

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157511	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2023	
NAME OF PROVIDER OR SUPPLIER HOME HEALTH SERVICES OF GARY INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1281 W RIDGE RD, GARY, IN, 46408		
(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
E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Dates: 09/12/2023-09/14/2023</p> <p>Active Census: 15</p> <p>At this Emergency Preparedness survey, Home Health Services of Gary was found to be in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p>	E0000	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Dates: 09/12/2023-09/14/2023</p> <p>Active Census: 15</p> <p>At this Emergency Preparedness survey, Home Health Services of Gary was found to be in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers,</p>	
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification and State Re-Licensure survey of a Home Health Provider.</p>	G0000	<p>This visit was for a Federal Recertification and State Re-Licensure survey of a Home Health Provider.</p> <p>Survey Dates: 9/12/2023 to 9/15/2023</p> <p>12-Month Unduplicated Skilled Admissions: 9</p> <p>This deficiency report reflects State Findings</p>	

	<p>Survey Dates: 9/12/2023 to 9/15/2023</p> <p>12-Month Unduplicated Skilled Admissions: 9</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p> <p>QR: A 2 9/22/23</p>		<p>cited in accordance with 410 IAC 17</p>	
<p>G0528</p>	<p>Health, psychosocial, functional, cognition</p> <p>484.55(c)(1)</p> <p>The patient's current health, psychosocial, functional, and cognitive status;</p> <p>Based on observation, record review and interview, the agency failed to ensure the comprehensive assessment was complete in 5 of 7 records reviewed (Patient #1, 2, 3, 4, 7).</p> <p>The findings include:</p> <p>1. Review of an agency policy titled, "Comprehensive Assessment: Skilled Services: Non Medicare, Non Medicaid Skilled", received 9/15/2023, indicated the Registered Nurse (RN) must conduct the comprehensive assessment to</p>	<p>G0528</p>	<p>G0528 Health, psychosocial, functional, cognition</p> <p>1)How are you going to correct the deficiency?</p> <p>1.The Comprehensive Assessment dated 8/8/2023 was corrected by thenurse for clinal record</p> <p>(#1) to indicate pain assessment was completed.</p> <p>2.The Comprehensive Assessment dated 7/10/2023 for clinical record (#2) was corrected by the nurse to indicate an assessment of</p>	<p>2023-11-06</p>

<p>determine the medical and support needs of the patient.</p> <p>2. Review of an agency policy titled, "Registered Nurse", received 9/15/2023, indicated the nurse shall complete physical assessments to assess patient's health status and determine patient needs.</p> <p>3. Review of the recertification assessment dated 8/8/2023 for Patient #1 failed to evidence a pain assessment.</p> <p>During an interview on 9/14/2023 at 2:27 PM, the administrator indicated the pain assessment was not completed because the patient was confused. When asked how pain is assessed on a confused patient, the administrator indicated by asking the family, but the family was not present for the visit.</p> <p>4. Review of the plan of care for certification period 07/11/2023-09/08/2023 indicated patient #2 had a colostomy and was receiving chemotherapy 2 times per month.</p> <p>Review evidenced an agency document dated 07/10/2023,</p>		<p>EENT.</p> <p>3.The Comprehensive Assessment completed on 8/6/2023 for patient # 3was completed by the nurse to indicate an assessment of EENT anddigestive system.</p> <p>4.The Comprehensive Assessment dated 6/29/2023 was corrected by thenurse for clinical record (#4) to indicate an assessment of thedigestive system.</p> <p>5.Patient # 7 is discharged.</p> <p>2)How are you going to prevent the deficiency from recurring in thefuture?</p> <p>1.All patients' clinical records have been reviewed to ensure that aComprehensive Assessment has been completed accurately and timely.</p> <p>2.Skilled Nurse's were re-educated on how to complete theComprehensive Assessment and the importance of information beingaccurate to reflect the patient's current health status.</p>	
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<p>titled, "Adult Re-Assessment, OASIS [outcome and assessment information set] Follow-up," which failed to evidence documentation of assessment of EENT (ear, eyes, nose, throat) under subsection, "sensory status", and failed to evidence assessment of the colostomy site under subsection, "bowel elimination".</p> <p>During an observation of a home visit on 09/14/2023, from 2:00 PM-2:50 PM, the patient's port-a-cath (an implanted device with access to patient's vein) was observed to the right upper chest. Review of the Re-Assessment failed to evidence documentation of the port-a-cath.</p> <p>5. Clinical record review for patient #3, on 09/13/2023, evidenced an agency document dated 08/06/2023, titled, "Adult Re-Assessment, OASIS Follow-up," which failed to evidence documentation of assessment of EENT, and assessment of the digestive system.</p> <p>6. Clinical record review for patient #4, on 09/13/2023, evidenced an agency document</p>		<p>3.To prevent this deficiency from recurring 100% of all ComprehensiveAssessments will be reviewed by the clinical manager within 5 days ofthe start of care or resumption of care to ensure that theinformation is accurate prior to filing in the patient active MedicalRecord.</p> <p>3)Who is going to be responsible for numbers 1 and 2 above.</p> <p>ClinicalManager.</p> <p>4)By what date are you going to have the deficiency corrected?</p> <p>11/06/2023</p> <p>A. Monitoring is ongoing.</p>	
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dated 06/29/2023, titled, "Adult Re-Assessment, OASIS Follow-up," which failed to evidence documentation of assessment of the digestive system.

7. Clinical record review for patient #7, on 09/13/2023, evidenced an agency document dated 12/07/2022, titled, "Adult Re-Assessment, OASIS Follow-up," which failed to evidence documentation of assessment of the digestive system.

8. During an interview on 09/14/2023, at 11:51 AM, the Administrator indicated the Re-Assessment should include assessment of all of the patient's body systems.

410 IAC 17-14-1(a)(1)(B)

1. A review of an agency policy titled, "Comprehensive Assessment: Skilled Services: Non Medicare, Non Medicaid Skilled", received 9/15/2023, indicated the Registered Nurse (RN) must conduct the comprehensive assessment to determine the medical and support needs of the patient.

2. A review of an agency policy titled, "Registered Nurse", received 9/15/2023, indicated the nurse shall complete physical assessments to assess patient's health status and determine patient needs.

3. Review of the recertification assessment dated 8/8/2023 for Patient #1 failed to evidence a pain assessment.

During an interview on 9/14/2023 at 2:27 PM, the administrator indicated the pain assessment was not completed because the patient was confused. When asked how pain is assessed on a confused patient, the administrator indicated by asking the family, but the family was not present for the visit.

4. A review of the plan of care for the recertification period

07/11/2023-09/08/2023, indicated patient #2 had a colostomy (surgical opening in intestine) and was receiving chemotherapy 2 times per month.

During observation of a home visit on 09/14/2023, beginning at 2:00 PM, the patient indicated he/she had a port-a-cath (implanted device with access to patient's vein).

A review of the recertification assessment completed on 07/10/2023, failed to evidence documentation of assessment of EENT (ear, eyes, nose, throat), colostomy and port-a-cath site.

5. A clinical record review for patient #3 of the recertification assessment completed on 08/06/2023, failed to evidence documentation of assessment of EENT, and digestive system.

6. A clinical record review for patient #4 of the recertification assessment completed on 06/29/2023, failed to evidence documentation of assessment of the digestive system.

7. A clinical record review for patient #7 of the recertification

	<p>12/07/2022, failed to evidence documentation of assessment of the digestive system.</p> <p>8. During an interview on 09/14/2023, at 11:51 AM, the Administrator indicated the Re-Assessment should include assessment and documentation of all of the patient's body systems.</p> <p>410 IAC 17-14-1(a)(1)</p>			
<p>G0536</p>	<p>A review of all current medications</p> <p>484.55(c)(5)</p> <p>A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based on observation, record review and interview the home health agency failed to include a review of all of the patient's medications to identify any potential adverse effects and drug reactions, including significant drug interactions in 1 of 4 active clinical records with only a skilled nurse (Patient #3) and 1 of 2 discharged records reviewed</p>	<p>G0536</p>	<p>G0536 A Review of all Current Medication</p> <p>How are you going to correct the deficiency?</p> <p>Patient#3 Physician was notified of the possible drug interaction between Amitriptyline and Duloxetine and Amitriptyline and Potassium.</p> <p>2. Patient #6 is discharged.</p> <p>2) How are you going to prevent the deficiency from</p>	<p>2023-11-06</p>

<p>(Patient #6).</p> <p>The findings include:</p> <p>XX. Review of the plan of care for certification period 7/2/2023 to 8/30/2023 indicated Patient #6 was using Carboxymethylcellulose Sodium (lubricating) eye drops, Clotrimazole (antifungal) gel, Eyelid cleanser, Aquaphor ointment (a skin moisturizer), and Flucinolone Acetonide (a treatment for itchy, red scalp).</p> <p>Clinical record review evidenced the most recent medication profile, signed 5/1/2023, failed to include Carboxymethylcellulose Sodium eye drops, Clotrimazole gel, Eyelid cleanser, Aquaphor ointment, and Fluocinolone Acetonide.</p> <p>During an interview on 9/14/2023 at 2:30 PM, the administrator indicated the medications on the plan of care were correct, and the nurse should have reviewed, updated, and signed the medication list on 6/29/2023 with the recertification visit.</p> <p>#. Record review evidenced an agency policy dated</p>		<p>recurring in the future?</p> <p>1. All current patients' medication profiles have been reviewed to identify any adverse effects and drug interactions including significant drug interactions.</p> <p>2. Skilled Nurses were re-educated in the importance of completing medication profiles accurately to address drug interactions and adverse effects.</p> <p>3. To prevent this deficiency from recurring all Medication Profiles completed with the Comprehensive Assessment and when there is a medication change will be reviewed by the clinical manager to ensure that adverse effects and drug interactions have been reviewed and any discrepancies are reported to the Physician prior to filing in the patient active Medical Record.</p> <p>3) Who is going to be responsible for numbers 1 and 2 above.</p>	
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	<p>01/14/2018, titled, "Medication Drug Review," which indicated the nurse would review all medications patients are using in order to identify any potential adverse effects and drug reactions including significant drug interactions, and the nurse would notify the patient's physician verbally and in writing identified potential adverse effects and drug reactions.</p> <p>#. Record reviewed evidenced an undated agency policy received on 09/15/2023, titled, "Medications," which indicated medications are recorded in the patient's permanent medication record.</p>		<p>ClinicalManager.</p> <p>4)By what date are you going to have the deficiency corrected?</p> <p>11/06/2023</p> <p>Monitoringis ongoing.</p>	
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<p>#. Clinical record review for patient #3, on 09/13/2023, evidenced an agency document dated 08/28/2023, titled, "Medication Profile," which indicated the patient was taking Amitriptyline (antidepressant), Cetirizine (allergy medication), Duloxetine (antidepressant), Hydrochlorothiazide (diuretic), Potassium Chloride (supplement), Gabapentin (pain reliever), Hydrophilic (dry skin) cream, and Lidocaine (pain reliever) ointment.</p>			
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Observation evidenced a home visit for on 09/14/2023, from 9:45 AM-10:10 AM, which Licensed Practical Nurse (LPN) 1 refilled patient's medication organizer. LPN 1 indicated Vitamin B12 500 micrograms one tablet every day, Vitamin D 1000 units one tablet every day, Alendronate (medication for osteoporosis) 70 milligrams one tablet every week, and Aspirin (blood thinner) 81 milligrams one tablet every day were also to be filled into the medication organizer for one week during the home visit. Review failed to evidence the medications filled into the patient's medication organizer were included on the medication list.

During an interview on 09/14/2023, at 11:51 AM, the Administrator indicated LPN 1 should have added the medications that were filled to the medication organizer to the medication list.

Review of a website on 09/13/2023, titled, "drugs.com/drug_interactions.html," indicated a major drug interaction between Amitriptyline and Potassium

	<p>stomach injury such as bleeding, and Amitriptyline and Duloxetine which could cause serotonin syndrome (a condition with symptoms such as confusion, seizure, increase heart rate, blurred vision and excessive sweating).</p> <p>During an interview on 09/14/2023, at 11:57 AM, the Administrator indicated the agency does not check for medication interactions and entity 1 would be responsible for checking for any medication interactions.</p> <p>410 IAC 17-14-1(a)(1)(B)</p>			
<p>G0564</p>	<p>Discharge or Transfer Summary Content</p> <p>484.58(b)(1)</p> <p>Standard: Discharge or transfer summary content.</p> <p>The HHA must send all necessary medical information pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences, to the receiving facility or health care practitioner to ensure the safe and effective transition of care.</p> <p>Based on record review and interview, the home health agency failed to send all necessary information pertaining to the patient's current course of illness</p>	<p>G0564</p>	<p>G0564 Discharge or Transfer Summary Content</p> <p>1)How are you going to correct the deficiency?</p> <p>Correctionof patient #4 and #7 's record could not be completed due topatients are currently not in the receiving facilities as they havereturned from the hospital.</p>	<p>2023-11-06</p>

and treatment to the receiving facility to ensure the safe and effective transition of care in 2 of 2 patient's transferred to a hospital (Patient #4, 7).

The findings include:

1. A clinical record review evidenced a discharge/transfer summary for patient #4 completed 09/11/2023, which failed to evidence the agency sent the patient's discharge summary to the hospital.
2. A clinical record review evidenced a discharge/transfer summary for patient #7 completed 03/03/2023, which failed to evidence the agency sent the patient's discharge summary to the hospital.
3. During an interview on 09/14/2023, at 3:15 PM, the Administrator indicated patient #4 and #7's discharge summary was not sent to the hospital, the agency only notified clinic 1's physician of the patients' hospitalizations.

2)How are you going to prevent the deficiency from recurring in the future?

1. Skilled Nurses were re-educated on the importance of completing the Completion of Care Discharge Summary outlining the current illness and course of treatment for all patients who are discharging to another facility to ensure a safe and effective transition at the time of transfer.

2. To prevent this deficiency from recurring as a second layer of defense the Registered Nurse will complete transfer to inpatient facility OASIS and a copy of the plan of care 485 will also be faxed to the receiving facility to ensure the receiving facility has the current and pertinent information.

3)Who is going to be responsible for numbers 1 and 2 above.

Clinical Manager.

			<p>4)By what date are you going to have the deficiency corrected?</p> <p>11/06/2023</p> <p>Monitoring is ongoing.</p>	
<p>G0572</p>	<p>Plan of care</p> <p>484.60(a)(1)</p> <p>Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician or allowed practitioner refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician or allowed practitioner is consulted to approve additions or modifications to the original plan.</p> <p>Based on record review and interview, the home health agency failed to ensure the patient received home health services as ordered per the plan of care in 1 of 4 active clinical records reviewed with a start of care after 07/16/2022 (Patient #2).</p>	<p>G0572</p>	<p>G0572 Plan of Care</p> <p>1) How are you going to correct the deficiency?</p> <p>The Plan of Care for clinical Record (#2) was addendum to reflect the current skilled nurse frequency provided.</p> <p>2) How are you going to prevent the deficiency from recurring in the future?</p> <p>1. 1. The skilled staff was re-educated on notifying the patient at the time of admission of the dates and times of skilled visits and planning the next visit</p>	<p>2023-11-06</p>

	<p>Findings include:</p> <p>1. A review of an agency policy dated 01/14/2018, titled, "Plan of Treatment," evidenced each patient would receive an individualized written plan of care that would specify the care and services necessary to meet the patient-specific needs.</p> <p>2. A clinical record review for patient #2, evidenced a plan of care for recertification period 07/11/2023-09/08/2023, with orders for skilled nurse visits 2-3 times per week.</p> <p>The clinical records failed to evidence the ordered skilled nurse visit frequency was met during week 2, 3, 4, 5, 6, 7, and 8 of the certification period.</p> <p>During an interview on 09/12/2023, at 1:30 PM, the Administrator indicated the patient received skilled nurse visits 1 time per week and the plan of care was incorrect.</p> <p>410 IAC 17-13-1(a)</p>		<p>with the current visit to ensure that all visits are completed per the patient's plan of care.</p> <p>2. The skilled staff will receive prior to the first visit a copy of the physician orders and plan of care to ensure that the plan of care is being followed.</p> <p>3. The clinical manager will notify the physician of any foreseen schedule changes prior to the missed visit and obtain updated orders. The patient will also be made aware of schedule changes prior to the change.</p> <p>3) Who is going to be responsible for numbers 1 and 2 above.</p> <p>Clinical Manager.</p> <p>4) By what date are you going to have the deficiency corrected?</p> <p>11/06/2023</p> <p>A. Monitoring is ongoing.</p>	
G0574	<p>Plan of care must include the following</p> <p>484.60(a)(2)(i-xvi)</p>	G0574	<p>G0574 Plan of Care must include the following</p> <p>1) How are you going to correct the deficiency?</p>	2023-11-06

	<p>The individualized plan of care must include the following:</p> <ul style="list-style-type: none"> (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors. (xiii) Patient and caregiver education and training to facilitate timely discharge; (xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient; (xv) Information related to any advanced directives; and (xvi) Any additional items the HHA or physician or allowed practitioner may choose to include. <p>Based on record review and interview, the home health agency failed to include all medication, treatments and safety measures to protect against injury in 1 of 3 active clinical records with a home visit (Patient #3), and 2 of 2</p>		<p>1. An addendum to Plan of care for Recertification period 8/6/2023-10/4/2023 for clinical record</p> <p>(# 3) was completed by the nurse to reflect needle precautions.</p> <p>2. Patient #3 was educated on proper disposal of injection needles.</p> <p>3. Patient # 6 is discharged.</p> <p>4. Patient 7 is discharged.</p> <p>2) How are you going to prevent the deficiency from recurring in the future?</p> <p>1. Skilled Nurses were re-educated on the importance of including all medications, treatments, and safety measures to prevent injuries on the patients' plan of care.</p> <p>2. To prevent this deficiency from recurring the Clinical Manager will review 100% of all active patient charts weekly to assure that the plan of care has been completed and addresses medications, treatments, and safety measures to protect against injury prior to filing in the clinical medical record. The clinical manager will notify the Physician of any discrepancies and obtain an order for any changes.</p> <p>3) Who is going to be responsible for numbers 1 and 2 above.</p> <p>Clinical Manager.</p> <p>4) By what date are you going to have the deficiency corrected?</p> <p>11/06/2023</p> <p>A. Monitoring is ongoing.</p>	
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(Patient #6, 7).

The findings include:

XX. Review of the plan of care for certification period 7/2/2023 to 8/30/2023 indicated Patient #6 was taking Apixaban (a blood thinner) twice daily but failed to evidence Bleeding Precautions. Review of the plan of care failed to evidence skin or wound care orders.

Review of skilled nursing visit notes dated 7/3/2023 and 7/5/2023 indicated the nurse applied a skin lubricant and wrapped the patient's right leg as instructed by the physician.

During an interview on 9/14/2023 at 2:50 PM, the administrator indicated Bleeding Precautions should be on the plan of care for a patient taking a blood thinner.

During an interview on 9/14/2023 at 2:53 PM, the administrator indicated the physician ordered the nurse to apply skin lubricant and wrap the patient's leg to cover scratches. When queried, the administrator indicated the treatment should have been included in the plan of care.

#. Record review evidenced an agency policy dated 01/14/2018, titled, "Plan of Treatment," which indicated the patient would receive an individualized plan of care that would include the medication, treatments, and safety measures to protect against injury.

#. Clinical record review for patient #3, evidenced an agency document titled, "Home Health Certification and Plan of Care," for certification period 08/06/2023-10/04/2023, which indicated the patient was taking Ozemplicity [sic] (injectable medication to control blood sugar).

Review of the plan of care failed to include needle precautions.

During an interview on 09/14/2023, at 10:00 AM, patient #3 indicated the

	<p>injection needles were thrown into the garbage can after use.</p> <p>During an interview on 09/14/2023, at 11:59 PM, the Administrator indicated needles precautions should be included on the plan of care for patient education.</p> <p>#. Clinical record review for patient #7, evidenced an agency document titled, "Home Health Certification and Plan of Care," for certification period 02/06/2023-04/06/2023, which indicated the patient was taking Apixaban (blood thinning medication).</p> <p>Review of the plan of care failed to include bleeding precautions.</p> <p>410 IAC 17-13-1(a)(D)(ix,x)</p>			
<p>G0682</p>	<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</p>	<p>G0682</p>	<p>G0682 Infection Prevention</p> <p>1)How are you going to correct the deficiency?</p> <p>LPN#1 was in service on</p>	<p>2023-11-06</p>

infections and communicable diseases.

Based on observation, record review and interview the home health agency failed to follow the accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases in 1 of 3 patient home visits (Patient #3).

Findings include:

An undated agency policy, received on 09/15/2023 and titled, "Bag Technique," indicated a surface barrier should be disposable.

A record review evidenced an undated agency policy received on 09/14/2023, titled, "Infection Control," which indicated non-disposal medical equipment in the nursing bag will be cleaned with an alcohol wipe after each use.

During an observation of a home visit for patient #3 on 09/14/2023, beginning at 9:45 AM, Licensed Practical Nurse (LPN) 1 placed their nurse bag on a disposable chux pad (disposable plastic barrier) on a table and completed the patient's blood pressure with a machine, then returned the blood pressure machine and the

Infection Control related to bag technique and equipment cleansing.

2)How are you going to prevent the deficiency from recurring in the future?

- 1.Licensed Nurses were in serviced on the Policy for Bag Techniques as it relates to Infection Control.
- 2.The clinical manager will complete 2 random onsite observations a week to observe for compliance of the standard infection control practice until 100% compliance is achieved. Staff noted to have breaches of infection control standards will be re-educated with a return demonstration.

3)Who is going to be responsible for numbers 1 and 2 above.

Clinical Manager.

4)By what date are you going to have the deficiency corrected?

11/06/2023

	<p>chux pad to their nurse bag without decontamination nor disposed of the disposable chux pad.</p> <p>During an interview on 09/14/2023, at 10:10 AM, LPN 1 indicated that the blood pressure machine should have been cleansed prior to returning to their nurse bag and the chux should have been disposed of in the garbage.</p> <p>410 IAC 17-12-1(m)</p>		<p>A. Monitoring is ongoing.</p>	
<p>G0684</p>	<p>Infection control</p> <p>484.70(b)(1)(2)</p> <p>Standard: Control.</p> <p>The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection control program must include:</p> <p>(1) A method for identifying infectious and communicable disease problems; and</p> <p>(2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.</p> <p>Based on record review and interview, the agency failed to</p>	<p>G0684</p>	<p>G0684 Infection Prevention</p> <p>1)How are you going to correct the deficiency?</p> <p>1.Patient #1 was added to the agency infection control log.</p> <p>2.Patient #4 was added to the agency infection control log.</p> <p>2)How are you going to prevent the deficiency from recurring in the future?</p> <p>1. The Clinical Manager was re-educated on the importance of updating the infection</p>	<p>2023-11-06</p>

<p>maintain a program for the surveillance, identification, and investigation of infections in 2 of 2 records reviewed of patients that received antibiotics within the past 12 months (Patients #1 and 4).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of an agency policy titled "Infection Control", received 9/14/2023, indicated infection occurrences shall be documented and tracked to resolve identified risks and for improvement. 2. Clinical Record review evidenced physician's order dated 5/24/2023, which indicated Patient #1 was started on Cefpodoxime (an antibiotic) after being hospitalized with a urinary tract infection. <p>Review of the agency's infection log for 2023 failed to evidence any entries for patient #1.</p> <p>During an interview on 9/14/2023, the administrator indicated if a patient was put on an antibiotic, she would put them in the infection log, but the agency did not have a policy specific to infection surveillance, identification, and investigation. When queried, the administrator indicated</p>		<p>control log for patients who are receiving antibiotic therapy.</p> <p>2. To prevent this deficiency from recurring the agency's infection control log will be reviewed five days a week and updated as needed by the clinical manager to ensure 100% compliance.</p> <p>3) Who is going to be responsible for numbers 1 and 2 above.</p> <p>Clinical Manager.</p> <p>4) By what date are you going to have the deficiency corrected?</p> <p>11/06/2023</p> <p>A. Monitoring is ongoing.</p>	
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	<p>Patient #1 should have been added to the infection log.</p> <p>#. Clinical record review for patient #4, start of care 11/11/2021, evidenced an agency document dated 10/19/2022, titled, "Physician's Orders," which indicated the patient was discharged from the hospital on 10/14/2022, for a diagnosis of shingles (viral infection with skin rash). The physician order indicated the patient was prescribed Levaquin (antibiotic) for 10 days.</p> <p>Review of an agency document dated for 2022, titled, "Infection Control," identified as the 2022 Infection Control Log, failed to evidence the patient's infection was identified.</p> <p>During an interview on 09/14/2023, at 3:20 PM, the Administrator indicated the infection should have been documented on the agency infection log.</p>			
G0716	<p>Preparing clinical notes</p> <p>484.75(b)(6)</p>	G0716	G0716 Preparing clinical notes	2023-11-06

<p>Preparing clinical notes;</p> <p>Based on record review and interview, the nurse failed to complete clinical notes in 1 of 3 active records reviewed receiving only skilled nursing (Patient #1).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of an agency policy titled "Skilled Nursing Note / Care Plan", dated 1/14/2018, indicated the nurse shall complete a visit note for each home visit which includes an assessment, intervention, outcome, and plan for the patient. 2. Review of the plan of care for certification period 8/9/2023 to 10/7/2023 indicated Patient #1 was to receive 1-2 nursing visits per week. Clinical record review failed to evidence a skilled nurse visit note for the week of 8/14/2023 to 8/20/2023. <p>During an interview on 9/12/2023 at 2:37 PM, the administrator indicated Registered Nurse (RN) 1 saw the patient on 8/16/2023, but she could not find the note for the visit.</p> <p>During an interview on</p>		<p>1)How are you going to correct the deficiency?</p> <p>TheSkilled Nursing note for clinical record (#1) was located and filedin the patient’s chart.</p> <p>2)How are you going to prevent the deficiency from recurring in thefuture?</p> <ol style="list-style-type: none"> 1.All patients’ clinical records for those receiving skilled nursingonly have been reviewed to ensure that a skilled nurse visit wascompleted per plan of care and any missed visits were reported to thePhysician. 2.Skilled Nurses were re-educated on the importance of completingskilled nurse visits as ordered on the Plan of Care and the need tomake a notation for all missed visits with a detail of why the visitwas not completed. 3.The Clinical manager will notify the Physician of any missed visitsand the reason for the missed visit if the patient is unable toreschedule skilled visits in the same week to avoid noncompliance. 	
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	<p>9/14/2023 at 2:25 PM, the administrator indicated RN 1 documented on her time sheet that she saw the patient on 8/16/2023, but she could not find the note for the visit. By the end of the survey, no documentation of the visit was received.</p> <p>17-14-1(a)(1)(E)</p>		<p>3)Who is going to be responsible for numbers 1 and 2 above.</p> <p>ClinicalManager.</p> <p>4)By what date are you going to have the deficiency corrected?</p> <p>11/06/2023</p> <p>A. Monitoring is ongoing.</p>	
<p>G0726</p>	<p>Nursing services supervised by RN</p> <p>484.75(c)(1)</p> <p>Nursing services are provided under the supervision of a registered nurse that meets the requirements of §484.115(k).</p> <p>Based on record review and interview, the home health agency failed to have a Registered Nurse (RN) supervise the care provided by the Licensed Practical Nurse (LPN) in 1 of 1 clinical records reviewed with a LPN home visit (Patient #3).</p> <p>Findings include:</p>	<p>G0726</p>	<p>G0726 Nursing Services supervised by RN</p> <p>1) How are you going to correct the deficiency?</p> <p>The Recertification Assessment completed by the RN on 8/6/2023 for clinical record (# 3) was corrected to reflect LPN supervision.</p> <p>2) How are you going to prevent the deficiency from recurring in the future?</p> <p>1. The RN was re-educated on the need to document supervision of the LPN every 60 days during the patient's recertification visit on the Recertification Assessment Form.</p> <p>2. A weekly review of all completed Recertification Assessment Forms will be</p>	<p>2023-11-06</p>

A record review evidenced an agency policy dated June 2019, titled, "Licensed Practical Nurse Supervision," which indicated the LPN is supervised by the RN every 60 days during the patient recertification visit, and the LPN supervisory visit is documented on the recertification assessment form.

A clinical record review for patient #3, evidenced skilled nursing notes completed by LPN 1 on 07/23/2023 and 07/28/2023.

A review of a recertification assessment completed by RN 1 on 08/06/2023, failed to evidence LPN 1 Supervisory documentation was completed.

During an interview on 09/14/2023, at 11:51 AM, the Administrator indicated there was not documentation that a LPN supervisory visit was completed by RN 1 on the recertification assessment.

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completed

by the clinical manager to ensure that the LPN Supervisory has been checked if

necessary.

3) Who is going to be responsible for numbers 1 and 2 above.

Clinical Manager.

4) By what date are you going to have the deficiency corrected?

11/06/2023

A. Monitoring is ongoing.

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

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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 Tyrone Henderson	TITLE Administrator	(X6) DATE 11/27/2023 1:25:31 PM
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