STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K015	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAITHFUL FRIENDS HOME HEALTHCARE INC	203 S WASHINGTON STREET , MARION, Indiana, 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
G0000	INITIAL COMMENTS This visit was for a Federal and State complaint survey of a Home Health Provider. Survey Dates: January 24, 25, 26, and 29, 2024. Complaint: IN103882 with related and unrelated deficiencies cited. 12 Month Unduplicated Skilled Admissions: 10 QR: 2/7/24 A 1	G0000		
G0438	Have a confidential clinical record CFR(s): 484.50(c)(6) Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164. This ELEMENT is NOT MET as evidenced by: Based on record review and interview, the home health agency failed to protect the confidentiality for 1 of 4 clinical records reviewed (Patient #4). Findings include: 1. An agency policy titled “Client Security and Privacy” indicated any patient photos taken are for the purpose of documentation and are only taken with the patient’s written consent. An agency policy titled “Consent for Filming or Recording” indicated the agency requires patient consent to photograph patient. 2. A review of a complaint completed by the Director of Nursing (DON) on 05/03/2023 indicated Home Health Aide (HHA) 1 provided nail care to Patient #4 and posted a photo of patient’s fingernails on social media. The clinical record for Patient #4 failed to evidence the agency received a written consent to photograph patient.	G0438		

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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G0438	Continued from page 1 3. During an interview on 01/26/2024 at 1:00 PM, the DON indicated staff are not to post patient information nor photos on social media. 410 IAC 17-12-3(b)(4)	G0438		
G0608	Coordinate care delivery CFR(s): 484.60(d)(4) Coordinate care delivery to meet the patient's needs, and involve the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities. This ELEMENT is NOT MET as evidenced by: Based on record review and interview, the agency failed to notify family members of changes in patient health or current needs in 1 of 4 active patient records reviewed (Patient #1). Findings include: The clinical record for Patient #1 failed to evidence documentation of interactions and communication with Patient's family. The emergency plan for Patient #1 identified Person 2 as Patient's emergency contact. During a phone interview on 01/24/2024 at 8:30 AM, Person 1 (a family member) indicated Patient #1 was moved to a nursing home, organized by agency staff member registered nurse (RN)1; RN 1 nor other agency notified the family. Person 1 relayed they did not know where RN 1 had moved Patient 1. During an interview on 01/25/2024 at 12:30 PM, RN 1 was unable to provide documentation of coordination or communication with Patient #1's family. RN 1 indicated there were conversations, though none were documented in the clinical record. During a phone interview on 1/29/2024 at 10:23 AM, Person 2 (a family member) the agency did not include them in any treatment decisions nor patient updates. 410 IAC 17 - 14 - 1(a)(1)(F)	G0608		
G0984	In accordance with current clinical practice CFR(s): 484.105(f)(2) All HHA services must be provided in accordance with	G0984		

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G0984	Continued from page 2 current clinical practice guidelines and accepted professional standards of practice. This ELEMENT is NOT MET as evidenced by: Based on record review and interview, the agency failed to ensure potential or actual conflicts of interest and oversight of staff who were engaged in dual roles with patients and followed accepted standards regarding boundaries and agency policies regarding conflicts of interest and ethics in 2 of 4 active records reviewed (Patients #1 and 5). Findings include: 1. A review of the American Nurses Association (ANA) code of ethics statement, available at https: //www.nursingworld.org /practice-policy /nursing-excellence /ethics/ code-of-ethics -for-nurses/ indicated "… nurses must examine the conflicts …" and "… Nurses who bill services … must be especially aware of the potential conflicts of interest." Additionally, the code of ethics statement indicated "… nurses must maintain appropriate personal relationship boundaries." 2. A review of a conflict-of-interest policy indicated "All staff shall conduct business practice in such a manner that no conflict of interest, real or implied could be construed." Additionally, the policy indicated "… an actual or potential conflict of interest occurs when an [a] person is in a position to influence a decision that may result in a personal gain …." 3. A review of a corporate compliance policy indicated ethical issues were a focus of their compliance plan. 4. A review of the abuse prevention plan policy indicated clients with limited caregiver support would be referred to social services for supervision and/ or money management services. 5. A review of a clinical decision-making policy indicated an agency code of ethics prohibited clinical staff from engaging in financial incentives. 6. A review of the ethics committee policy indicated the role of the ethics committee was to educate staff in the identification of ethical issues. 7. During an interview on 1/25/2024 beginning at 9:25 AM, the director of nursing (DON) indicated registered nurse (RN) 1 was the financial power of attorney (POA) for Patient #1. The DON indicated there was a copy of	G0984		

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G0984	Continued from page 3 the POA, however it was not in Patient's clinical record. The DON relayed that RN 1 was not acting as POA, on behalf of the agency, therefore the document did not need to be in the clinical record. The DON indicated RN 2 was the designated health care representative (HCR) for Patient #5 and the paperwork was not in Patient #5's clinical record as the HCR was not on behalf of the agency. 8. The clinical record for Patient #1 failed to evidence a financial or medical decision – maker for the patient. The record indicated the patient had a diagnosis of dementia since 2018. The record evidenced documents initialed by the patient which were very shaky. A review of the POA agreement between RN 1 and Patient #1 evidenced a notary stamp dated August 15, 2022. The document was signed by RN 1 and Patient #1 placed their initials to sign the document. The document indicated Patient would need to provide a written notice to revoke the POA. 9. The clinical record for Patient #5 failed to evidence a medical – decision maker. The record evidenced Patient #1 received 133 nurse visits during the time frame of 12/13/23 to 1/24/24. Of those visits, 128 were provided by RN 2 (Patient's healthcare representative) and licensed practical nurse (LPN) 1 (spouse of the healthcare representative). The record evidenced RN 2 completed the supervisory visits of LPN1, their spouse. 10. During an interview on 1/26/24 beginning at 1 PM, the DON and RN 1 indicated they did not believe there were any ethical issues or conflicts of interests with their staff, RN 1 and RN 2, in the role of patients' POA or HCR for Patient #1 and #5. When asked, RN 1 indicated Patient #1 had attended school through the 8th grade and indicated Patient was able to read and understand the POA document despite their dementia diagnosis and their limited education. RN 1 indicated Patient #1 can make their own decisions and the dementia diagnosis did not impair Patient's judgment. When asked about Patient #1's ability to write a notice of revocation of the POA, RN 1 indicated it would be very difficult for Patient. DON and RN 1 relayed they did not think it was an ethical issue that RN 2 was the health care representative and the primary RN for Patient #5 nor did they see a conflict of interest that RN 2 supervises the LPN, their spouse. The DON and RN 1 indicated the agency did not have a process to review potential or actual ethical or conflict of interest situations. They indicated they did not believe the	G0984		

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G0984	Continued from page 4 agency needed a process and responded that their policies reviewed were not relevant. DON indicated there were no more cases of employees acting as any clinical or financial decision – maker for any of their other patients. RN 1 indicated the agency did not have a social worker on staff and when asked, RN 1 indicated they were not aware of any community resources who might be able to assist their patient(s). 11. During the entrance conference on 01/24/24 at 9:40 AM, Registered Nurse (RN) 1 introduced self as the Compliance Director; wore a name badge that identified individual as the Compliance Director.	G0984		