

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/05/2018  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>477019 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>01/31/2018 |
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|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>BAYADA HOME HEALTH CARE | STREET ADDRESS, CITY, STATE, ZIP CODE<br>80 PEARL STREET<br>ESSEX JUNCTION, VT 05452 |
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|                    |  |               |   |                      |
|--------------------|--|---------------|---|----------------------|
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|

G 000 INITIAL COMMENTS

An unannounced, on-site recertification survey was conducted by the Division of Licensing and Protection between 1/29-1/31/2018. The following federal regulatory issues were identified at this time.

G 682 Prevention  
CFR(s): 484.70(a)

Prevention.  
The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the Home Health Agency (HHA) nurse failed to demonstrate appropriate infection control standards of practice and Agency policy when performing a dressing change for 1 of 3 applicable patients. (Patient #1) Findings include:

During the provision of wound care, the HHA nurse failed to maintain and adhere to standards of practice pertaining to hand hygiene and the use of gloves. Per observation on 1/29/18 at 11:20 AM, the HHA nurse was observed donning gloves, removing a soiled dressing and cleansing the pressure ulcer site located in the buttock area of Patient #1. The nurse failed to remove his/her gloves and sanitize hands upon removal of the dressing and prior to the cleansing of the wound or during the application of a new dressing to the wound.

Per review of Agency policy 0-3230 Wound Care - Assessment and Treatment last revised 2/23/15 and reviewed annually states: 8.0 "With gloved

G 682

G 000 This plan of correction will be implemented by teams providing services under this Medicare provider number.

Based on an analysis of the specific deficiencies cited, the corrective plan and actions taken are to address the lack of demonstrated knowledge resulting in failure to follow regulations and organization policy related to adhering to

G 682 infection control standard of practice. The plan of correction will be completed through comprehensive focused education and re- instruction.

On 2/9/2018, the identified nurse providing care to client #1 was counseled on their failure to adhere to infection control standards, specifically hand hygiene during wound care. Counseling included a review of policy 0-1169 - HAND HYGIENE and 0-3230 - WOUND CARE - ASSESSMENT AND TREATMENT. This nurse began 0-6740 INFECTION PREVENTION EMPLOYEE PERFORMANCE IMPROVEMENT PLAN on 2/13/2018.

On 2/6/2018 and 2/7/2018, the Director of Clinical Operations re-educated and competencied all Clinical Managers on infection control standards including proper hand hygiene technique. By 3/9/2018, a Clinical Manager will re-educate all Registered Nurses/Licensed Practical Nurses on infection control standards and proper hand hygiene technique including policy 0-1169 - HAND HYGIENE. A return demonstration of appropriate hand hygiene technique will be required as part of completing the re-education.

Effective 3/12/2018 for three months, a Clinical Manager will complete an observation of 100% Registered Nurses/ License Registered Nurses demonstrating proper hand hygiene technique during a scheduled supervisory visit. If during the demonstration improper hand hygiene technique is performed, the employee responsible will be complete

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X4) DATE

*[Signature]* Administrator 2/16/18

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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| G 682   | <p>Continued From page 1</p> <p>hands, remove old dressing and discard; 9.0 Remove gloves, decontaminate hands, apply new gloves; 10.0 Cleanse wound and surrounding skin; 12.0 Remove gloves, decontaminate hands and apply new gloves and 13.0 Apply new dressing per physician order".</p> <p>Per CDC (Centers for Disease Control) Hand Hygiene in Health Care Setting last revised 3/24/17 states " When to wear gloves: Put on gloves before touching a patient ' s non-intact skin, open wounds or mucous membranes, such as the mouth, nose, and eyes and change gloves during patient care if the hands will move from a contaminated body-site... to a clean body-site. When to perform hand hygiene: After glove removal".</p> <p>Per telephone interview on 1/31/18 at 2:20 PM, the HHA nurse confirmed the failure to change gloves and sanitize and not adhering to the Agency policy during the provision of wound care for Patient #1.</p> | G 682  | <p>0-6740 INFECTION PREVENTION EMPLOYEE PERFORMANCE IMPROVEMENT PLAN before providing additional services. Sustained improvement and compliance will be monitored respectively through annual infection control competency and also through record review inclusive of regular reviews conducted by organizational Quality Assurance audits.</p> <p>The Division Director has overall responsibility for implementation and oversight of the plan.</p> <p><i>G682 POC accepted 2/20/18 G Coleman RN/PMC</i></p> |  |