

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 200466510A	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/08/2022	
NAME OF PROVIDER OR SUPPLIER FAITHFUL FRIENDS HOME HEALTHCARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 203 S WASHINGTON STREET, MARION, IN, 46952		
(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 in conjunction with one complaint.</p> <p>Complaint: 29524 - Unsubstantiated. Federal and State deficiencies were <i>not cited</i>.</p> <p>Survey Dates: 7/5,7/6, 7/7, and 7/8 2022</p> <p>Facility Number: 003961</p> <p>Census: 72</p> <p>QR: A2 on 7/22/22</p>	N0000		2022-08-23

G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification and State Re-licensure survey of a Home Health Provider in conjunction with one complaint. This survey was partially extended on 7/07/2022.</p> <p>Complaint: 29524 - Unsubstantiated. Federal and State deficiencies were <i>not cited</i>.</p> <p>Survey Dates: 7/5,7/6, 7/7, and 7/8 2022</p> <p>Facility Number: 003961</p> <p>Census: 72</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>QR: A2 on 7/22/22</p>	G0000		2022-08-23
N0458	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(f)</p> <p>Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written</p>	N0458	DON/Designee audited all employee records immediately to ensure that each employee had unlimited/extended criminal background check upon hire and within 3 days of patient contact. For any	2022-08-23

policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:

- (1) Receipt of job description.
- (2) Qualifications.
- (3) A copy of limited criminal history pursuant to IC 16-27-2.
- (4) A copy of current license, certification, or registration.
- (5) Annual performance evaluations.

Based on record review the agency failed to ensure all employees that provided care to patients had an unlimited /extended criminal background check upon hire and within 3 days of patient contact in 1 of 1 administrative personnel record reviewed, employed less than 6 months. (Administrator #3).

Findings include:

1. Employee Criminal History Checks- IC-16-27-2-4 "Employees; criminal history. Section. 4 (a) A person who operates a home health agency under IC16-27-1 or personal services agency under IC 16-27-4 shall apply, not more than three (3) business days after the date that an employee begins to provide service in a patient's temporary or permanent residence, for a copy of the employee's criminal history check & Section 4 (b) A home health agency or personal services agency may not employ a person to provide services in a

employees missing this information a background check was performed immediately and placed in their personnel file.

Human Resource and Business Office will be inserviced on the Facility's Criminal Background Checks policy.

DON/Designee will audit all New Hire employee's personnel files to ensure unlimited/extended criminal background checks are completed upon hire and within 3 days of patient contact. Audit will continue until 100% compliance is met.

Facility will have Human Resource and Business Office inserviced and deficiency corrected by August 22, 2022. Auditing of new hires to ensure they have criminal background checks done started July 11, 2022.

	<p>patient's or client's temporary or permanent residence for more than three (3) business days without applying for a national criminal history background check or an expanded criminal check..."</p> <p>2. Personnel record review of Administrator #3, evidenced a date of hire of 3/05/21 and first patient contact of 3/06/21. The filed failed to evidence a criminal history was completed.</p> <p>3. On 7/08/22 at 11:44 AM, the Administrator confirmed that there was no evidence that a criminal background was completed and relayed a criminal background was submitted on 7/08/22.</p>			
G0534	<p>Patient's needs</p> <p>484.55(c)(4)</p> <p>The patient's medical, nursing, rehabilitative, social, and discharge planning needs;</p> <p>Based on observation, record review and interview, the agency failed to ensure the skilled nurse visit assessments accurately reflected the patient status in 1 of 3 home visit patient observations of patients with physician orders and received skilled nurse services (Patient #9).</p> <p>Findings include:</p> <p>During an home visit observation, on 7/6/2022 at 10 AM, Patient #9 exhibited contractures (shortening and hardening of muscles and tendons, ultimately resulting in a total loss of movement) in both hands and the left knee.</p>	G0534	<p>1. To fix the deficient practice, the Clinical Manager, Clinical Nurse Educator, and QAPI Director have met with the nurses for the client listed in the deficient practice and have instructed SN's to assess each of the client contractures with each SN visit. The SN's for this client were further instructed on where this information is to be documented on the Skilled Nurse Visit Flowsheet. The agency realizes that all previous documentation cannot be changed, however as of 7/11/22 all documentation will reflect those contractures</p>	2022-08-23

A review of Skilled Nurse Visit Notes dated from 6/01/2022 7/03/2022, included 104 skilled nurse visits were provided. Of the 104 visits, 75 of the nurse visit notes failed to document Patient #9 s contractures.

During an interview with the Clinical Supervisor, on 7/7/2022 at 4:15 PM, he / she confirmed the documentation should include the contractures and should accurately reflect the patient's status and needs.

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

that have been assessed by all SN's during their visits with this client.

2. The Clinical Manager, Clinical Nurse Educator, and QAPI Director reviewed 100% of all skilled nurse flow sheet documentation for deficiencies in their charting over the last 30 days.
3. To ensure that the deficient practice does not occur again, all nurses will be in-serviced on appropriate assessment documentation procedures to ensure all assessment data is captured and documented in its entirety.
4. The Clinical Manager, Clinical Nurse Educator, and QAPI Director will review all Skilled Nurse Documentation weekly ongoing to ensure 100% compliance.
5. All in-servicing will be completed by August 22, 2022. All auditing will be weekly ongoing starting 7/1/2022

G0800	<p>Services provided by HH aide</p> <p>484.80(g)(2)</p> <p>A home health aide provides services that are:</p> <p>(i) Ordered by the physician or allowed practitioner;</p> <p>(ii) Included in the plan of care;</p> <p>(iii) Permitted to be performed under state law; and</p> <p>(iv) Consistent with the home health aide training.</p> <p>Based on observation and interview, the agency failed to ensure Home Health Aide (HHA) bed baths were completed in a manner consistent with aide training in 1 of 1 patient observed who received a bed bath (Patient #9).</p> <p>Findings include:</p> <p>During a home observation of HHA #2 who provided a bed bath for Patient #9, on 7/6/2022, HHA #2 failed to reposition Patient #9 in allow the aide to provide and wash Patient #9 s posterior / back side. While Patient #9 laid was on their back, HHA #2 pushed a washcloth underneath Patient and moved it towards the buttocks. HHA #2 did not observe the posterior pf Patient #9 nor provide hygiene to the posterior of Patient #9, throughout the bathing procedure.</p> <p>Review of a Mount Sinai web site, Bathing a Patient in Bed included instructions to & roll</p>	G0800	<ol style="list-style-type: none"> 1. To correct the deficient practice, the HHA observed during the home visit was re-in-serviced on the agency's policy and procedures for performing a complete bed bath. The HHA was then supervised by the Clinical Nurse Educator while performing a bed bath on 7/13/2022 and all steps of the bed bath procedure were followed and the client was turned so that the posterior side of the client could be visualized, washed, and dried completely. 2. The Clinical Director, Clinical Nurse Educator and QAPI Director reviewed 100% of all client care plans to determine which clients were given bed baths. Once it was determined which clients were being bed bathed, the staff for those clients were called in to review the agency bed bath procedure and then successfully perform a bed bath under the 	2022-08-23
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at
<https://www.mountsinai.org/health-library/self-care-instructions/bathing-a-patient-in-bed>.

During an interview with HHA #2 on 7/6/2022 at 10 AM, HHA #2 relayed patients should be repositioned to their side when giving a bed bath and was necessary to visualize the skin, as well as cleaning their back.

During an interview on 7/6/2022 at the end of day conference, the Clinical Supervisor confirmed patients needed to be rolled to the side when receiving a bed bath to provide a complete bath and visualize the patient's skin.

supervision of the Clinical Manager/Designee.

3. To ensure the deficient practice will not recur, all HHA staff will be required to complete the HHA bed bath in-service, perform a bed bath following the Faithful Friends Home Healthcare Bed Bath policy and procedure, and will be checked off by the Clinical Manager, Clinical Nurse Educator, and/or QAPI Director.
4. The Clinical Manager, Clinical Nurse Educator, and QAPI Director will perform in house supervisory visits to observe bed baths 3x/week X 4 weeks, then 2x/week X 2 weeks, then ongoing weekly until 100% compliance is met.
5. All in-servicing and skills check offs will be completed by August 22,2022. All Auditing will begin 8/23/2022.

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.

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