DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K081	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZONS HOME HEALTHCARE	703 W CHAPEL PIKE, 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	Initial Comments This was a revisit survey to a State Re-licensure Survey of a Home Health provider conducted on 7/27/22. Survey Dates: September 12 and 13, 2022 Census: 36 During this revisit, New Horizons Home Healthcare was found to be in compliance with 410 IAC 17 in regard to a State Re-licensure survey. QR: Area 2 9/23/22	N0000		2022-09-30
G0000	INITIAL COMMENTS	G0000		2022-09-30

	This visit was for a Post Condition Revisit of a Federal Recertification and State Re-licensure survey of a Provider. Survey Dates: September 12 and 13, 2022 Census: 36 During this post condition revisit survey, one (1) condition-level deficiency and thirteen (13) standard-level deficiencies were found corrected; two (2) condition-level deficiencies and eight (8) standard-level deficiencies were re-cited; and one new (1) condition-level deficiency and one (1) standard level deficiency were cited. New Horizons Home Healthcare was found to be out of compliance with Conditions of Participation 42 CFR 484.65 Quality assessment / performance improvement, 484.75 Skilled professional services, and 484.80 Home health aide services. Based on the Condition-level deficiencies during the 07/27/2022 survey, New Horizons Home Healthcare was subject to a partial or extended			

	survey pursuant to section 1891(c)(2)(D) of the Social Security Act. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, the agency continues to be precluded from operating or being the site of a home health aide training, skills competency and/or competency evaluation programs for a period of two years beginning July 27, 2022, and continuing through July 26, 2024. This deficiency report reflects State Findings cited in accordance with 410 IAC 17. QR: Area 2 9/20/22			
G0584	Verbal orders 484.60(b)(3)(4) (3) Verbal orders must be accepted only by personnel authorized to do so by applicable state laws and regulations and by the HHA's internal policies. (4) When services are provided on the basis of a physician or allowed practitioner's verbal orders, a nurse acting in accordance with state licensure requirements, or other qualified practitioner responsible for furnishing or supervising the ordered services, in accordance with state law and the HHA's policies, must document the orders in the patient's clinical record, and sign, date, and	G0584	G0584 THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY IN ACCORDANCE WITH 484.60(B)(3)(4) VERBAL ORDERS THE DIRECTOR OF NURSING OR ALTERNATE DIRECTOR OF NURSING WILL REVIEW ALL PHYSICIANS ORDERS TO ENSURE THEY ARE SIGNED AND DATED AND HAVE CORRECT VERBAL ORDER BEFORE FAXEDTO APPROPRIATE PHYSICIAN. ALL VERBAL ORDERS WILL BE INITIALED BY DIRECTOR OF NURSING OR ALTERNATE DIRECTOR OF NURSING AS REVIEWED. ALL VERBAL ORDERS WILL BE REVIEWED	2022-09-30

	time the orders. Verbal orders must be authenticated and dated by the physician or allowed pracitioner in accordance with applicable state laws and regulations, as well as the HHA's internal policies. Based on record review and interview, the home health agency failed to ensure verbal orders obtained by the Registered Nurse (RN) were documented in the patient's record and authenticated by the ordering physician for 1 of 1 records reviewed with a reported verbal order obtained for change in wound care (Patient #14). Findings include: 1. An agency policy titled "Physician Orders," policy #C-635, indicated but was not limited to "... Policy ... The orders may be initiated via telephone or in writing and must be countersigned by the physician in a timely manner ... Special Instructions: 1. When the nurse or therapist receives a verbal order from the physician, he/she shall write the order as given ... The verbal order shall verify that the order was taken and verified by documenting this on the form and signing the form. The order must include		DAILY AND ONGOING FOR 12 MONTHS TO ENSURE DEFICIENT PRACTICE DOES NOT REOCCUR THE DIRECTOR OF NURSING HAS INSERVICED ALL NURSING STAFF ON VERBAL ORDERS.	

	signed with the full name and title of the person receiving the order and be sent to the physician for signature ....” 2. The clinical record for Patient #14’s included a plan of care [POC] for the recertification period of 07/18/22 to 09/15/22, with diagnoses that included, but were not limited to, Type 2 Diabetes, peripheral artery disease, and chronic ulcer of left lower leg. The record included a document titled “Physicians Testing Orders,” confirmed by the Clinical Manager as written physician orders received from Patient #14’s wound clinic, dated 08/22/22, which indicated but was not limited to “... [Home Health Care] Orders: change dressing 3 times a week, [the wound clinic] will change when patient has an appointment, wash wound [specific wound unspecified] with wound cleanser ... paint 4th toe with betadine ....” A. The record included another document titled “Physician’s Orders,” dated 08/22/2022, confirmed by the Clinical Manager as office notes from Patient #14’s wound clinic visit dated 08/22/22. The document			

	indicated but was not limited to "... Problem location: Blister: right 4th toe ... 2. Cleanse with Wound Cleanser ... 4. Use Betadine as the primary dressing. 5. This order to be carried out daily for two weeks ...." B. The record included skilled nurse visit notes for the dates 08/23/22 to 09/02/22 which indicated the nurse completed wound care to Patient #14's right toe wound 3 visits a week. C. During an interview, conducted on 09/13/22 at 3:05 PM, the Alternate Clinical Manager relayed they called Patient #14's wound care clinic to clarify the frequency of the wound care to the patient's right toe wound, and the order was to be changed to 3 times a week, however the nurse failed to document and sign the verbal order received and failed to send the verbal order to the wound clinic for physician countersignature.			
G0640	Quality assessment/performance improvement 484.65	G0640	G640 THE ADMINISTRATOR AND DIRECTOR OF NURSING AND GOVERNING BODY HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY IN ACCORDANCE WITH 484.65 QUALITY ASSESSMENT/PERFORMANCE IMPROVEMENT.	2022-09-30

	Condition of participation: Quality assessment and performance improvement (QAPI). The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS. Based on record review and interview, the agency failed to ensure their QAPI (quality improvement and performance improvement) plan inlcuded areas of high-risk, high volume and problem-prone, and the actions implemented were measured to ensure improvement was sustained (See G656) and failed to ensure performance improvement projects were conducted that reflected the scope and complexity of the agency services and operations and failed to ensure documentation of performance improvement projects included the reasons for conducting the project and		THE QAPI PROGRAM HAS BEEN REVISED TO REFLECT ALL AREAS OF HIGH-RISK ISSUES, HIGH VOLUME AND PROBLEM PRONE AREAS. HHA’s QAPI program will focus on indicators related to improve outcomes, including the use of emergent care services, hospital admissions, re-admissions, and other measurable aspects on the company’s performance; and take actions that address the HHA's performance across the spectrum of care. THE AGENCY DOES NOT HAVE DATA ON HHCHAPS DUE TO THE AGENCY NOT SUBMITTING ENOUGH OASIS DATA TO MEET THRESHOLDS. THE AREAS OF CONCERN THE AGENCY INDENTIFIES IN QA WILL STAY UNDER THE 5 PERCENT THRESHOLD EACH QUARTER. THE ADMINISTRATIVE STAFF WILL MEET WEEKLY TO DISCUSS AREAS OF CONCERN WITHIN THE OPERATIONS OF THE AGENCY AND WITH CLINICAL SERVICES. THE AREAS OF CONCERN WILL BE REVIEWED QUARTERLY IN QA AND A PREFORMANCE IMPROVEMENT PLAN WILL BE PUT IN PLACE REGARDING INDICTORS NEEDING ATTENTION. THE GOVERNING BODY WILL BE RESPONSIBLE FOR MONITORING THESE CORRECTIVE ACTIONS QUARTERLY AND ONGOING.	

	the measurable progress of the projects (See G658). The cumulative effect of this systemic problem resulted in the agency's inability to ensure the provision of quality health care in a safe environment and out of compliance with 42 CFR Condition of Participation 484.65 Quality assessment / performance improvement. 410 IAC 17-12-2(a)			
G0656	Improvements are sustained 484.65(c)(3) The HHA must take actions aimed at performance improvement, and, after implementing those actions, the HHA must measure its success and track performance to ensure that improvements are sustained.	G0656	G0656 THE ADMINISTRATOR AND DIRECTOR OF NURSING AND GOVERNING BODY HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY IN ACCORDANCE WITH 484.65 (C)(3) IMPROVEMENTS ARE SUSTAINED. THE HOME HEALTH AGENCIES POLICY PERFORMANCE IMPROVEMENT WAS UPDATED TO REFLECT CURRENT QAPI REGULATION. THE ADMINISTRATIVE STAFF WILL MEET WEEKLY TO DISCUSS AREAS OF CONCERN WITHIN THE OPERATIONS OF THE AGENCY AND WITH CLINICAL SERVICES. THE AREAS OF CONCERN WILL BE REVIEWED QUARTERLY IN QA AND A PREFORMANCE IMPROVEMENT PLAN WILL BE PUT IN PLACE REGARDING INDICTORS NEEDING ATTENTION TO IMPROVE HEALTH OUTCOMES, PATIENT SAFETY AND QUALITY OF CARE. THE AGENCY DOES NOT HAVE DATA ON	2022-09-30

	Based on record review and interview, the agency failed to ensure their quality improvement and performance improvement [QAPI] plan included areas of high-risk, high volume and problem-prone, and measured the actions implemented to ensure empovement was sustained for 1 of 1 agency. Findings include: Review of an undated agency policy B-260, titled Performance Improvement that indicated "... agency shall establish a performance improvement plan to continuously measure, assess, and improve the performance of clinical and other processess ... data will be systematically collected to measure process and outcome ... data will be assessed to ... evaluate whether outcomes were achieved ...." On 09/13/2022, the agency provided a document dated 08/19/22, titled "Special Meeting of the Governing Body" that contained governing body meeting minutes that indicated " ... HHA's (home		SUBMITTING ENOUGH OASIS DATA TO MEET THRESHOLDS. THE AREAS OF CONCERN THE AGENCY INDENTIFIES IN QA WILL STAY UNDER THE 5 PERCENT THRESHOLD EACH QUARTER. THE GOVERNING BODY HAS INSERVICED ADMINISTRATIVE STAFF ON QAPI AND THE REGULATION OF INCORPORATING QAPI INTO DAY-TO-DAY OPERATIONS. THE ADMINSTRATOR/ALTERNATE ADMINISTRATOR/DIRECTOR OF NURSING WILL BE RESPONSIBLE FOR MONITORING THESE CORRECTIVE ACTIONS AND EDUCATION TO APPROPRIATE STAFF ON OUTCOMES IN PERFORMANCE PLAN QUARTERLY AND ONGOING.	

	will focus on indicators related to improve outcomes ... take actions that address the HHA's performance ... performance improvement plan will be put in place regarding indicators needing attention ...." The agency documentation failed to evidence the measurement of implemented actions and failed to evidence the outcome of the implemented actions for infection control and incident reports. During an interview on 09/13/22 at 11:50AM, when asked for performance improvement data and measurements of this data to determine the oucome, the clinical supervisor indicated the agency completes infection control and incident reports but was not able to provide information about the outcome of the measures put into place. The clinical supervisor indicated the agency discusses areas being looked at but do not always write down the discussion. 410 IAC 17-12-2(a)			
G0658	Performance improvement projects	G0658	G0658 THE ADMINISTRATOR AND DIRECTOR OF NURSING AND GOVERNING BODY HAVED	2022-09-30

	484.65(d)(1)(2) Standard: Performance improvement projects. Beginning July 13, 2018 HHAs must conduct performance improvement projects. (1) The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and operations. (2) The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects. Based on record review and interview, the agency failed to ensure performance improvement projects were conducted that reflected the scope and complexity of the agency services and operations and failed to ensure documentation of performance improvement projects included the reasons for conducting the project and the measurable progress of the projects for 1 of 1 agency. Findings include: Review of an undated agency policy B-260, titled "Performance Improvement"		REVIEWED FEDERAL, STATE AND COMPANY POLICY IN ACCORDANCE WITH 484.65(D)(1)(2) PERFORMANCE IMPROVEMENT PROJECTS. THE GOVERNING BODY HAS INSERVICED ADMINISTRATIVE STAFF ON QAPI AND PERFROMANCE IMPROVEMENT PROJECTS TO ENSURE QUALITY HEALTH CARE IS BEING DELIVERED. THE ADMINISTRATIVE STAFF WILL MEET WEEKLY TO DISCUSS AREAS OF CONCERN WITHIN THE OPERATIONS OF THE AGENCY AND WITH CLINICAL SERVICES. THE AREAS OF CONCERN WILL BE REVIEWED QUARTERLY IN QA AND A PREFORMANCE IMPROVEMENT PLAN WILL BE PUT IN PLACE REGARDING INDICTORS NEEDING ATTENTION TO IMPROVE HEALTH OUTCOMES, PATIENT SAFETY AND QUALITY OF CARE. THE AGENCY DOES NOT HAVE DATA ON HHCHAPS DUE TO THE AGENCY NOT SUBMITTING ENOUGH OASIS DATA TO MEET THRESHOLDS. THE AREAS OF CONCERN THE AGENCY INDENTIFIES IN QA WILL STAY UNDER THE 5 PERCENT THRESHOLD EACH QUARTER. THE ADMINSTRATOR/ALTERNATE ADMINISTRATOR/DIRECTOR OF NURSING WILL BE RESPONSIBLE FOR MONITORING THESE CORRECTIVE ACTIONS AND EDUCATION TO APPROPRIATE STAFF ON OUTCOMES IN PERFORMANCE PLAN QUARTERLY AND ONGOING.	

	indicated "... agency shall establish a performance improvement plan to continuously measure, assess, and improve the performance of clinical and other processess ... identify deviations from agency and professional standards and pursue improvement opportunities by assessment, planning and evaluation ... data will be assessed to ... evaluate whether outcomes were achieved ... the plan will target the performance of existing processes and outcomes ...." On 09/13/2022, the agency provided a document dated 08/19/2022 and titled "Special Meeting of the Governing Body" that contained governing body meeting minutes that indicated "... HHA's (home health agency's) QAPI program will focus on indicators related to improve outcomes ... take actions that address the HHA's performance ... performance improvement plan will be put in place regarding indicators needing attention ...." On 09/13/2022, the agency provided an undated and untitled document that			

	indicated "... Performance improvement projects [PIPs] ongoing since survey exit ... see page 57 of plan of correction ...." The agency documentation failed to evidence the reason for conducting and the measurable progress of the PIPs. During an interview, on 09/13/22 at 11:50AM, when asked for performance improvement projects, with the rationale and data measured, the clinical supervisor indicated the agency completed infection control and incident reports, but were not able to provide information about reasons for the PIPs the measurable data. The clinical supervisor indicated the agency discussed areas being looked at but do not always write down the discussion.			
G0682	Infection Prevention 484.70(a) Standard: Infection Prevention. The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. Based on observation, record	G0682	G0682 THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY IN ACCORDANCE TO 484.70(A) INFECTION PREVENTION THE DIRECTOR OF NURSING HAS INSERVICED ALL NURSING STAFF ON USE INFECTION CONTROL MEASURES/HAND WASHING. HAND HYGIENE SHOULD BE PERFORMED BETWEEN GLOVE CHANGES,EITHER WASHING HANDS FOR 30 SECONDS OR USING HAND SANITIZER FOR 30 SECONDS. ALL	2022-09-30

	review, and interview, the home health agency failed to ensure all staff followed standard precautions and agency policies and procedures to prevent the spread of infection for 1 of 1 home visit observations of a Licensed Practical Nurse (LPN #1). Findings include: An agency policy #D-330, titled "Handwashing/Hand Hygiene," indicated but was not limited to "... Special Instructions ... 3. Indications for hand washing and hand antisepsis: ... f. After removing gloves ...." World Health Organization (WHO, 03/02/2010). "Best Practices for Injections and Related Procedures Toolkit." Retrieved 09/16/2022 from https://www.ncbi.nlm.nih.gov. "... Practical guidance on skin preparation and disinfection: To disinfect skin, use the following steps ... 1. Apply a 60–70% alcohol-based solution (isopropyl alcohol or ethanol) on a single-use swab or cotton-wool ball ... 3. Apply the solution for 30 seconds then allow it to dry completely ... Best practices for injection ...		MEDICATION VIALS AND SITE OF INJECTION ARE TO BE CLEANED FOR 30 SECONDS AND ALLOWED TO DRY, TO PREVENT THE SPREAD OF INFECTIONS AND INFECTION CONTROL MEASURES. THE DIRECTOR OF NURSING WILL DO MONTHLY SKILLS CHECKS ON INFECTION CONTROL FOR 6 MONTHS. THE DIRECTOR OF NURSING WILL MONITOR INFECTION CONTROL MEASURES AND INSERVICE AS NEEDED QUARTERLY AND ONGOING TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR.	

When administering an injection: … wipe the top of the vial with 60–70% alcohol (isopropyl alcohol or ethanol) using a swab or cotton-wool ball ….”

A home visit observation of the care provided by LPN #1, was conducted on 09/13/22 at 4:06 PM with Patient #9 (start of care 08/04/2022). During the visit, the nurse removed their gloves and immediately donned new gloves, failing to perform hand hygiene in between the glove change. Later in the visit the nurse prepared a Humalog (insulin given to lower blood sugar) injection to administer to the patient. LPN #1 verified the medication and dosage against the patient’s medication order, obtained the Humalog multi-use vial, cleaned the top of the vial for 2 seconds with an alcohol wipe, and immediately inserted a needle and drew up the medication. LPN #1 took the syringe with the drawn up medication to the patient, cleaned Patient #9’s left posterior arm for 2 seconds with an alcohol wipe, and injected the medication. The nurse failed to clean the medication vial and the

	injection site for 30 seconds with the alcohol wipe and failed to allow the alcohol to dry prior to inserting a needle. An interview was conducted on 09/13/22 at 3:05 PM with the Clinical Manager and Alternate Clinical Manager, they were not able to relay the agency policy regarding the amount of time the nurse was to disinfection the skin before injection or the length of time a nurse should clean the top of a multi-use vial with an alcohol wipe before use. The Clinical Manager confirmed staff should perform hand hygiene in between glove changes.			
G0687	COVID-19 Vaccination of Home Health Agency staff 484.70 (d)-(d)(3)(i-x) § 484.70 Condition of Participation: Infection Prevention and Control. (d) Standard: COVID-19 Vaccination of Home Health Agency staff. The home health agency (HHA) must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine,	G0687	G0687 THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY IN ACCORDANCE TO 484.70 (D)-(D)(3) (I-X). VACCINATION OF HOME HEALTH AGENCY STAFF THE DIRECTOR OF NURSING HAS INSERVICED ALL STAFF THAT IF THEY ARE NOT VACCINATED A MEDICINAL MASK MUST BE WORN AT ALL TIMES WHEN PROVIDING CARE TO PATIENTS. THE DIRECTOR OF NURSING WILL CONTINUE TO MONITOR COMMUNITY SPREAD WEEKLY AND INSERVICE STAFF ACCORDINGLY. THE DIRECTOR OF NURSING WILL CONTINUE	2022-09-15

	or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following HHA staff, who provide any care, treatment, or other services for the HHA and/or its patients: (i) HHA employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the HHA and/or its patients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following HHA staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the settings where home health services are directly provided to patients and who do not have any direct contact with patients, families, and caregivers, and other staff specified in paragraph (d)(1) of this section; and (ii) Staff who provide support services for the HHA that are performed exclusively outside of the settings where home health services are directly provided to patients and who do not have any direct contact with patients, families, and caregivers, and other staff specified in paragraph (d)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (d)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as		TO MONITOR CDC GUIDELINES WEEKLY FOR FURTHER GUIDANCE ONGOING.	

precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the HHA and/or its patients;

(ii) A process for ensuring that all staff specified in paragraph (d)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;

(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;

(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (d)(1) of this section;

(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;

(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;

(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the HHA has granted, an exemption from the staff COVID-19 vaccination requirements;

(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains

(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and

(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the HHA's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;

(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and

(x) Contingency plans for staff who are not fully vaccinated for COVID-19.

Based on record review and interview, the agency failed to ensure their COVID-19 vaccine policy evidenced contingency plans for employees who were

	not fully vaccinated for COVID-19 for 1 of 1 agency. Findings include: 1. On 09/13/22, the agency provided an undated, titled document "Addendum to Policy 403", that indicated " ... regardless of vaccination status, you may choose to wear a mask in a clients home who does not have covid-19 and you are free of covid-19 symptoms ...." The agency documentation failed to evidence contingency plans for employees who were not fully vaccinated for Covid-19. 2. During an interview on 09/13/2022 at 11:50AM, when asked what additional measures the unvaccinated staff take regarding Covid 19, the clinical supervisor indicated the measures are the same for all staff, regardless of their vaccination status.			
G0700	Skilled professional services 484.75 Condition of participation: Skilled professional	G0700	GO700 THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY IN ACCORDANCE TO 484.75 SKILL PROFESSIONAL SERVICES THE ADMINISTRATOR AND DIRECTOR OF	2022-09-30

	services. Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, and occupational therapy, as specified in §409.44 of this chapter, and physician or allowed practitioner and medical social work services as specified in §409.45 of this chapter. Skilled professionals who provide services to HHA patients directly or under arrangement must participate in the coordination of care. Based on observation, record review, and interview, the Registered Nurse (RN) and Licensed Practical Nurse (LPN) failed to conduct a complete pain assessment according to agency policy, failed to conduct and document a complete wound assessment when wound care was performed, including wound appearance, presence or absence of signs and symtpoms of infection, and measurements of the wounds at the frequency required per agency policy, and failed to conduct and document a neurological assessment which incorporated the patient's conditions (See G706). Based on the cumulative effect of this systemic problem, New Horizons Home Healthcare was found to be out of compliance with Condition of Participation 484.75 Skilled professional services.		NURSING HAVE INSERVICED ALL NURSING STAFF ON NURSING NOTES AND CONDUCTING A FULL ASSESSMENT WITH INTERVENTIONS IF ANY PROBLEMS ARE FOUND. THE DIRECTOR OF NURSING/ ALTERNATE DIRECTOR OF NURSING WILL REVIEW NURSING NOTES WEEKLY TO ENSURE THE NOTES REFLECT THE PATIENTS ACCURATE HEALTH STATUS. THIS ACTION WILL BE ONGOING AND ANY ISSUES WILL BE DISCUSSED IN QA AND APPROPRIATE STAFF EDUCATED TO ENSURE COMPLIANCE AND THAT DEFICIENT PRACTICE DOES NOT RECUR.	

G0706	Interdisciplinary assessment of the patient 484.75(b)(1) Ongoing interdisciplinary assessment of the patient; Based on observation, record review, and interview, the Registered Nurse (RN) and Licensed Practical Nurse (LPN) failed to conduct a complete pain assessment according to agency policy for 1 of 1 home visit observations of a LPN visit (Patient #9), failed to conduct and document a complete wound assessment when wound care was performed, including wound appearance, presence or absence of signs and symtpoms of infection, and measurements of the wounds at the frequency required per agency policy, and failed to conduct and document a neurological assessment which incorporated the patient's conditions, for 3 of 6 active patients reviewed (Patient #9, 12, and 14). Findings include 1. An agency policy, titled "New	G0706	G0706 THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY IN ACCORDANCE TO 484.75(B)(1) INTERDISCIPLINARY ASSESSMENT OF THE PATIENT. THE DEFICIENCY HAS BEEN CORRECTED ON SPECIFIC PATIENT RECORD. THE DIRECTOR OF NURSING HAS INSERVICED ALL NURSING STAFF ON PROPER PATIENT DOCUMENTATION THAT REFLECTS THE CURRENT PATIENT STATUS IN CORRELATION WITH CLINICAL DOCUMENTATION POLICY C-680. THE DIRECTOR OF NURSING OR DESIGNEE WILL REVIEW ALL NURSING NOTES WEEKLY TO ENSURE ACCURATE DOCUMENTATION IS REFLECTED ON THE SKILLED NURSING NOTE. THIS ACTION WILL BE ONGOING AND ANY ISSUES WILL BE DISCUSSED IN QA AND APPROPRIATE STAFF EDUCATED TO ENSURE COMPLIANCE AND THAT DEFICIENT PRACTICE DOES NOT RECUR.	2022-09-30

	und Care Policy," indicated but ; not limited to "... Procedure: ... ntinued/Ongoing Treatment ... 2. each visit the patient's skin will assessed. At each dressing nge the wound will be assessed l documentation will include a cription of the wound bed, inage, signs and symptoms of ction, healing and [surrounding] und skin condition ... 3. At least ry week, the wound assessment l documentation will include asurement of length, width, oth and undermining and neling [erosion that occurs lerneath the outwardly visible rgins of the wound] if present 2. An agency policy #C-148, titled "Pain Assessment/Management," indicated but was not limited to "... Special Instructions ... 3. Pain is assessed on every home visit and documented on a pain or symptom flow sheet. Documentation will include the effectiveness of all pain interventions or modalities ... 5. The nurse/therapist will use a standardized agency accepted pain assessment tool that evaluates the location, duration, severity (rating scale), alleviating			

	current treatment (medication and non-medication) and response to treatment ....” 3. A home visit observation was conducted on 09/13/2022 at 4:06 PM with Patient #9 (start of care 08/04/2022) and LPN #1. During the visit, the nurse asked the patient if they had any pain, and the patient reported their pain was a “4” on a 0 – 10 numeric pain scale, with 0 meaning no pain and 10 meaning severe pain. The nurse failed to conduct a further assessment of the patient’s pain status, including but not limited to location and duration of the pain and if the patient had taken any pain medication. Record review for Patient #9 was completed on 09/13/2022 and included a plan of care for the certification period of 08/04/2022 – 10/02/2022. The plan of care indicated a start of care date of 08/04/2022 and patient diagnoses included but were not limited to Type 2 Diabetes and non-pressure chronic ulcer of right heel/midfoot. The plan of care included an order for skilled nursing visits 3 times a day and indicated nursing interventions			

included but were not limited to "[administer] wound care to right ankle daily and monitor healing ... monitor ... pain status daily." The record included a document titled "Physicians Testing Order," dated 08/16/2022, which indicated the orders for Patient #9's wound care was changed to 3 times a week. The record indicated an agency nurse completed the patient's wound care on 08/25/2022, 08/27/2022, 09/01/2022, and 09/03/2022, however the skilled nurse visit notes for the visits the wound care was performed failed to evidence an assessment of Patient #9's wound.

5. Record review for Patient #14's was completed on 09/13/2022 and included a plan of care for the recertification period of 07/18/2022 – 09/15/2022. The plan of care indicated a start of care date of 01/19/2022 and patient diagnoses included but were not limited to Type 2 Diabetes, peripheral artery disease, and chronic ulcer of left lower leg. The plan of care included an order for skilled nursing visits 3 times per day. The record

	"Physician Order," dated 08/02/2022 and signed by the Clinical Manager, which indicated Patient #14 was to receive wound care to a right ankle wound 3 times a week and right toe wound once a day. The record indicated Patient #14's wound care to the right ankle was performed by an agency nurse on 08/12/2022, 08/17/2022, 08/19/2022, 08/24/2022, 08/26/2022, 08/29/2022, 08/31/2022, and 09/02/2022, and the patient's wound care to the right toe was performed by an agency nurse once a day for 08/12/2022 – 08/21/2022 and three times a week for 08/23/2022 – 09/02/2022. The record also indicated Patient #14's wounds were measured during visits to a wound care clinic on 08/08/2022, 08/23/2022, and 09/06/2022. The skilled nurse visit notes on the visits the wound care was performed failed to evidence an assessment of the wound(s) and the record failed to evidence Patient #14's wounds were measured the weeks of 8/14/2022 – 08/20/2022 and 08/28/2022 – 09/03/2022. 3. Clinical record review was			

	completed on 09/13/22 for Patient 12, start of care 05/07/2021. A plan of care signed by the alternate administrator on 08/26/2022 indicated diagnoses of hemiplegia, hemiparesis, and polyneuropathy. Skilled nurse (SN) visit notes dated 08/22/2022 and 08/29/2022 and signed by LPN (licensed practical nurse) 3 indicated "... neurosensory... WNL [within normal limits]... " The LPN failed to accurately assess the patient's neurosensory status. 5. During an interview on 09/13/2022 beginning at 3:05PM, the alternate director of nursing confirmed that a patient with hemiplegia, hemiparesis, and polyneuropathy should not be documented as WNL for neurosensory status.			
G0750	Home health aide services 484.80 Condition of participation: Home health aide services. All home health aide services must be provided by individuals who meet the	G0750	G0750 THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE ANDCOMPANY POLICY IN ACCORDANCE TO 484.80 HOME HEALTH AIDE SERVICES. THE ADMINISTRATOR AND DIRECTOR OF HR SERVICES HAVE AUDITED ALL ACTIVE EMPLOYEE FILES FOR HOME HEALTH AIDES.	2022-09-30

	personnel requirements specified in paragraph (a) of this section. Based on record review and interview, the agency failed to ensure the home health aide competency evaluation included documentation of the evaluation of the skills while aide performed the required tasks with a patient or pseudo patient (person acting as a patient) (See G768); failed to ensure the home health aide care plan was specific to the needs of the patient (See G798); and failed to ensure the home health aides provided services that were ordered and included in the plan of care and consistent with the aide care plan (See G800). The cumulative effect of these systemic problems resulted in the agency's inability to ensure provision of quality health care in a safe environment for the Condition of Participation at 42 CFR 484.80: Home Health Aide Services. 410 IAC 17-14-1(1)(A)		THE GOVERNING BODY HAS APPROVED HIRING A QUALIFIED CONTRACT RN. A CONTRACT RN HAS BEEN OBTAINED BY AGENCY TO COMPLETE HOME HEALTH AIDE COMPETENCY SKILLS CHECKS TO CORRECT THE 2 DEFICIENT SKILLS CHECKS AND COMPLETE ALL SKILLS CHECKS UPON HIRE AND WITH ANNUAL EVALS.	
G0768	Competency evaluation	G0768	G0768 THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE ANDCOMPANY POLICY IN ACCORDANCE TO 484.8(C)(1)(2)(3)	2022-09-30

	484.80(c)(1)(2)(3) Standard: Competency evaluation. An individual may furnish home health services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this section. (1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (iii), (ix), (x), and (xi) of this section must be evaluated by observing an aide's performance of the task with a patient or pseudo-patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient, or with a pseudo-patient as part of a simulation. (2) A home health aide competency evaluation program may be offered by any organization, except as specified in paragraph (f) of this section. (3) The competency evaluation must be performed by a registered nurse in consultation with other skilled professionals, as appropriate. Based on record review and interview, the agency failed to ensure the home health aide competency evaluation included documentation of the evaluation of home health aide skills while performing required tasks with a patient or pseudo patient (person acting as a		COMPETENCY EVALUATION THE DIRECTOR OF NURSING AND DIRECTOR OF HR SERVICES HAVE AUDITED ALL ACTIVE EMPLOYEE FILES FOR HOME HEALTH AIDES. A CONTRACT RN HAS BEEN OBTAINED BY AGENCY TO COMPLETE HOME HEALTH AIDE COMPETENCY SKILLS CHECKS TO CORRECT THE 2 DEFICIENT SKILLS CHECKS AND COMPLETE ALL SKILLS CHECKS UPONHIRE AND WITH ANNUAL EVALS. THE HR DIRECTOR WILL REVIEW THE SKILLS CHECK WHEN TURNED IN FOR TOTAL COMPLETION. THE ADMINISTRATOR OR DIRECTOR OF NURSING WILL REVIEW ALL SKILLS CHECKS AFTER COMPLETION AND INITIAL THAT SKILLS CHECKS WERE COMPLETED ACCURATELY AND TO REFLECT CURRENT REQUREMENTS. THIS CORRECTION WILL BE ONGOING TO ENSURE NO FURTHER DEFIEICENT PRACTICE OCCURS. WHEN AGENCY IS ABLE TO PERFORM OWN SKILLS CHECKS ALL QUALIFIED RN'S WILL BE INSERVICED ON SKILLS CHECK INSTRUCTIONS BY THE DIRECTOR OF NURSING.	

	documentation of completion of all the required tasks for 2 of 8 home health aides files reviewed (HHA #5 and 6). Findings include: 1. The personnel file for HHA #5, with hire date 04/01/22 and first patient contact date of 04/15/22, failed to evidence a skills competency with a real or psuedo patient. 2. The personnel file for HHA #6, with hire date 02/16/22 and first patient contact date of 02/20/22, failed to evidence a skills competency with a real or psuedo patient. 3. An agency document "Home Health Care Care Plan - HHA" used to document the aide services provided, indicated HHA 6 provided home health aide services to Patient 9 on 08/20/2022 and 08/24/2022 and for Patient 10 on 08/27/2022. 4. During an interview on 09/13/2022 at 3:45PM, the director of nursing indicated the agency did not have the contracted nurse observe HHA #5 and HHA #6 for a skills			

	competency because the agency failed to identify those aides were without a valid competency. 410 IAC 17-14-1(l)(1)(A)			
G0798	Home health aide assignments and duties 484.80(g)(1) Standard: Home health aide assignments and duties. Home health aides are assigned to a specific patient by a registered nurse or other appropriate skilled professional, with written patient care instructions for a home health aide prepared by that registered nurse or other appropriate skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist). Based on record review and interview, the home health agency failed to ensure the aide care plan was specific to the needs of the patient for 3 of 6 active patients reviewed (Patient 9, 12, and 13). Findings include: Record review for Patient #9 was completed on 09/13/2022 and included a Plan of Care for the certification period of 08/04/2022 – 10/02/2022. The plan of care indicated a start of care of 08/04/2022 and	G0798	G0798 THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY IN ACCORDANCE TO 484.80(G)(1) HOME HEALTH AIDE ASSIGNMENTS AND DUTIES. ALL DEFICIENT CHARTS IDENTIFIED IN RE-SURVEY HAVE BEEN REVIEWED AND CORRECTED TO REFLECT INDIVIDUALIZED SPECIFIC NEEDS OF THE PATIENTS. A NEW CARE PLAN TOOL HAS BEEN DEVELOPED TO ENUSRE EACH CARE PLAN IS INDIVIDUALIZED TO THE SPECIFIC NEEDS OF THE PATIENT. ALL ACTIVE CHART CAREPLANS HAVE BEEN REVISED WITH NEW CAREPLANS. ALL NEW CARE PLANS HAVE BEEN REVIEWED WITH THE PATIENT/FAMILY/HEALTH CARE REPRESENTATIVE. ALL NEW CARE PLANS HAVE BE DISTRIBUTED TO THE PATIENT'S HOMES. THE DIRECTOR OR NURSING HAS INSERVICED ALL NURSING STAFF AND HOME HEALTH AIDES ON NEW CARE PLANS, THAT CARE PLANS ARE TO BE DEVELOPED FOR SPECIFIC NEEDS OF THE PATIENT.	2022-09-30

	health aide services for 5-6 hours per visit, 1-2 visits per day, 6-7 days per week “to assist with ADLs: bathing … May assist with light housekeeping tasks after personal care completed ….” An agency document titled “Home Health Care Plan – HHA,” signed by the Clinical Manager on 08/19/2022, indicated home health aide tasks for Patient #9 included but were not limited to “complete” and “partial” bed bath 6-7 days per week and “homemaking per request.” The “homemaking” section of the document included possible selections of “Make Bed/Change Linen. Dishes. Trash. Sweep/Mop. Dust. Vacuum. Laundry,” however the aide care plan failed to evidence which homemaking tasks were to be completed. Record review for Patient #10 for certification period 08/25/2022 - 10/23/2022, contained an agency document titled "Home Health Care, Care Plan, HHA" signed by the clinical supervisor on 08/19/2022, that indicated "… homemaking … per request …."		THE DIRECTOR OF NURSING OF DESIGNEE WILL AUDIT 10% OF CAREPLANS MONTHLY X 1 YEAR TO ENSURE COMPLIANCE AND DEFICIENT PRACTICE DOES NOT OCCUR.	

	The home health aide care plan failed to evidence specific, individualized homemaking tasks assigned for the patient. Record review for Patient #11 for certification period 08/26/2022 - 10/24/2022, contain an agency document titled "Home Health Care, Care Plan, HHA" signed by the clinical supervisor on 08/19/2022, that indicated "... homemaking ... per request ...." The home health aide care plan failed to evidence specific, individualized homemaking tasks assigned for the patient. During an interview on 09/12/2022 at 3:30PM, when asked how the HHA knows what homemaking tasks to perform if the registered nurse has not identified them on the HHA care plan, the alternate clinical supervisor indicated the patient lets the HHA know what to do because the patient's want different tasks done on different days. 1. An undated agency policy			

	Care Plan" indicated but not limited to the purpose was to provide documentation that the client's care was individualized to his/her specific needs. 5. Record review for Patient 12, start of care 05/07/2021, included a POC (plan of care) for certification period 08/30/2022 -- 10/28/2022 indicated but not limited to home health aide (HHA) services 3-4 hours per day, 1-2 visits per day, 6-7 days per week to assist with ADLs (activities of daily living): bathing, dressing, grooming, skin care and transfers as needed, may assist with meal preparation, may assist with light housekeeping after personal care completed, HHA to give med (medication) reminders.			

	An agency document titled "Home Health Care Plan -- HHA" signed by the DON (director of nursing) on 08/19/2022, indicated personal care to include complete bed bath/ partial bed bath 4-5 days per week, assist tub/ shower chair 1-2 days per week, and homemaking – per request with no specific homemaking tasks indicated. 6. Record review for Patient 13, start of care 07/05/2021, indicated a POC for certification period 09/06/2022 – 11/04/2022 indicated but not limited to HHA services up to 11 hours per week, not to exceed 4 hours per day, to assist with ADLs: bathing, dressing, grooming, skin care, and transfers as needed. May assist with meal preparation; may assist with light housekeeping tasks. An agency document titled "Home Health Care Plan -- HHA" signed by the DON (director of nursing) on 08/19/2022, indicated personal care to include complete bed bath/ partial bed bath 1-2 days per week, assist tub/ shower chair 1-2 days per week, and			

	homemaking – per request with no specific homemaking tasks indicated. 7. During an interview on 09/02/2022, the DON, when asked how the aide would know which service to perform when multiple services of the same type are both indicated on the aide care plan, such as both complete and partial bed bath, that it depends on the patient's needs, "we have a couple of patients who take a shower in the morning and get a partial bed bath later in the day." The alternate DON indicated that it is patient preference as to which type of service to receive.			
G0800	Services provided by HH aide 484.80(g)(2) A home health aide provides services that are: (i) Ordered by the physician or allowed practitioner; (ii) Included in the plan of care; (iii) Permitted to be performed under state law; and (iv) Consistent with the home health aide training. Based on observation, record review, and interview, the home health agency failed to ensure the	G0800	G0800 THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY IN ACCORDANCE WITH 484.80(G)(2) SERVICES PROVIDED BY HOME HEALTH AIDE. ALL DEFICIENT CHARTS HAVE BEEN REVIEWED AND CORRECTED TO REFLECT INDIVIDUALIZED SPECIFIC NEEDS OF THE PATIENTS. A NEW CARE PLAN TOOL HAS BEEN DEVELOPED TO ENUSRE EACH CARE PLAN IS INDIVIDUALIZED TO THE SPECIFIC NEEDS OF THE PATIENT. ALL ACTIVE CHART CAREPLANS HAVE BEEN REVISED WITH NEW CARE PLANS. ALL NEW CARE PLANS HAVE BEEN REVIEWED	2022-09-30

home health aides only provided services that were ordered and included in the plan of care and consistent with the aide care plan in 2 of 6 active clinical records reviewed (Patients #10 and #13).

During an observation with Patient #10 on 09/13/2022 at 9:00AM, observed HHA (home health aide) #17 apply TED hose (hose that apply pressure to the veins of the leg in order to prevent the formation of blood clots) to both legs of the patient following a shower.

Record review of Patient #10 on 09/13/2022 for certification period 08/25/2022 - 10/23/2022 included an agency document titled "Home Health Care, Care Plan, HHA" signed and dated on 08/19/2022 by the clinical supervisor. The HHA care plan failed to evidence an assigned HHA task for application of TED hose.

During an interview on 09/13/2022 at 2:30PM, when asked if the application of TED hose should be included in the HHA care plan, the alternate clinical supervisor indicated had

WITH THE PATIENT/FAMILY/HEALTH CARE

REPRESENTATIVE. ALL NEW CARE PLANS HAVE BE DISTRIBUTED TO THE PATIENTS' HOMES.

THE DIRECTOR OR NURSING HAS INSERVICED ALL NURSING STAFF AND HOME HEALTH AIDES ON NEW CARE PLANS, THAT CARE PLANS ARE TO BE DEVELOPED FOR SPECIFIC NEEDS OF THE PATIENT.

THE DIRECTOR OF NURSING HAS INSERVICED HOME HEALTH AIDES TO FOLLOWING THE CARE PLAN, AND TO NOTIFY THE AGENCY IF THE PATIENT WANTS A TASK PERFORMED NOT LISTED ON THE CAREPLAN.

A COMPLIANCE COORDINATOR HAS BEEN ASSIGNED TO REVIEW ALL HOME HEALTH AIDE NOTES AGAINST THE CARE PLAN WEEKLY AND FORTH GOING.

THE DIRECTOR OF NURSING OR DESIGNEE WILL AUDIT 10% OF CAREPLANS AND HOME HEALTH AIDE NOTED MONTHLY X 1 YEAR TO ENSURE COMPLIANCE AND DEFICIENT PRACTICE DOES NOT OCCUR.

not included application of TED hose in the HHA care plan.

1. An undated agency policy C-751 titled "Home Health Aide Care Plan" indicated but not limited to all home health aide (HHA) staff will follow the identified plan and the HHA cannot be responsible for performing any procedure that is not assigned to him/her in writing by the registered nurse.

3. Clinical record review was completed on 09/13/2022 for Patient 13. Agency document "Home Health Care, Care Plan, HHA," used by HHA 10 for documentation of tasks performed on a visit on 08/30/2022, indicated HHA 10 performed the following task not on the care plan dated 08/19/2022 and signed by the director of nursing (DON) "...self-admin of meds remind..."

4. During an interview on 09/13/2022 at 3:05PM, the alternate DON confirmed that the HHA should not be providing medication reminders if that service is not on the aide care plan.

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