

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  201250700	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  10/28/2022	
NAME OF PROVIDER OR SUPPLIER  PASSIONATE CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE  1650 45TH AVENUE, SUITE B, MUNSTER, IN, 46321		
(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
N0000	<p>Initial Comments</p> <p>This visit was for a State Re-licensure Survey of a Home Health provider.</p> <p>Survey Dates: 10/24/2022 to 10/28/2022</p> <p>Census: 56</p> <p>Facility #: 013422</p> <p>Quality Review Completed 11/10/2022</p>	N0000	<p>By submitting this POC the agency does not admit theallegations in the survey report or that it violated any regulations. Theagency is submitting this POC in response to its regulatory obligations andcommitment to compliance. The agency further reserves the right to contrast anyalleged findings, conclusions, and deficiencies. The agency intends to requestthat this POC serve as its Credible Allegation of Compliance.</p>	2022-11-22

<p>N0470</p>	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(m)</p> <p>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, record review and interview, the agency failed to ensure all employees followed standardized infection control procedures in 1 of 1 observed therapy visits (#3).</p> <p>The findings include:</p> <p>Review of an undated agency policy received 10/27/2022 titled, "BAG TECHNIQUE" indicated the clinician's bag was never to be placed on the floor. The policy indicated only clean hands and equipment should enter the bag, and all equipment should be disinfected after use, before returning to the bag.</p> <p>Observation of an occupational therapy visit for patient #3 took place on 10/25/2022 at 1:55 PM. Upon entering the home, OT (occupational therapist) #1</p>	<p>N0470</p>	<ol style="list-style-type: none"> <li>1. DON reviewed Infection control and bag technique with the clinical staff. Clinical staff were then re-educated and tested on Infection control and bag technique.</li> <li>2. OT #1 was re-educated on proper infection control and handwashing on 11/18/2022.</li> <li>3. In-home infection control measures will be evaluated and reinforced by the RN during in-home supervisory visits. (ongoing). Supervisory visit documentation to be reviewed quarterly to insure 100% compliance.</li> <li>4. To ensure this deficiency does not recur, education will be provided to all new hires during initial competency as evidenced by the documentation on skilled nurse initial and annual competency form. In addition, the Administrator/DON or clinical designee will complete quarterly self-audit review of 10 or 10% (whichever is greater) of active skilled nursing personnel files to ensure competency forms, including infection control are documented per policy.</li> </ol>	<p>2022-11-22</p>
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	<p>was observed placing his bag on the floor in the living room. OT #1 then went into the kitchen with his bag to wash his hands, and placed his bag on the kitchen floor. OT #1 then returned to the living room, placed his bag on the floor, then put a barrier on the floor and placed his bag on the barrier. OT #1 was observed removing equipment (blood pressure cuff, pulse oximeter, thermometer, exercise bands) from his bag for use. OT #1 failed to clean the equipment used on the patient before returning it to his bag. OT #1 failed to remove his gloves or perform hand hygiene prior to reaching into the bag.</p> <p>During an interview on 10/26/2022 at 3:57 PM, the clinical manager indicated all clinicians were required to follow bag technique per the agency policy. When informed of the findings, the clinical manager indicated OT #1 failed to follow bag technique and hand hygiene per agency policy.</p>		<p><b>COMPLETED 11/22/2022</b></p>	
<p>N0486</p>	<p>Q A and performance improvement</p>	<p>N0486</p>	<p>1. Administrator/DON provided education to all clinicalstaff on policy "Care Coordination/Case</p>	<p>2022-11-22</p>

<p>410 IAC 17-12-2(h)</p> <p>Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.</p> <p>Based on record review and interview, the agency failed to coordinate care with other health providers serving the patient in 1 of 1 patient records reviewed receiving hemodialysis (#5).</p> <p>The findings include:</p> <p>Review of an undated agency policy received 10/27/2022, titled "COORDINATION OF SERVICES", indicated one of the primary functions of the agency was to be responsible for the professional coordination of services.</p> <p>Clinical record review on 10/27/2022 for patient #5 evidenced a plan of care for certification period 9/15/2022 to 11/13/2022, which indicated the patient received hemodialysis.</p> <p>Review of all nurse's visit notes and coordination notes failed to evidence coordination of care</p>	<p>Conference" regarding therequirement of interdisciplinary coordination of care to ensure thoroughcommunication at least once every certification period and upon notification ofchange in patient condition. Clinical team meetings are held every week byconference call and a 30 day summary has been added to each patient chart.</p> <p>2. The Administrator/DON or clinical designee will audit100% patient census to ensure care coordination is completed for allinterdisciplinary agencies providing care for a client and document in theelectronic medical record at least once every certification period and uponnotification of change in patient condition. This audit will be completed in 30days.</p> <p>3. To ensure this deficiency does not recur, 10 or 10%(whichever is greater) of the active patient census will be reviewed by theAdministrator/DON or Clinical Designee on a quarterly basis to ensuredocumentation reflects care coordination is completed for all interdisciplinaryagencies</p>	
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	<p>with a dialysis center.</p> <p>During an interview on 10/28/2022 at 10:36 AM, the clinical manager indicated the nurse should coordinate care with the dialysis center for any patient on dialysis and document this in the nurse's visit notes or a coordination note. When queried, the clinical manager indicated the patient's record failed to evidence any coordination with the dialysis center.</p>		<p>providing care for a patient at least once every certification period.</p>	
<p>N0514</p>	<p>Patient Rights</p> <p>410 IAC 17-12-3(c)</p> <p>Rule 12 Sec. 3(c)</p> <p>(c) The home health agency shall do the following:</p> <p>(1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following:</p> <p>(A) Treatment or care that is (or fails to be) furnished.</p> <p>(B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency.</p> <p>(2) Document both the existence of the complaint and the resolution of the complaint.</p>	<p>N0514</p>	<p>1. Administrator/DON will educate 100% of internal officestaff on the agency's Complaint/Grievance Policy during interoffice meeting on11/22/2022 and the office process will be followed to ensure that all patientscomplaint/grievance are addresses and resolved in a timely manner.</p> <p>2. Administrator/DON will review 100% of patient complaint/grievanceto ensure resolution. Real time notification and follow up will be made tofamilies and</p>	<p>2022-11-22</p>

<p>Based on record review and interview, the agency failed to document existence, investigation, and resolution of patient complaints in 5 of 5 complaint log entries from 9/7/2021 to 10/24/2022 .</p> <p>The findings include:</p> <p>Review of an undated policy received on 10/27/2022, titled "PATIENT / CLIENT GRIEVANCE PROCEDURE", indicated the administrator shall investigate and document the existence and resolution of all patient complaints.</p> <p>On 10/24/2022, review of the agency's complaint log from 9/7/2021 to present evidenced 5 entries. An entry dated 9/7/2021 failed to evidence who the subject of the complaint was and if the complaint was resolved with the complainant. An entry dated 10/12/2022 failed to evidence an investigation and resolution of the patient's complaint. Entries dated 1/5/2022, 2/10/2022 and 10/23/2022 failed to evidence if the complaint was resolved with the complainant.</p> <p>During an interview on</p>		<p>documented on the Complaint/Grievance Form.</p> <p>3. To ensure this deficiency dose not recur, theComplaint/Grievance log will be reviewed every 30 days to ensure timelyresolution.</p> <p><b>COMPLETED 11/22/2022</b></p>	
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	<p>clinical manager indicated all documentation for patient complaints should be included in the complaint log. When informed of the findings, the clinical manager indicated the entries failed to include enough detail, and the agency would probably start using another form to document the investigation and resolutions of complaints.</p>			
<p>N0524</p>	<p>Patient Care</p> <p>410 IAC 17-13-1(a)(1)</p> <p>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.</p> <p>(B) Include all services to be provided if a skilled service is being provided.</p> <p>(B) Cover all pertinent diagnoses.</p> <p>(C) Include the following:</p> <p>(i) Mental status.</p> <p>(ii) Types of services and equipment required.</p> <p>(iii) Frequency and duration of visits.</p> <p>(iv) Prognosis.</p> <p>(v) Rehabilitation potential.</p> <p>(vi) Functional limitations.</p> <p>(vii) Activities permitted.</p> <p>(viii) Nutritional requirements.</p>	<p>N0524</p>	<p>1. Administrator/DON educated 100% of clinical staff on policy "Home Health Certification and Plan of Care" on the requirement that Plan of Care will be individualized to include, but not limited to, services authorized to be provided by direct care staff.</p> <p>2. Administrator/DON or designee will be responsible for reviewing the patient's 485 during the recertification process for accuracy including tracheostomy, gastrostomy, suctioning, blood glucose checks, seizure precautions, dialysis schedules, and DME equipment in the patient home.</p> <p>3. To ensure this deficiency does not recur, 10 or</p>	<p>2022-11-22</p>

- (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.

10%(whichever is greater) of the active patient census will be reviewed by the Administrator/DON or Clinical designee on a quarterly basis to ensure documentation accurately reflects the current patient condition.

Based on observation, record review, and interview, the agency failed to ensure the plan of care was complete in 5 of 7 records reviewed (#1, 2, 3, 5, 6).

The findings include:

1. Review of an undated policy received 10/27/2022, titled "CARE PLAN", indicated each patient's plan of care should include (but not be limited to) all treatments, equipment and medications for the patient as well as any services furnished by other providers and how those services are coordinated.
2. Observation of a home visit for patient #1 was conducted on 10/25/2022 at 10:05 AM.

The patient was observed to have a tracheostomy (an opening created at the front of the neck so a tube can be inserted into the windpipe for breathing) connected to a ventilator, a gastrostomy tube (a feeding tube inserted directly through the abdomen into the stomach) connected to a feeding tube pump, and a suction machine. Review of the plan of care for certification period 9/24/2022 to 11/22/2022 failed to evidence the tracheostomy type and care as well as the gastrostomy tube type and care. The plan of care failed to evidence the type and method of tube feeding. The plan of care failed to evidence the following supplies observed in the home: tracheostomy care supplies, suction machine / supplies, ventilator, and feeding tube pump.

Review of the plan of care evidenced a subsection titled, "Medications", which stated, "... Tylenol Suspension 10 mL [milliliter] as needed -for pain feeding tube...". The plan of care failed to evidence the strength and frequency of the Tylenol.

During an interview on 10/28/2022 at 9:57 AM, the clinical manager indicated the plan of care for a patient with a tracheostomy and a gastrostomy tube should include the size, type, and care for each as well as the type and method of tube feedings. The clinical manager indicated all medical equipment and supplies in the home for the patient should be included in the plan of care.

During an interview on 10/28/2022 at 9:59 AM, the administrator indicated the plan of care should include the strength and frequency of the Tylenol.

3. Observation of a home visit for patient #2 was conducted on 10/25/2022 at 11:30 AM. The patient, lying in a hospital bed, was observed to have a gastrostomy tube. A portable suction machine was observed at the patient's bedside. Review of the plan of care for certification period 10/15/2022 to 12/13/2022 failed to evidence gastrostomy tube care. Review of the equipment and supplies section of the plan of care failed to evidence a

hospital bed and suction machine.

During an interview on 10/28/2022 at 10:09 AM, the clinical manager indicated the plan of care for a patient with a gastrostomy tube should evidence site care including how the site was to be cleaned, if a dressing was to be used, if and how the tube was to be flushed, as well as type and method of feeding.

During an interview on 10/28/2022 at 10:08 AM, the clinical manager indicated the patient's plan of care should include a hospital bed and suction machine.

4. Clinical record review on 10/27/2022 for patient #3 evidenced a plan of care for certification period 9/7/2022 to 11/5/2022, which indicated the nurse was to assess the patient's diabetic status, including blood sugar monitoring. The plan of care failed to evidence who was checking the patient's blood sugar and at what frequency.

During an interview 10/28/2022 at 10:16 AM, the clinical manager indicated the plan of

care failed to give clear instruction for how the nurse was to monitor the patient's blood sugar.

5. Clinical record review on 10/27/2022 for patient #5 evidenced a plan of care for certification period 9/15/2022 to 11/13/2022, which indicated the nurse was to assess the patient's diabetic status, including blood sugar monitoring. The plan of care failed to evidence who was checking the patient's blood sugar and at what frequency. The plan of care indicated the patient was receiving hemodialysis, but failed to evidence the patient's dialysis schedule and where they went for dialysis.

During an interview on 10/28/2022 at 10:29 AM, the administrator indicated the plan of care should clearly explain who is checking the patient's blood sugar and exactly what the nurse was doing to monitor it.

During an interview on 10/28/2022 at 10:32 AM, the clinical manager indicated the

dialysis, and any other special instructions related to dialysis should be included in the plan of care.

Review of the plan of care evidenced a subsection titled, "Medications", which stated, "... Fluticasone Propriate [a medication for allergies] 1 spray daily-for allergy symptoms Inhaled ... Timolol Hemihydrate [a medication used for glaucoma] 0.5% Ophthalmic Solution 1 gtt [drop] both eyes-for HTN [hypertension], headaches By mouth...."

During an interview on 10/28/2022 at 10:25 AM, the clinical manager indicated the plan of care should include the name, dosage, route, and frequency of the medication. When informed of the findings, the clinical manager indicated the plan of care failed to evidence a route for Fluticasone Propriate, and Timolol Hemihydrate should be for glaucoma and given in the eyes, not for headaches by mouth.

6. Clinical record review on 10/26/2022 for patient #6 evidenced a plan of care for

	<p>to 10/15/2022, which indicated the patient had seizures. Skilled nursing notes dated 9/6/2022, 9/12/2022, 9/19/2022 and 10/3/2022 indicated the patient had recent seizure activity. The plan of care failed to evidence seizure precautions as a safety measure.</p> <p>During an interview on 10/28/2022 at 10:46 AM, the clinical manager indicated seizure precautions should have been included in the patient's plan of care.</p>			
<p>N0543</p>	<p>Scope of Services</p> <p>410 IAC 17-14-1(a)(1)(D)</p> <p>Rule 14 Sec. 1(a) (1)(D) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:</p> <p>(D) Initiate appropriate preventive and rehabilitative nursing procedures.</p> <p>Based on observation, record review and interview, the nurse failed to initiate appropriate preventative and rehabilitative nursing procedures in 3 of 3 patient records reviewed</p>	<p>N0543</p>	<ol style="list-style-type: none"> <li>1. Administrator/DON educated 100% of clinical staff regarding initiating appropriate preventive and rehabilitative nursing procedures. RNCM shall coordinate total patient care by conducting comprehensive evaluation, monitoring, promoting sound preventative practices and coordinating services.</li> <li>2. Administrator/DON or designee will be responsible for reviewing the patient's nursing notes during the QA process for accuracy including but not</li> </ol>	<p>2022-11-22</p>

	<p>receiving tube feedings or dialysis (#1, 2, 5).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of an agency document received 10/28/2022, identified by the clinical manager as the registered nurse's job description, indicated the RN (registered nurse) shall coordinate total patient care by conducting comprehensive evaluation, monitoring, promoting sound preventative practices, and coordinating services.</li> <li>2. Observation of a home visit for patient #1 was conducted on 10/25/2022 at 10:05 AM. The patient was observed to have a tracheostomy (an opening created at the front of the neck so a tube can be inserted into the windpipe for breathing) and a gastrostomy tube (a feeding tube inserted directly through the abdomen into the stomach).</li> </ol>		<p>limited to tracheostomy and gastrostomy tube sites, hemodialysis access sites.</p> <ol style="list-style-type: none"> <li>3. To ensure this deficiency does not recur, all active patient charts with these conditions will be reviewed by the Administrator/DON or Clinical designee on a quarterly basis to ensure documentation accurately reflects the current patient condition.</li> </ol>	
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Clinical record review on 10/26/2022 of all skilled nurse's notes from 9/27/2022 to 10/17/2022 failed to evidence an assessment of the tracheostomy and gastrostomy tube sites.

During an interview on 10/28/2022 at 10:01 AM, the clinical manager indicated each nursing note should include a full assessment of the patient. When informed of the findings, the clinical manager indicated the nurse should have documented an assessment of the tracheostomy and gastrostomy tube sites at each visit.

2. Observation of a home visit for patient #2 was conducted on 10/25/2022 at 11:30 AM. The patient was observed to have a gastrostomy tube.

Clinical record review on 10/26/2022 for patient #2 (start of care 10/15/2022) evidenced one skilled nursing note, dated 10/20/2022, which failed to evidence an assessment of the gastrostomy tube site.

During an interview on 10/28/2022 at 10:11 AM, the clinical manager indicated the

	<p>nurse should document an assessment of the gastrostomy tube including patency, residual, and condition of surrounding skin at each visit.</p> <p>3. Clinical record review on 10/27/2022 for patient #5 evidenced a plan of care for certification period 9/15/2022 to 11/13/2022, which indicated the patient received hemodialysis.</p> <p>Review of all skilled nurse's notes from 9/15/2022 to 10/26/2022 failed to evidence an assessment of the patient's hemodialysis access site (the place in or on the body where the patient gets connected to the dialysis machine).</p> <p>During an interview on 10/28/2022 at 10:36 AM, the clinical manager indicated the nurse should document an assessment of the hemodialysis access site at each visit.</p>			
<p>N0546</p>	<p>Scope of Services</p> <p>410 IAC 17-14-1(a)(1)(G)</p> <p>Rule 14 Sec. 1(a) (1)(G) Except where services are limited to therapy only, for purposes of practice in the home health setting, the</p>	<p>N0546</p>	<p>1. Administrator/DON educated 100% of clinical staff regarding informing the physician and other appropriate medical personnel of changes in the patient's condition and needs,</p>	<p>2022-11-22</p>

<p>registered nurse shall do the following:</p> <p>(G) Inform the physician and other appropriate medical personnel of changes in the patient's condition and needs, counsel the patient and family in meeting nursing and related needs, participate in inservice programs, and supervise and teach other nursing personnel.</p> <p>Based on record review and interview, the nurse failed to inform the physician of the patient's needs in 1 of 1 diabetic patient records reviewed with observation of a home visit (#3).</p> <p>The findings include:</p> <p>Review of an agency document received on 10/28/2022, identified by the clinical manager as the registered nurse's job description, indicated the RN (registered nurse) was responsible for coordinating total patient care by consulting with the physician.</p> <p>Review of an undated policy received on 10/28/2022 titled "COORDINATION OF SERVICES" indicated the nurse was responsible for the evaluation of the patient's home care</p>		<p>counsel the patient and family inmeeting nursing and related needs, participate in inservice programs, andsupervise and teach other nursing personnel. Coordinate of Services policy wasreviewed with clinical staff.</p> <p>2. Administrator/DON or designee will be responsible forreviewing the patient's nursing notes during the QA process to ensure Coordinationof Services has been completed. Administrator/DON or designee will beresponsible for following up that the process was completed.</p> <p>3. To ensure this deficiency does not recur, all activepatient charts with these conditions will be reviewed by the Administrator/DONor Clinical designee on a quarterly basis to ensure that all nursing relatedneeds are met.</p>	
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needs and the professional coordination of all home care services.

Clinical record review on 10/27/2022 for patient #3 evidenced a plan of care for certification period 9/7/2022 to 11/5/2022, which indicated the nurse was to assess the patient's diabetic status, including blood sugar monitoring.

Review of the skilled nurse's notes, signed by RN 1, evidenced the following: a note dated 9/15/2022 indicated the nurse educated the patient on the need to obtain a glucose monitor and check their blood sugar daily; notes dated 9/22/2022, 9/30/2022, 10/6/2022, and 10/10/2022 failed to evidence any blood sugar or glucose monitor documentation; a note dated 10/18/2022 indicated the patient needed to check their blood sugar, but did not have a glucose monitor. Review of all nurse's visit notes and coordination notes failed to evidence the nurse contacted the physician about getting the patient a glucose monitor.

	<p>During an interview on 10/28/2022 at 10:16 AM, the clinical manager indicated the nurse should communicate with the physician to coordinate care that meets the patient's needs, and all communication with the physician should be documented in the visit notes or communication notes. When informed of the findings, the clinical manager indicated the nurse should have contacted the physician, gotten a prescription for or gotten the glucose meter itself, brought it to the patient, taught them to use the meter, and follow up with the patient / caregiver on their ability to use it.</p>			
<p>N0584</p>	<p>Scope of Services</p> <p>410 IAC 17-14-1(g)</p> <p>Rule 14 Sec. 1(g) Home health aides shall be supervised by a health care professional to ensure competent provision of care. Supervision of services must be within the scope of practice of the health care professional providing the supervision.</p> <p>Based on observation, record review and interview, the supervising nurse failed to</p>	<p>N0584</p>	<p>1. Administrator/DON educated 100% of Clinical case managers regarding Home Health Aid Plan of Care and content and requirements to ensure treatments are provided and documented per the Home Health Aide Care Plan.</p>	<p>2022-11-22</p>

ensure the home health aide (HHA) care plan was individualized and HHA documentation was appropriate in 1 of 1 records reviewed with observation of a HHA visit (#1).

The findings include:

Review of an agency document received 10/28/2022, identified by the clinical manager as the registered nurse's job description, indicated the RN (registered nurse) assumed responsibility for the care given by the home health aide, as well as revising the aide care plan.

Observation of a home visit for patient #1 was conducted on 10/25/2022 at 10:05 AM. The patient was observed to have a tracheostomy (an opening created at the front of the neck so a tube can be inserted into the windpipe for breathing) connected to a ventilator, a gastrostomy tube (a feeding tube inserted directly through the abdomen into the stomach) connected to a feeding tube pump, and a suction machine. The patient was observed to be non-verbal and had severely contracted hands.

Clinical record review on

2. Administrator/DON or designee will be responsible for reviewing the HHA Care Plan for individualized accuracy at Start of Care, Resumption of Care or Recertification.

3. 100% review of HHA documentation will be performed weekly for 30 days to ensure that all orders for treatment, including assist with ambulation, transfer, assist in/out of bed, reposition, passive and active range of motion, assist with toileting, incontinence/peri-care/brief, last bowel movement, hair care/shampoo, mouth care, skin care, nail care, assist with dressing, prepare meal, serve meal, encourage fluids, laundry, clean bathroom, clean kitchen and bedroom, make/change bed, vacuum/sweep, etc. are completed per the Home Health Aide Care Plan.

4. To ensure this deficiency does not recur, 10 or 10% (whichever is greater) of the active patient census with a home health aide will be reviewed by the Administrator/DON or designee on a quarterly basis to ensure the aide plan of care accurately

10/26/2022 for patient #1 evidenced a home health aide Care Plan, signed by RN 2, which indicated the aide was to perform a medication reminder at each visit.

Clinical record review evidenced all HHA visit notes from 9/29/2022 to 10/25/2022 indicated the HHA performed a medication reminder at each visit.

During an interview on 10/28/2022 at 9:55 AM, the clinical manager indicated a home health aide performed a medication reminder by either instructing a patient to take or asking if they have already taken their medications. When informed of the findings, the clinical manager indicated the HHA care plan and HHA visit notes were incorrect, patient #1's medications were given via a feeding tube by their caregiver. When queried, the clinical manager indicated the RN case manager was responsible for creating the individualized HHA Care Plan and supervising the care provided by the HHA.

reflects services ordered in the medical plan of care.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

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 Stephanie Williamson	TITLE Director of Nursing	(X6) DATE 11/23/2022 11:10:10 AM
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