hoier lifts for 7 of 7 interviewed HHA's (B, D H, P, R, S, U) and were trained on patient specific hoier lifts via manufacturer's instructions for use for patients they cared for in 6 of 11 patients reviewed with hoier lifts (#1, 2, 3, 4, 13, 14). These failures resulted in falls from the hoier in 2 of 12 records reviewed of patients with hoier lifts. This had the</p>	G 0750	<p>Deficiency Cited 42 CFR 484.80 G 750 <u>Corrective Action Agency</u> <u>Response:</u> Home Health Aides providing care to patients with Hoyer's and/or Lifters have been educated on the requirements of home health aide Hoyer lift training to meet 42 CFR 484.80 The Agency took the following immediate steps to address the</p>	01/22/2020

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	<p>potential to affect the safety of all 11 patients who used a hoyer lift in their home.</p> <p>The cumulative effect of these systemic problems resulted in the home health agency's inability to ensure the provision of quality health care in a safe environment for the Condition of Participation 42 CFR 484.80 Home health aide services.</p> <p>An immediate jeopardy related to patient rights was identified on 1/9/20. The administrator was notified on 1/9/20 at 3:45 PM. The immediate jeopardy remained unremoved after exit on 1/23/20.</p> <p>Findings include:</p> <p>1. An undated agency policy received from the agency on 1/14/20 at 12:31 PM titled "Position: Clinical supervisor," Policy # C-125 stated "... Essential functions/areas of accountability ... 31. Promotes personal safety and a safe environment for clients and co-workers 32. Demonstrates knowledge of safety / infection control practices by compliance with policies and procedures and regulatory requirements 33. Assesses safety of environment and takes the initiative to help prevent accidents and promote safety 34. Recognizes and responds appropriately to potentially unsafe situations"</p> <p>2. An undated agency policy received from the agency on 1/14/20 at 11:25 AM titled "Position: Home health," Policy # C-140 stated "... Essential functions/areas of accountability ... 6. Promotes personal safety and a safe environment for clients by ... reporting unsafe situations to the supervisor/case manager, 7. Demonstrates safe practice in the use of equipment"</p>		<p>safety concerns identified:</p> <ol style="list-style-type: none"> 1. The Agency immediately identified all patients who use a Hoyer lift device to assist with transfers. This aspect of the correction plan was completed on 1-9-2020. 2. The Agency immediately identified all employees who provide care for the patients who use Hoyer lifts to assist with transfers. This aspect of the correction plan was completed on 1-9-2020 3. The Agency has placed an immediate hold on the acceptance of all referrals of individuals who require the use of a Hoyer lift for transfers. This was reviewed and approved by the Agency Governing Body. This aspect of the correction plan was completed on 1-9-2020. 4. All Current employees assigned to current Hoyer lift patients have completed additional Hoyer lift training to include the following: <ul style="list-style-type: none"> - Hoyer video, - FDA Hoyer Lift Booklet, - written test on FDA booklet, - letter of acknowledgment, - RN check off sheet, - lab setting check offs, - in pt home check offs, demonstrating the correct procedure using MFU instructions of use. The above training was completed 	

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	<p>3. Kwikpoint. (n.d.). Patient Lifts Safety Guide. Retrieved from https://www.fda.gov on 1/23/20 stated, "Prepare Environment: Determine number of caregivers needed: Most lifts require two or more caregivers to safely operate lift and handle patient. Position lift and receiving surface: Move lift base legs near or around patient's device. Base legs are usually more stable in full open position. ... For thick carpet, consider choosing a lift with larger wheels or placing a plastic floor mat over carpet. ... Do not use lift to transport patient unless lift is specifically designed for transport."</p> <p>4. On 1/8/20 at 10:29 AM, requested a list of patients who utilized a hoyer lift. The alternate administrator brought the list in at 10:56 AM with the administrator present. The list provided contained 10 patients. During this time, the administrator and alternate administrator were asked if this was a complete list. The administrator stated it was.</p> <p>On 1/8/20 at 11:00 AM, after advising the administrator of a hoyer lift observation during a home visit completed on 1/13/20 with patient #6, the administrator proceeded to write the name of patient #6 on the bottom of the list, making the total number of current hoyer patients 11.</p> <p>5. During an interview on 1/7/20 at 12:06 PM, the alternate administrator stated she oversaw all aide training completed in the office using the manual hoyer and that employee O completed the physical competencies in the homes. Additionally she stated all HHA's must be checked off.</p> <p>6. During an interview on 1/8/2020 at 1:13 PM, employee H stated one day while she provided care to patient # 3, the wheel of the hoyer lift got</p>		<p>by 1/17/2020. to meet 42 CFR 484.80.</p> <p>5. All home health aides who fail either the written FDA test, lab demonstration, or demonstration in the home setting will not be allowed to care for patients who require Hoyer Lift Transfers. This process was completed by 1-9-2020. to meet 42 CFR 484.80.</p> <p>6. All Agency home health aides and / or new agency home health aides that are not <u>currently</u> assigned @ this time to a Hoyer Lift patient will be checked off on the Hoyer video, FDA Hoyer Lift Booklet, written test on FDA booklet, letter of acknowledgment, RN check off sheet, lab setting check offs, in patient home check offs, demonstrating the correct procedure using MFU instructions of use, on their specific Hoyer lift <u>prior to their next scheduled Hoyer Lift assignment.</u> This process was implemented on 01/10/2020. to meet 42 CFR 484.80.</p> <p>7. At the time of the SOC assessment or at the first home health aide visit the RN Case Manager will be present to orient the home health aide to all aspects of use of the Hoyer device and the procedure. The RN Case Manager will observe the lift procedure to ensure the home health aide properly demonstrates safe procedure. to meet 42 CFR 484.80.</p>	

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	<p>caught on the carpet. She stated she pushed the patient in the hoier with legs in the closed position (together) and the hoier tipped over. Additionally employee H stated that she was trained in the office by an employee named (first name D).</p> <p>During a review of employee H's personnel record, an agency document titled "Certified home health/ Hospice Aide Check list," was signed and dated on 6/25/19 by employee H and the administrator via the use of a stamp (not signed by the person who completed the check off) revealed employee H was checked off on the hoier lift.</p> <p>A journal note entry dated 8/22/19 stated "After aide clock in in for shift, she got the pt [patient] up in the hoier lift and began moving pt in hoier lift to the bed when the Hoyer wheel became stuck on the carpet causing hoier lift to tip over with pt still in hoier Aide caught pt and stabilized hoier before pt fell. Aide was able to lower her to the floor. During aide assisting pt to the floor the pt hit head on coffee table. Pt also received small abrasion to arm. No other injuries noted. No redness or swelling noted to head. Pt's so called EMT's [emergency medical technician] to have pt taken to ER [emergency room] to be evaluated."</p> <p>During an aide supervisory visit on 9/10/19 (first nursing visit since fall on 8/22/19) at 11:30 AM, with the HHA present, the nurse failed to observe/document the HHA completed a transfer with the hoier lift for patient #3. The document stated under adaptive equipment "Instruction of the client/caregiver/or aide on the utilization and safety measures of the following adaptive devices includes: hosp [hospital] bed. Adaptive equipment instruction provided: Always use safety precautions when using equipment. Never</p>		<p>8. In addition the RN Case Managers, Clinical Manager, and Administrator will perform "random" un-announced supervisory visits to observe the employees' performance of the Hoyer lift process. to meet 42 CFR 484.80.</p> <p>9. The Governing Body has developed a QAPI indicator to evaluate and track employee performance and compliance with the Hoyer Transfer Procedure. The Agency compliance goal is to strive for a 100% compliance rating with the provision of care with Hoyer patients to ensure their ongoing safety. to meet 42 CFR 484.80.</p> <p>10. The Agency Clinical Manager and Administrator are responsible for monitoring these actions to ensure the deficiency has been corrected and will not recur.</p> <p>11. Completion date 1-22-2020.</p>	

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	<p>use broken equipment and only use as directed. V/U [verbalized understanding" The registered nurse (RN)</p> <p>A journal note entry dated 10/4/19 stated "Staff informed agency they were transferring pt per hooyer lift and lift toppled over, Pt and aide fell to floor. ROM [range of motion] per usual, pt denied pain. Staff phoned paramedics. Paramedics examined pt and did not see any injury. Pt was assisted per paramedics back to bed. Will continue to monitor pt. Educated family on proper uses of hooyer lift."</p> <p>During an interview on 1/7/20 at 11:29 AM, the family of patient #3 stated every HHA that entered the home stated they had never used the hooyer. The family reported they had trained all staff who entered the home to care for patient #3. The family stated no nurse had ever come into the home to train a HHA on the hooyer lift. The family stated the patient had been dropped out of the hooyer by the previous home health agency and had fallen twice while under the care of Bethany Cares Home Health and now is scared and showed increased emotional distress when having to be placed in the hooyer lift.</p> <p>7. During a home visit observation for patient #4 on 1/9/20 at 7:50 AM, employee S was observed providing personal care with a hooyer lift. Employee S stated that the group home had recently gotten a new hooyer lift and she received no training from the agency on it. Employee S indicated upon hire and placement on the HHA registry she received no training in office or in a home on the use of a hooyer, but rather watched a video. She stated all other training was completed by employees Q and T. She stated the group home staff for patient #4 trained her on the use of</p>			

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	<p>that hoier, and indicated no manufacturer instructions for use of the hoier were in the group home. During that time person F, from the group home, corroborated that there was no manufacturer instructions for use of the hoier in the group home. Person F contacted the group home house manger to verify that was correct, to which the house manager stated there was no manufacturer instructions for use in the group home.</p> <p>During a review of employee S's personnel record, an agency document titled "Certified home health/ Hospice Aide Check list," revealed employee S had demonstrated hoier lift skills on 4/11/19 and was initialed by the administrator. The document was signed and dated on 4/11/19 by employee S and the administrator via the use of a stamp (not signed by the person who completed the check off).</p> <p>8. During an interview on 1/9/20 at 12:10 PM, employee B, stated they were trained in the office on an old hoier lift, they were put up in a hoier sling, and put an office staff in a hoier sling. They stated no in home hoier training took place.</p> <p>During a review of employee B's personnel record, an agency document titled "Certified home health aide and personal care assistant skills checklist," was signed and dated on 9/25/17 by employee B and the administrator via the use of a stamp.</p> <p>9. During an interview on 1/10/20 at 2:06 PM, the administrator was asked how HHA competency check offs were completed. The administrator stated upon hire the HHA would go through orientation and classroom training. Throughout the year, the HHA's are required to complete in-services and receive training during aide</p>			

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	<p>supervisory visits. The administrator stated if a patient used special equipment, the registered nurse (RN) would go into the home and would do a specific check off on that device. The administrator stated the only patient currently, who has special equipment, is patient #12. Additionally, the administrator indicated at 2:53 PM, the agency did not require manufacturer instructions for specific hooyer use for the patients to be kept on file or to train staff with.</p> <p>10. During an interview on 1/13/20 at 6:55 AM, employee R stated he was recently checked off on the use of a hooyer in the office and in the group home just the previous day.</p> <p>During a review of employee R's personnel record, an agency document titled "Certified home health/ Hospice Aide Check list," was signed and dated on 8/20/19 by employee R and the administrator revealed employee R was checked off on the hooyer lift.</p> <p>11. During a home visit observation for patient #1 on 1/13/20 at 6:50 AM, the red agency folder failed to evidence manufacturers instructions for the use of a hooyer lift.</p> <p>During an interview on 1/10/20 at 1:28 PM, person E stated Bethany Cares Home Health aides should be trained prior to completing care on their residents. Person E stated no nurse has ever checked an aide off in the group home on the hooyer lift. Furthermore, person E stated her granddaughter had worked at Bethany Cares Home Health and was showed how to use a hooyer in the office which she indicated the granddaughter didn't like, because hooyer lifts can be different. Person E also stated patient #1 had to be slid to the floor during hooyer lift transfers</p>			

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	<p>approximately 4 to 5 times. Person E stated the last time this incident occurred, the home health aide notified the group home staff of the incident. When the group home staff assisted the patient off the floor, one side of the hoist sling was not hooked up properly.</p> <p>12. During a home visit observation with patient #2 on 1/13/20 at 10:50 AM, the red folder was not in the home, the husband said it was packed away and unable to see if manufacturer instructions for use of the hoist were in it.</p> <p>During an interview on 1/10/20 at 1:40 AM, the spouse of patient #2 (start of care 11/16/16) stated the patient had a manual hoist lift in the home and he had never seen any nurse come in the home to train a HHA on its use.</p> <p>13. During an interview on 1/10/20 at 1:28 PM, a group home staff coordinator stated patient #1 had to be slid to the floor 4 to 5 times during hoist transfers. The coordinator stated the last time this incident occurred, the home health aide notified the group home staff of the incident. When the group home staff assisted the patient off the floor, one side of the hoist sling was not hooked up properly.</p> <p>During an interview on 1/17/20 at 2:47 PM, employee U stated upon hire she received training in the office. Employee U stated she had started caring for patient #1 a couple of months ago. During that time, the group home staff trained her on the use of the hoist lift and no staff from Bethany Cares Home Health trained her on the use of the hoist until last week to check her off.</p> <p>14. During an interview on 1/21/20 at 12:35 PM., employee P stated their hoist training occurred in</p>			

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	<p>the office upon hire in April/ May of 2019 and consisted of a video, test, and hands on utilizing the hooyer in the office by employee Q. (No in home training on the hooyer lift).</p> <p>During a review of employee P's personnel record, an agency document titled "Certified home health/ Hospice Aide Check list," was signed and dated on 4/30/19 by employee P and the administrator via the use of a stamp (not signed by the person who completed the check off) revealed employee P was checked off on the hooyer lift..</p> <p>15. During an interview on 1/22/20 at 10:58 AM, employee D stated employee L checked her off in the office on the manual hooyer lift. Employee D was asked to explain the process she used when she utilized the hooyer lift for patient #13 and #14. Employee D stated patient #13 had an electric hooyer lift and upon starting care with patient #13 no one from the agency checked her off, but she familiarized herself with the hooyer by looking at a manual located in the patient's home. Employee D indicated she transported the patient from bed to wheelchair with the legs in the closed position due to the lack of room and furniture placement in the bedroom. Furthermore, she indicated she also cared for patient #14. Employee D stated when caring for patient #14, she would close the legs to the hooyer and transport the patient from the bedroom to the bathroom before lowering the patient onto the commode. After the patient was finished on the commode, employee D indicated she would re-attached the hooyer sling and put patient #14 back into hooyer, transport the patient out of the bathroom, turn the hooyer around, and backed the hooyer into the bathroom again to get the patient into the shower. Employee D state the hooyer was unable to fully enter the shower so they would pull the shower bench as close as</p>			

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	possible and lowered the patient onto the bench so patient #14 could position themselves onto the shower bench. Employee L stated she was recently checked off in patient #14's home on the manual hooyer lift by employee L.				