

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K171	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/30/2022
NAME OF PROVIDER OR SUPPLIER YOUR HEALING TOUCH, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 8801 N MERIDIAN STREET, SUITE 209, INDIANAPOLIS, IN, 46260		
(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
G0000	<p>This visit was for a Federal Recertification and State Re-licensure survey of a Home Health Care Agency.</p> <p>Survey Dates: 3/28/22, 3/29/22, and 3/30/22</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p> <p>QR by Area 3 on 4-5-2022</p>	G0000	<p>See G 0682 for plan of corrections</p> <p>POC accepted on 4-18-2022</p> <p><i>Deborah Franco</i></p>	2022-04-15
G0682	<p>Infection Prevention</p> <p>484.70(a)</p> <p>Standard: Infection Prevention.</p> <p>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</p> <p>Based on record review, observation, and interview, the home health aides (HHA) failed to ensure infection control practices were followed in the use of gloves and hand hygiene during the provision of personal care for 2 of 2 HHA home visits. (Patients #2 and 8) (Employees F, G)</p>	G0682	<p>Your Healing Touch, LLC., respectfully requests acceptance for the plan of correction regarding citation G-0682.</p> <p>Administrator or designee set by Administrator will complete plan of correction.</p> <p>This agency will complete 100% education on hand washing and gloving by April 15, 2022. Education will include education and review of the hand washing policy and infection control policy. Employees will receive a copy of hand washing and infection control policy. Staff will sign acknowledgement of availability of agency supplies upon request. Staff will complete a hand washing check-off.</p> <p>For 3 months beginning May 1, 2022, designated staff will complete 10 hand washing/gloving audits per month.</p>	2022-04-15

Findings Include:

For 3 months beginning August 1, 2022, designated staff will complete 5 hand washing/gloving audits per month.

For continued compliance, all supervisory visits where aides are present, registered nurses will review hand washing with aides.

6. During a home visit for Patient #8 on 3/29/22 at 10 AM, upon arriving at the patients apartment, Patient 8 was in the bathroom with the door closed. After a minute, Employee F, a home health aide opened the door, with the patient on the toilet. After introductions, employee F asked Patient 8 if they were ready for their shower, Patient 8 stated yes. Employee F performed hand hygiene, donned gloves, undressed Patient 8, pulled the patient s briefs off, handed the patient their shower cap, and instructed the patient to put it on. Employee F assisted Patient 8 into the tub and onto the shower bench. Employee F turned the water on, splashed water onto the patient s leg; until the right water temperature was obtained. Employee F began rinsing the patient, then handed a washcloth to the patient, then reached for the bar soap off the bathroom sink, handing it to the patient so Patient 8 could wash their face, and placed the bar soap back on the sink. Employee F rinsed the patient s face off. Employee F grabbed a scrubby, wetted it, applied a liquid soap, and began washing the patient s back, front, underarms, arms, and the front of both legs and feet. Employee F rinsed Patient 8, reached over to the bathroom sink, pulled open a drawer, pulled out a clean washcloth, handed the washcloth to the patient, and applied a feminine product to clean the peri area. Employee F assisted the patient to a standing position. The patient preferred to perform their peri care privately, employee F pulled the shower curtain closed. While waiting on the patient, employee F doffed gloves, performed hand hygiene, and donned a new pair of gloves. When Patient 8 was finished, the aide took the cloth, washed the patients backside, and back of their legs, then rinsed off the patient. Employee F had the patient sit down and performed another rinse on the patient. Employee F handed a towel to the patient to dry the front side, the patient stood, employee F dried the patient s backside, the patient sat back down on the shower bench, employee F applied lotion to the patient s back, assisted the patient out of the tub, and onto the toilet. Employee F doffed gloves, performed hand hygiene, and donned clean pair of gloves. Employee F applied lotion to both lower extremities, put a brief around the ankles, reached for the patient s face cream, and put some cream in the patient s hands so the patient could apply the cream to the face, then sprayed deodorant and perfume on the patient. The HHA, employee Fc, put house slippers on Patient 8. When the patient stood, employee F pulled the patient s brief up, and assisted Patient 8 into the bedroom, and assisted the patient with dressing, then assisted the patient into the living room to sit in their chair.

The HHA failed to remove gloves, complete hand hygiene, and apply new gloves at appropriate intervals throughout personal care when moving from dirty areas to clean areas and back.

410 IAC 17-12-1 (m)

1. On 3-30-2022 at 12:18 PM, an undated, Briggs Healthcare policy titled, "Handwashing/Hand Hygiene" D-330," was provided by the administrator/clinical manager, Employee A. A review of the policy indicated, but was not limited to, "Policy: In an effort to reduce the risk for infection in clients and staff members, thorough hand washing/hand antisepsis is required of all employees &Special Instructions &3. Indications for handwashing and hand antisepsis: a. Before performing invasive procedures &d. Between tasks on the same client &f. After removing gloves &After touching objects that are potentially contaminated &Hand Hygiene Technique &2. When washing hands with soap and water, wet hands first with water, apply an amount of product &to hands and rub hands together vigorously for at least (15) seconds, covering all surfaces of hand and fingers. a. Rinse hands thoroughly with water and dry thoroughly with a disposable towel &

2. Review of the Centers for Disease Control website, last updated January, 2021, "When to Perform Hand Hygiene," retrieved from [cdc.gov/handhygiene/providers/index.html](https://www.cdc.gov/handhygiene/providers/index.html), indicated "Use an Alcohol-Based Hand Sanitizer:

Immediately before touching a patient. Before performing an aseptic task [e.g., placing an indwelling device] or handling invasive medical devices. Before moving from work on a soiled body site to a clean body site on the same patient. After touching a patient or the patient's immediate environment. After contact with blood, body fluids or contaminated surfaces.

Immediately after glove removal.

Wash with Soap and Water: When hands are visibly soiled...After known or suspected exposure to spores...When using alcohol-based hand sanitizer: Put product on hands and rub hands together. Cover all surfaces until hands feel dry. This should take around 20 seconds...The CDC Guideline for Hand Hygiene in Healthcare Settings recommends: When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product...and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet...Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right time...When and How to Wear Gloves: Wear gloves...when...contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially

contaminated skin or contaminated equipment could occur...Change gloves and perform hand hygiene during patient care, if gloves become damaged, gloves become visibly soiled...moving from work on a soiled body site to a clean body site on the same patient or in another...."

3. During a home visit observation on 3-29-2022 at 4:00 PM, with Patient #2, observed the HHA, employee G, provide personal care to Patient #2. The HHA went to the kitchen sink using soap and water and washed hands for 29 seconds, obtained a white washcloth that was on the sink, and dried their hands. After the HHA dried their hands, they turned the water off with the washcloth and donned gloves. Employee G performed a skin assessment for pressure point areas on Patient #2, removed gloves, discarded the gloves in the trash, and went to the kitchen sink to perform hand hygiene. The HHA washed their hands using soap and water for 29 seconds, obtained the same white washcloth, dried their hands on the washcloth, and turned the water off using the cloth. The HHA failed to use disposable paper towels when drying their hands.

4. Review of the employee file of the HHA, employee G, on 3-30-2022, at 12:18 PM, indicated an agency document titled, Infection Control Guidelines: Standard Precautions &Additional Precautions: Test. The test evidenced the signature of employee G, dated 5-11-2021, and indicated a score of 100%.

The employee file of employee G, the HHA, further indicated an agency document titled, Handwashing competency Evaluation, dated 5-11-2021, signed and completed by employee G, with a signature of a registered nurse, dated 5-11-2021.

5. During an interview on 3-30-2022 at 11:05 AM, the administrator/clinical manager, employee A, when queried about hand hygiene confirmed by reading the agency policy hands are to be dried with a disposable towel, and gloves are to be changed when going to a clean area from a dirty area, and hand hygiene is performed after gloves are removed.

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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