

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K118	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/15/2022
NAME OF PROVIDER OR SUPPLIER HOMETOWN HOME HEALTHCARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 302 E NORTH B STREET , GAS CITY, Indiana, 46933	
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G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a first Post Condition Revisit of a Federal Recertification and State Re-licensure survey of a home health provider.</p> <p>Survey Dates: December 12, 13, 14, 15; 2022</p> <p>Census: 20</p> <p>During this Post Condition Revisit, 2 condition-level findings and 10 standard-level deficiencies were found corrected, 4 standard-level deficiencies were re-cited, and 1 new condition-level and 2 new standard-level deficiencies were cited.</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Please see state form for additional findings.</p> <p>During this Federal Recertification Survey, Hometown Home Healthcare was found to be out of compliance with Conditions of Participation 484.80 Home health aide services.</p> <p>Based on the Condition-level deficiencies during the October 21, 2022, survey, the home health agency was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on October 18, 2022. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, the agency is 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 October 21, 2022, and continuing through October 20, 2024.</p> <p>QR Completed 1/4/2023 A4</p>	G0000		
G0550	<p>At discharge</p> <p>CFR(s): 484.55(d)(3)</p> <p>At discharge.</p> <p>This ELEMENT is NOT MET as evidenced by:</p>	G0550		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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G0550	Continued from page 1 Based on record review and interview, the home health agency failed to update the comprehensive assessment at discharge for 1 of 1 discharge record reviewed (Patient #10). Findings include: An agency policy #2.05 titled "Comprehensive Assessment," dated 12/10/2019, indicated but was not limited to "... At discharge the update of the comprehensive assessment at discharge would include a summary of the client's progress in meeting the care plan goals." The clinical record of Patient #10 included a physician order, dated 11/16/2022, which indicated the patient was discharged on 11/09/2022 per caregiver request. The record failed to evidence the comprehensive assessment was updated at discharge. During an interview conducted on 12/14/2022 at 4:26 PM with the Administrator and Clinical Manager, the Clinical Manager reported they were not aware the comprehensive assessment was to be updated at discharge.	G0550		
G0574	Plan of care must include the following CFR(s): 484.60(a)(2)(i-xvi) The individualized plan of care must include the following: (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;	G0574		

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G0574	<p>Continued from page 2</p> <p>(ix) Nutritional requirements;</p> <p>(x) All medications and treatments;</p> <p>(xi) Safety measures to protect against injury;</p> <p>(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.</p> <p>(xiii) Patient and caregiver education and training to facilitate timely discharge;</p> <p>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</p> <p>(xv) Information related to any advanced directives; and</p> <p>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the home health agency failed to ensure the plan of care evidenced all durable medical equipment (DME) and supplies, nutritional requirements, functional limitations, activities permitted, a description of the patient's risks for hospitalization and emergent care visits and all necessary interventions to address the underlying risk factors for 2 of 2 records reviewed (Patients #3, 4) and failed to ensure the individualized plan of care included physician notification parameters for seizure duration for 1 of 1 records reviewed of a patient with frequent seizures (Patient #9).</p> <p>Findings include:</p> <p>1. An agency policy #2.06 titled "Care Planning/485," dated 12/11/2019, indicated but was not limited to "... The individualized plan of care must include the following: ... 3. The types of ... supplies and equipment required ... 7. Functional limitations. 8. Activities permitted. 9. Nutritional requirements ... 12. Description of the clients [sic] risk for emergency department visits and hospital readmission, and all necessary interventions to address the underlying risk factors ... 14. Client-specific interventions"</p>	G0574		

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G0574	<p>Continued from page 3</p> <p>2. The clinical record of Patient #3 included a plan of care for the initial certification period of 10/07/2022 – 12/05/2022 which failed to evidence a description of the patient's risks for hospitalization and emergency department visits and all necessary interventions to address the underlying risk factors.</p> <p>3. The clinical record of Patient #4 included a plan of care for the recertification period of 09/06/2022 – 11/04/2022 which failed to evidence all DME and supplies used by the patient, nutritional requirements, functional limitations, activities permitted, and a description of the patient's risks for hospitalization and emergency department visits and all necessary interventions to address the underlying risk factors.</p> <p>4. The clinical record of Patient #9 included a plan of care for the initial certification period of 10/03/2022 – 12/01/2022 which indicated the patient was to receive skilled nursing services for 12 hours per day, 6 days per week. The plan of care summary indicated but was not limited to "... [Patient #9] has history of seizures and had 6 seizures during last [certification] period. Client takes medication Diazepam [given to stop seizures] that is given ... as needed for scheduled activity" The plan of care included a medication order for Diazepam 10 milligram as needed for seizures greater than 3 minutes. The plan of care failed to evidence the parameters for seizure duration for which the nurse was to notify the physician notification.</p> <p>An interview was conducted on 12/14/2022 at 3:47 PM with the Alternate Clinical Manager. During the interview, the Alternate Clinical Manager confirmed they regularly provided skilled nursing services for Patient #9 and the patient had approximately "2-3" seizures per month which lasted approximately "10-15" seconds. The Alternate Clinical Manager reported they would notify the patient's physician of the patient's seizure if it lasted long enough to administer the as needed Diazepam.</p> <p>5. An interview was conducted on 12/14/2022 at 4:26 PM with the Administrator and Clinical Manager. During the interview, the Clinical Manager reported they were still working on updating the plans of care to include all missing items for Patients #3 and #4.</p>	G0574		

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G0574	Continued from page 4 410 IAC 17-13-1(a)(1)(D)(ii, vi, vii, viii)	G0574		
G0644	Program data CFR(s): 484.65(b)(1),(2),(3) Standard: Program data. (1) The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program. (2) The HHA must use the data collected to- (i) Monitor the effectiveness and safety of services and quality of care; and (ii) Identify opportunities for improvement. (3) The frequency and detail of the data collection must be approved by the HHA's governing body. This STANDARD is NOT MET as evidenced by: Based on record review and interview, the agency's Governing Body failed to approve the frequency and detail of data collection for the agency's quality analysis and performance improvement (QAPI) program, which had the potential to affect all agency staff and patients. Findings include: An agency policy #1.14 titled "QAPI Program & PIP," revised 07/15/2021, indicated but was not limited to "... Procedure: ... 8. The frequency and detail of the data collection must be approved by the governing body" The minutes from the agency's joint QAPI and governing body meeting, dated 12/04/2022, indicated but was not limited to "... Governing Body. All findings have been reported. Recommendations: Will present to ... QAPI ... Actions: Governing body will report to QAPI. Responsible Party: Governing Body" The minutes failed to evidence the Governing Body approved the frequency and detail of data collection for the agency's quality indicators within its QAPI program.	G0644		

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G0644	Continued from page 5 During an interview conducted on 12/14/2022 at 4:26 PM with the Administrator and Clinical Manager, the Administrator confirmed the 12/04/2022 meeting was the only meeting held by the Governing Body since the 10/21/2022 Federal survey. The Administrator also confirmed they and Clinical Manager had decided on the quality indicators the QAPI program would track.	G0644		
G0750	Home health aide services CFR(s): 484.80 Condition of participation: Home health aide services. All home health aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section. This CONDITION is NOT MET as evidenced by: Based on observation, record review and interview, the home health agency failed to ensure the aide care plan was detailed and patient-specific (See G798); failed to ensure the home health aides provided all services as directed on aide care plan (See G800); and failed to ensure the home health aide informed the nurse of a blood pressure outside of the parameters (See G804). The severity of these deficiencies resulted in the agency's inability to ensure patients received appropriate home health aide services within the aide's scope of practice, therefore the agency was found out of compliance with Condition of Participation 42 CFR 484.80: Home Health Aide Services.	G0750		
G0798	Home health aide assignments and duties CFR(s): 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).	G0798		

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G0798	<p>Continued from page 6 This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure the aide care plan was detailed and patient-specific for 1 of 2 home visit observations of a home health aide (Patient #4).</p> <p>Review of Policy 2.49 titled "Aide Assignments" indicated "... Home health Aides are assigned to a specific patient by a registered nurse... with written patient care instructions for a home health Aide prepared by that registered nurse..."</p> <p>The clinical record of Patient #4 included a plan of care for the recertification period of 09/06/2022 – 11/04/2022 which indicated the patient was to receive home health aide services "to assist client with bathing" The record included 3 home health aide care plans for three shifts – AM, PM, and weekend afternoon. The aide care plan for the AM shift included the task of a complete bed bath to be performed daily.</p> <p>During an interview with Scheduler #1 on 12/12/2022 at 1:08 PM, the scheduler called Patient #4 to request approval to conduct a home visit observation. During the phone call, Patient #4 reported they typically preferred to have their bath during their PM aide shift.</p> <p>A home visit observation was conducted on 12/13/2022 at 2:00 PM with Patient #4 and Home Health Aide #7. During the observation, Home Health Aide #7 was observed assisting the patient with a partial bed bath. Patient #4 was interviewed during the visit and reported they chose between having a full and partial bath each day based on how they felt. Home Health Aide #7 was also interviewed during the visit and reported they typically completed the patient's home health aide AM shift from 9 AM – 12 PM, the attendant care hours from 12 PM – 2 PM (provided by Personal Service Agency #1), and then the home health aide PM shift from 2 – 7 PM. The aide confirmed Patient #4 typically preferred to have their bath during their PM shift but Home Health Aide #4 would chart the bath being performed on the personal service agency's task list instead of the home health agency's AM or PM shift documentation.</p> <p>During an interview on 12/14/22 beginning at 04:26 PM, the DON (director of nursing) confirmed the aide care plan should be patient-specific.</p>	G0798		

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G0798 G0800	<p>Services provided by HH aide</p> <p>CFR(s): 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>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure the home health aides provided all services as directed on aide care plan for 2 of 2 home visit observations of a home health aide (Home Health Aide #5, #7).</p> <p>Findings include:</p> <p>1. Policy 2.49 titled "Aide Assignments," revised 07/23/2021, indicated but not limited to "... a home health aide provides services that are... included in the plan of care...."</p> <p>2. The clinical record of Patient #4 included a plan of care for the recertification period of 09/06/2022 – 11/04/2022 which indicated the patient was to receive home health aide services "to assist client with bathing" The record included 3 home health aide care plans for three shifts – AM, PM, and weekend afternoon. The aide care plan for the AM shift included the task of a complete bed bath to be performed daily.</p> <p>During an interview with Scheduler #1 on 12/12/2022 at 1:08 PM, the scheduler called Patient #4 to request approval to conduct a home visit observation. During the phone call, Patient #4 reported they typically preferred to have their bath during their PM aide shift.</p> <p>A home visit observation was conducted on 12/13/2022 at 2:00 PM with Patient #4 and Home Health Aide #7. During the observation, Home Health Aide #7 was observed assisting the patient</p>	G0798 G0800		

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G0800	<p>Continued from page 8 with a partial bed bath. Patient #4 was interviewed during the visit and reported they chose between having a full and partial bath each day based on how they felt. Home Health Aide #7 was also interviewed during the visit and reported they typically completed the patient's home health aide AM shift from 9 AM – 12 PM, the attendant care hours from 12 PM – 2 PM (provided by Personal Service Agency #1), and then the home health aide PM shift from 2 – 7 PM. The aide confirmed Patient #4 typically preferred to have their bath during their PM shift but Home Health Aide #4 would chart the bath being performed on the personal service agency's task list instead of the home health agency's AM or PM shift documentation</p> <p>3. During a home visit on 12/13/22 at 10:01 AM, HHA (Home Health Aide) #5 was observed obtaining Patient #8's blood pressure during the visit. The aide indicated she had been taking and recording Patient #8's blood pressure for about a month. HHA #5 also indicated she knew which tasks to do by the app on her phone and checked them off in the app as they were performed.</p> <p>The clinical record for Patient #8 included an aide care plan for the certification periods 10/05/22 – 12/03/22 and 12/04/22 – 02/01/22 with HHA (home health aide) tasks that included, but not limited to, offer fluids, shampoo, oral care, assist with transfers, and meal set up. The aide care plans failed to evidence the task of blood pressure checks.</p> <p>The clinical record evidenced aide visits were made on November 15, 16, 17, 18, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, December 01, 02, 05, 06, 07, 08, 10, 11, 12, and 13, 2022 and failed to document the tasks, as listed above, were completed.</p> <p>During an interview on 12/14/22 at 04:04 PM, HHA #5 indicated she had been taking Patient #8's blood pressure since she began caring for Patient and that Patient #8's doctor asked her [aide] during a doctor visit in November of 2022, to start recording the patient's blood pressure. HHA #5 indicated she wrote the blood pressures on a paper in the patient's home and did not document them in the clinical record. HHA #5 indicated she told a nurse, not the DON (Director of Nursing),</p>	G0800		

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G0800	Continued from page 9 at the most recent nurse visit about the patient's blood pressure checks.	G0800		
G0804	<p>4. During an interview on 12/14/22 beginning at 04:26 PM, the clinical manager confirmed the documentation of tasks, completed by the aide, should be as assigned and match the tasks as listed on the aide care plan. The Clinical Manager also confirmed blood pressure checks were not a task on the aide care plan for Patient #8.</p> <p>Aides are members of interdisciplinary team</p> <p>CFR(s): 484.80(g)(4)</p> <p>Home health aides must be members of the interdisciplinary team, must report changes in the patient's condition to a registered nurse or other appropriate skilled professional, and must complete appropriate records in compliance with the HHA's policies and procedures.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure the home health aide informed the nurse of a blood pressure outside of the parameters for 1 of 2 patients who received aide services and had home visits (Patient #8.)</p> <p>Findings include:</p> <p>1. Review of Policy 2.49 titled "Aide Assignments" indicated "... Home health Aides... must report changes in the patient's condition to a registered nurse or other appropriate skilled professional..."</p> <p>2. Review of Patient #8's clinical record evidenced a Plan of Care for certification period 10/05/2022 – 12/03/2022 which revealed diastolic blood pressure parameters for notifying the physician of greater than 95 or less than 60. The record also evidenced an aide care plan which revealed diastolic blood pressure parameters of greater than 95 or less than 60.</p> <p>3. During a home visit on 12/13/22, observed HHA (Home Health Aide) #5 perform a blood pressure check on Patient #8 using an automated cuff on the right wrist. The patient's blood pressure reading was 141/111. When asked how high the patient's blood pressure would need to be for the aide to</p>	G0804		

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G0804	Continued from page 10 call the agency, HHA #5 indicated if the top number was 160 and probably if the bottom number was 120. 4. During an interview on 12/14/2022 at 04:26 PM, the DON (director of nursing) indicated HHA #5 had not notified the nurse regarding Patient #8's high blood pressure on 12/13/22. 410 IAC 17-14-1(m)	G0804		