

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/26/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K118	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/24/2019
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NAME OF PROVIDER OR SUPPLIER HOMETOWN HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 302 E NORTH B STREET GAS CITY, IN 46933
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G 0000 Bldg. 00	<p>This was a federal recertification home health survey with one (1) complaint.</p> <p>This survey was announced as partially extended on October 23, 2019 at 10:16 AM.</p> <p>Complaint: IN 00285758; substantiated with findings</p> <p>Facility #: 013349</p> <p>Provider #: 15K118</p> <p>Medicaid #: 201213550</p> <p>Survey dates: October 21, 22, 23, 24; 2019</p> <p>Skilled Services: 12 Home Health Aide only: 38 Total Current Census: 50</p> <p>Record reviews with home visit: 3 Record review without home visits: 2 Discharged record reviews: 2 Total clinical records reviewed: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p>	G 0000		
G 0528 Bldg. 00	<p>Based on record review and interview, the</p>	G 0528	The Administrator and Director of Nursing of Hometown Home	11/22/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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	<p>registered nurse (RN) failed to ensure the comprehensive assessment was accurate and contained specific current health status for 2 of 7 patient records reviewed (#1,3).</p> <p>Findings include:</p> <p>1. An undated agency policy titled, "COMPREHENSIVE CLIENT ASSESSMENT" provided on 10/23/19 at 2:06 PM by the DON (director of nursing) stated, "... A thorough, well-organized, comprehensive and accurate assessment, consistent with the client's immediate needs will be completed for all clients...PURPOSE...To determine the appropriate care, treatment and services to meet client initial needs ...To collect data about the client's health history, (physical, functional and psychological)...."</p> <p>2. The clinical record of patient #1 was reviewed on 10/23/19 and indicated a start of care date of 10/4/18. The record contained a plan of care for the certification period of 9/29/2019 - 11/27/19, that indicated a diagnosis of, but not limited to, insulin dependant diabetes.</p> <p>A Recertification comprehensive assessment dated 9/24/19 failed to address pain description. The assessment description of the pain to the patient's feet was noted 'neuropathy', the assessment failed to evidence if the pain was 'aching, radiating, throbbing, ect' as indicated in the pain assessment. The assessment indicated the patient had received a diabetic foot exam by the RN during the assessment, however, failed to evidence documentation of findings for the exam. The RN failed to ensure the comprehensive assessment reflected the patient's current health status.</p>		<p>Healthcare have reviewed the federal/state policy 484.55(c)(1) and Hometown Home Healthcare personal policy C-580 Plan of Care and C-145 Comprehensive client assessment. The Administrator and Director of Nursing had a meeting with RN staff to educate them on proper documentation while doing assessments, that they need to include a complete picture of the status of the client, including their health, psychosocial, function, and cognition status. Staff reviewed the client's cited and clarified the complete status of the client. The RN staff will audit all charts as they are updating their assessments and ensure that all aspects of the client's condition are met. This included, but not limited to, health status, psychosocial status, functional status, cognition, and pain status. The RN staff will address all diagnoses and ensure that individual needs/goals are being met.</p> <p>All RN personnel have been in-serviced on the importance of doing a complete assessment and ensuring that the client's health status is being documented. RN personnel will report any changes in client condition to the PCP. The RN staff and QA personnel will audit charts for completeness to ensure that all assessments are current and accurate.</p>	

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G 0530 Bldg. 00	<p>3. The clinical record of patient #3 was reviewed on 10/22/19 and indicated a start of care date of 9/15/16. The record contained a plan of care for the certification period of 8/31/2019 - 10/29/19, that indicated a diagnosis of, but not limited to, seizures and tracheotomy status.</p> <p>A Recertification comprehensive assessment dated 8/27/19 failed to evidence any seizure activity, tracheal stoma condition, all tracheal suctioning equipment and frequency of suctioning. The RN failed to ensure the comprehensive assessment reflected the patient's current health status.</p> <p>4. During an interview on 10/23/19 at 2:00 PM with the DON, she indicated the comprehensive assessments should be accurate and complete.</p> <p>IAC 17-14-1(a)(1)(B)</p> <p>Based on record review and interview, the registered nurse (RN) failed to ensure that the comprehensive assessment contained individual patient strengths for 7 of 7 patient records reviewed (#1, 2, 3, 4, 5, 6, 7).</p> <p>Findings include:</p> <p>1. An undated agency policy titled, "COMPREHENSIVE CLIENT ASSESSMENT" provided on 10/23/19 at 2:06 PM by the DON (director of nursing) stated, "... A thorough, well-organized, comprehensive and accurate assessment, consistent with the client's immediate</p>	G 0530	The Administrator and Director of Nursing of Hometown Home Healthcare have reviewed the federal/state policy 484.55(c)(2) and Hometown Home Healthcare personal policy C-580 Plan of Care and C-145 Comprehensive Client Assessment,. The Administrator and Director of Nursing had a meeting with RN staff to educate them on proper documentation while doing assessments, that they need to include a complete picture of the status of the client, including client strengths, goals,	11/22/2019

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	<p>needs will be completed for all clients...PURPOSE...To determine the appropriate care, treatment and services to meet client initial needs and his / her changing needs ... To make care, treatment or service decisions based on information developed about each client's needs and the individuals response to care ... To measure processes of care"</p> <p>2. The clinical record of patient #1 was reviewed on 10/23/19 and indicated a start of care date of 10/4/18. The record contained a plan of care for the certification period of 9/29/2019 - 11/27/19. The comprehensive assessment dated 9/24/19 failed to evidence patient strengths.</p> <p>3. The clinical record of patient #2 was reviewed on 10/22/19 and indicated a start of care date of 8/20/19. The record contained a plan of care for the certification period of 8/20/2019 - 10/18/19. The comprehensive assessment dated 8/20/19 failed to evidence patient strengths.</p> <p>4. The clinical record of patient #3 was reviewed on 10/22/19 and indicated a start of care date of 9/15/16. The record contained a plan of care for the certification period of 8/31/19 - 10/29/19. The comprehensive assessment dated 8/27/19 failed to evidence patient strengths.</p> <p>5. The clinical record of patient #4 was reviewed on 10/22/19 and indicated a start of care date of 1/24/18. The record contained a plan of care for the certification period of 9/16/19 - 11/14/19. The comprehensive assessment dated 9/11/19 failed to evidence patient strengths.</p> <p>6. The clinical record of patient #5 was reviewed on 10/22/19 and indicated a start of care date of 1/7/19. The record contained a plan of care for the</p>		<p>and care preferences. Client goals should be personalized to the client and address their individual concerns/needs.</p> <p>The RN staff will audit all charts as they are updating the assessments and ensure that all aspects of the client's condition are accurate and complete, including individual strengths, goals, and care preferences.</p> <p>The RN staff has been in-serviced on the importance of complete and accurate client assessments,. RN personnel will update client's PCP with any changes in client condition or areas of concern.</p> <p>The RN staff and QA personnel will audit charts for completeness to ensure that all assessments are current and accurate.</p>	

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G 0574 Bldg. 00	<p>certification period of 3/8/19 - 5/6/19. The comprehensive assessment dated 3/6/19 failed to evidence patient strengths.</p> <p>7. The clinical record of patient #6 was reviewed on 10/23/19 and indicated a start of care date of 2/13/19. The record contained a plan of care for the certification period of 6/13/19 - 8/11/19. The comprehensive start of care assessment dated 2/13/19 failed to evidence patient strengths.</p> <p>8. The clinical record of patient #7 was reviewed on 10/23/19 and indicated a start of care date of 10/24/18. The record contained a plan of care for the certification period of 8/20/19 - 10/18/19. The comprehensive assessment dated 8/15/19 failed to evidence patient strengths.</p> <p>9. During an interview on 10/23/19 at 2:00 PM with the DON, she indicated the comprehensive assessments should be accurate and complete.</p> <p>Based on observation, record review and interview, the agency failed to ensure the plan of care (POC) included measurable goals, home health aide (HHA) visit frequencies, diagnoses, safety measures, specific medication and treatment directions, and durable medical equipment (DME) for 7 of 7 records reviewed (#1, 2, 3, 4, 5, 6, 7).</p> <p>Findings include:</p> <p>1. A current, undated agency policy titled, "Plan of Care" stated, "...PURPOSE ... To reflect client's ability to make choices and actively participate in</p>	G 0574	The Administrator and Director of Nursing of Hometown Home Healthcare have reviewed the federal/state policy 484.60(a)(2) (I-xvi) and Hometown Home Healthcare personal policies C-580 Plan of Care and C-145 Comprehensive Client Assessment. The Administrator and Director of Nursing had a meeting with RN staff to educate them on proper documentation while doing assessments. These assessments need to ensure that the plan of care included	11/22/2019

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	<p>establishing and following the plan designated to attain personal health goals ...SPECIAL INSTRUCTIONS 1. An individualized Plan of Care ... shall be required for each client ... 2. The Plan of Care shall be completed in full to include:</p> <p>a. All pertinent diagnoses ... c. Type, frequency, and duration of all visits/ services ... l. Medications, treatments, and procedures ... p. Medical supplies and equipment required ... u. All of the above items must always be addressed on the Plan of Care"</p> <p>2. The clinical record of patient #1 was reviewed on 10/23/19 and indicated a start of care date of 10/4/18. The record contained a plan of care for the certification period of 9/29/2019 - 11/27/19 that indicated diagnoses of, but not limited to, diabetes and chronic obstructive pulmonary disease (COPD). The POC indicated home health aide (HHA) visit orders of 4-6 hours / day, 5 -7 days weekly. HHA visits for the week of 9/29/19 to 10/5/19 evidenced the patient received HHA services 1-2 visits a day, 1-4 hours each visit for 7 days. The POC failed to evidence measurable goals related to diabetes or COPD and HHA specific visit frequencies.</p> <p>3. The clinical record of patient #2 was reviewed on 10/22/19 and indicated a start of care date of 8/20/19. The record contained a plan of care for the certification period of 8/20/2019 - 10/18/19 that indicated diagnoses of, but not limited to, cerebral palsy, convulsions and urinary incontinence. The POC indicated the patient had external catheters and an 18f Mickey button (type of gastrostomy tube). The POC failed to evidence measurable goals related to convulsions and risk of infection related to catheterizations. The POC failed to evidence mickey button specific instructions for size specifics and how often it was to be changed.</p>		<p>measurable goals, visit frequencies, diagnoses, safety measures, specific medication and treatment directions, and durable medical equipment. RN and QA personnel reviewed all charts to ensure that medication/treatment profiles were complete, accurate, and in layman's terms. All medication/treatment profiles were re-written to be complete, accurate, and in layman's terms. Updated medication/treatment profiles were then delivered to the client homes and placed in their binders. Measurable goals were developed for the client's visit frequencies were updated with each plan of care, diagnosis were reviewed to ensure that all diagnoses were documented, safety measures were identified, and all durable medical equipment was verified for accuracy. RN staff has been in-serviced that all plan of cares include measurable goals, home health aide visit frequencies, diagnoses, safety measures, specific medication and treatment directions, and durable medical equipment identified properly. The RN staff and QA personnel will audit charts for completeness to ensure that all assessments are current and accurate.</p>	

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	<p>During an interview on 10/23/19 at 2:15 PM, the DON indicated the external catheters on patient #2's POC were an error as the patient received in and out catheterizations as needed with a 12 fr (french) straight catheter.</p> <p>4. The clinical record of patient #3 was reviewed on 10/22/19 and indicated a start of care date of 9/15/16. The record contained a plan of care for the certification period of 8/31/19 - 10/29/19 that indicated diagnoses of, but not limited to, neuromuscular dysfunction of the bladder and tracheostomy status. The POC indicated the patient had DME including, but not limited to, ambu bag. The POC indicated the following medications, not limited to: albuterol 0.083% (respiratory medication), 1 vial every 4 hours as needed via trach, flucinolone oil 0.01%, 5 gtts (drops) twice daily to affected ear, gentamicin 10 ml (milliliters) twice daily via (by) straight cath, sodium nitrate 30 ml twice daily via straight cath. The POC failed to evidence specific medication instructions related to administration of all medications provided to the patient and failed to evidence measurable goals related to risk of infection related to catheterizations and respiratory status.</p> <p>On 10/22/19 at 1:50 PM, during a home observation in patient #3's home, observed in the patients' travel bag, an ambu labeled as an infant ambu. During an interview at that time, employee D indicated this was the only ambu the patient had ever had. The patients' medication profile dated as initiated on 9/15/16 indicated the patient at that time was 4' tall and 115 pounds.</p> <p>5. The clinical record of patient #4 was reviewed on 10/22/19 and indicated a start of care date of</p>			

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	<p>1/24/18. The record contained a plan of care for the certification period of 9/16/19 - 11/14/19 that included diagnoses of intellectual disabilities and major depressive disorder. The POC failed to evidence measurable goals or safety strategies related to any behaviors to assist the staff during care or depression.</p> <p>6. The clinical record of patient #5 was reviewed on 10/22/19 and indicated a start of care date of 1/7/19. The record contained a plan of care for the certification period of 3/8/19 - 5/6/19 that indicated diagnoses of, cerebral palsy, major depressive disorder, gastro-esophageal reflux, unspecified mood disorder, back pain and migraine headache. The comprehensive assessment dated 3/6/19 indicated the patient also experienced PTSD (post traumatic stress disorder) and anxiety. The POC failed to evidence the diagnoses of PTSD and anxiety and failed to evidence measurable goals related to depressive disorder and pain.</p> <p>7. The clinical record of patient #6 was reviewed on 10/23/19 and indicated a start of care date of 2/13/19. The record contained a plan of care for the certification period of 6/13/19 - 8/11/19 that included diagnoses of, but not limited to, autistic disorder, anxiety and epilepsy. The POC failed to evidence measurable goals or safety strategies related to any behaviors to assist the staff during care, epilepsy, or anxiety.</p> <p>8. The clinical record of patient #7 was reviewed on 10/23/19 and indicated a start of care date of 10/24/18. The record contained a plan of care for the certification period of 8/20/19 - 10/18/19 that indicated diagnoses of, but not limited to, disorders of the lung, low back pain, abnormality of gait, and type 2 diabetes. The medication</p>			

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G 0614 Bldg. 00	<p>profile dated reviewed 8/15/19 indicated the patient received a probiotic daily. The POC failed to evidence the use of a probiotic daily and failed to evidence measurable goals related to falls, diabetes or pain.</p> <p>9. During an interview on 10/23/19 at 2:00 PM with the DON, she indicated the comprehensive assessments should be accurate and complete.</p> <p>IAC 17-13-1(a)(1)(B) IAC 17-13-1(a)(1)(C) IAC 17-13-1(a)(1)(D)(ii)(iii)(ix)(x)</p> <p>Based on observation, record review and interview, the agency failed to ensure a written visit schedule was provided to the patient and caregivers for 2 of 3 home visits observed (#2, 3).</p> <p>Findings include:</p> <p>1. During a home visit observation with Employee E, registered nurse (RN), on 10/22/19 at 8:00 AM, at patient #2's home (start of care 8/20/19), the patient's home health folder was observed and it failed to evidence a visit schedule provided by the agency.</p> <p>On 10/22/19 at 8:30 AM, the Employee E, RN was asked if the visit schedule was in the home. The employee indicated it was not. The DON stated, Employee E is here everyday.</p> <p>2. During a home visit observation with Employee D, licensed practical nurse (LPN), on 10/22/19 at 1:50 PM, at patient #3's home (start of care</p>	G 0614	<p>The Administrator and Director of Nursing of Hometown Home Healthcare has reviewed the federal/state policy 484.60(e)(1) requiring a visit schedule to be available in the client's home. Updated schedules were delivered to each client.</p> <p>The scheduler contacted client's to verify that they had an updated visit schedule, replacing schedules as needed. The scheduler sends client schedules with staff each month to be placed in the client's home.</p> <p>The employees will be reminded monthly that the client's schedules need to be placed in the client's home where the client has access to them. Employees will sign for client schedules, acknowledging that they are responsible for placing the</p>	11/22/2019

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G 0616 Bldg. 00	<p>9/15/16), the patient's home health folder was observed and it failed to evidence a visit schedule provided by the agency.</p> <p>On 10/22/19 at 1:15 PM, Employee D, LPN was asked where the patient's visit schedule was. Employee D stated "I don't know."</p> <p>3. On 10/22/19 at 1:20 PM, the DON stated, "I will make sure it's there." when asked the whereabouts of the patient's visit schedule.</p> <p>Based on observation and interview, the agency failed to ensure that a medication list was provided to the patient and was put into laymans terms that were easy for the patient to understand for 2 of 3 home visits observed (#2,3).</p> <p>Findings include:</p> <p>1. During a home visit observation with Employee E, registered nurse (RN), on 10/22/19 at 8:00 AM, at patient #2's home (start of care 8/20/19), the patient's home health folder was observed and it failed to evidence a medication list written completely in laymans terms that was easy to understand, was provided by the agency to the patient's caregivers.</p> <p>2. During a home visit observation with Employee D, licensed practical nurse (LPN), on 10/22/19 at 1:50 PM, at patient #3's home (start of care 9/15/16), the patient's home health folder was observed and it failed to evidence a medication list written completely in laymans terms that was easy to understand, was provided by the agency</p>	G 0616	<p>schedules in the client's home. RN staff will verify placement of schedules with each visit to ensure compliance.</p> <p>The Administrator and Director of Nursing of Hometown Home Healthcare reviewed the federal/state policy 484.60(e)(2) requiring accurate client medication schedules/instructions, to be in layman's terms in the client's home. The medication list on the plan of care has already been updated into layman's terms. The medication/treatment profile was updated to be specific and in layman's terms with a copy being provided to the client for placement in their binder. The client charts were all audited and medication/treatment profiles were updated to be specific and in layman's terms for the client and family to be able to understand. Copies were then sent to the client's home for placement in their binder. Medication profiles will be</p>	11/15/2019

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G 0682 Bldg. 00	<p>to the patient's caregivers.</p> <p>During an interview on 2/19/19 at 3:30 PM, the director of nursing stated a current medication list should be in the patient's home folder.</p> <p>Based on observation, record review, and interview, the agency failed to ensure all staff followed infection control policies and standard precautions for 1 of 3 home visits. (Patient #3/ Employee D)</p> <p>Findings include:</p> <p>An undated, agency policy titled, "INFECTION PREVENTION / CONTROL" provided by the DON on 10/23/19 at 10:20 AM stated, " ... PURPOSE ; To ensure employee and client safety. To reduce the risk of transmission of microbes from both from both recognized and unrecognized sources of infection"</p> <p>An undated agency policy titled, "HANDWASHING / HAND HYGIENE" provided by the DON on 10/22/19 at 2:00 PM stated, "...HAND HYGIENE TECHNIQUE ... 2. When washing hands with soap and water, wet hands first with water, apply an amount of product</p>	G 0682	<p>monitored for accuracy and to ensure it is written in layman's terms with each RN visit. RN staff has been educated on importance of making medication/treatment profile complete, accurate, and easy to understand. Charts will be audited under the QAPI program to ensure that the medication/treatment profiles are complete, accurate, and easy to understand. A minimum of 10% of charts will be audited monthly.</p> <p>The Administrator and Director of Nursing of Hometown Home Healthcare have reviewed the federal/state policy 484.70(a) and Hometown Home Healthcare personal policy D-330 Handwashing/Hand Hygiene. All staff was re-educated by way of Handwashing in-service of the proper way to wash hands, and for how long hands should be washed. The Director of Nursing in-serviced all staff with Handwashing in-service to ensure there were no questions about how long hands were to be washed and proper procedure for doing so. All staff will be in-serviced upon hire and yearly on infection control and hand hygiene to ensure that they are up to date with all procedures to prevent infections or</p>	11/15/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K118	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/24/2019
NAME OF PROVIDER OR SUPPLIER HOMETOWN HOME HEALTHCARE INC			STREET ADDRESS, CITY, STATE, ZIP COD 302 E NORTH B STREET GAS CITY, IN 46933		
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G 0798 Bldg. 00	<p>recommended by manufacturer to hands and rub hands together vigorously for at least fifteen (15) seconds, covering all surfaces of hand and fingers....."</p> <p>During a home visit observation on 10/22/19 at 1:50 PM with patient #3 (start of care 9/15/16) with employee D, observed the employee with gloves on, assist the patient to bed and removed brief. The employee applied a clean brief and pants to the patient and walked to the bathroom, removed gloves, turned on water, rinsed hands, applied soap and performed a seven (7) second hand wash under running water. The employee then turned off the water with the back of her wet hands and followed by drying hands with paper towels.</p> <p>During an interview on 10/24/19 at 1:00 PM with the DON, she indicated staff should be washing hands for 15 seconds if using soap and water.</p> <p>IAC 17-12-1(m)</p> <p>Based on observation, record review, and interview, the registered nurse (RN) failed to ensure that an aide care plan was completed for each shift for the home health aide (HHA) and failed to ensure that the aide care plan was individualized, and failed to ensure that the aides followed the aide care plan for 3 of 5 records reviewed of patients who received HHA services. (#1, 4, 5)</p> <p>Findings include:</p>	G 0798	<p>cross contamination. QAPI will continue to monitor and track all illness's in client's and caregivers to determine if there is a common underlying cause and to ensure there is no cross contamination between client's and caregivers.</p> <p>The Administrator and Director of Nursing of Hometown Home Healthcare have reviewed the federal/state policy 484.(g)(1) and Hometown Home Healthcare personal policy C-751 Home Health Aide Care Plan. The Director of Nursing updated the client care plans to be shift specific and to be specific on the care that was to be provided. The RN staff audited all charts and reviewed the individual care plans.</p>	11/15/2019	

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	<p>1. An undated agency policy titled, "HOME HEALTH AIDE CARE PLAN" provided by employee I stated, " POLICY; A complete and appropriate Care Plan, identifying duties to be performed by the Home Health Aide, shall be developed by a Registered Nurse"</p> <p>2. The clinical record of patient #1 was reviewed on 10/23/19 and indicated a start of care date of 10/4/18. The record contained a plan of care (POC) for the certification period of 9/29/19 - 11/27/19 that indicated home health aide (HHA) frequency of 4 -6 hours per day, 5 - 7 days per week to assist with personal care, activities of daily living, (ADL's), and light housekeeping.</p> <p>The HHA visit schedule evidenced for the week of 9/29/19 - 10/5/19 as well as on 10/6/19 and 10/7/19, the HHA performed visits 1 - 2 times daily, 1 -4 hours each shift for 7 days. The HHA POC evidenced the patient's mobility as follows to be performed daily by the HHA: Ambulation Assist Walker / Wheelchair / Cane and the following to be performed daily as needed: Tub / Shower, Bed / Chair Partial / Complete, perineal Care, Assist with Elimination, Light housekeeping after personal care is completed. The HHA POC evidenced the following to be completed as needed: Nail care. The HHA POC failed to evidence type of assistive device the patient was to use for ambulation and the specific type of bath were to be performed and failed to identify what timeframe (every visit or once a week for example) the tasks were to be completed.</p> <p>3. The clinical record of patient #4 was reviewed on 10/22/19 and indicated a start of care date of 1/24/18. The record contained a POC for the certification period of 9/16/19 - 11/14/19 that indicated HHA frequency of 4 -6 hours per day, 4</p>		<p>All care plans were updated to be shift specific and day specific for required tasks. RN staff then educated HHA staff that care plans had been updated and to ensure that they look at care plan each time they are in the home. Care plans were developed with client involvement. The RN staff, with every admission and recertification assessment, will review the care plan with the client, develop it to meet the client's individual needs with input from client, and place it in binder for HHA staff to look at and reference each time they are in the home. If there are more than one visit in a given day, there will be a care plan tailored for each shift the client has care. The RN staff and QA personnel will audit charts for completion and presence of care plan for each shift. Care plans will be updated as the clients needs change. A minimum of 10% of charts will be audited each month.</p>	

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	<p>-6 days a week to assist with personal care, activities of daily living, (ADL's), and light housekeeping.</p> <p>The HHA visit schedule evidenced for the week of 9/15/19 - 9/21/19 the HHA performed visits 2 times daily for 3 hours each shift for 6 days.</p> <p>The HHA visit schedule evidenced for the week of 9/22/19 - 9/28/19 the HHA performed visits 2 times daily for 3 hours each shift for 6 days.</p> <p>The HHA visit schedule evidenced for the week of 9/29/19 - 10/5/19 the HHA performed visits 2 times daily for 3 hours each shift for 6 days.</p> <p>The HHA visit schedule evidenced for the week of 10/1/19 - 10/12/19 the HHA performed visits 2 times daily for 3 hours each shift for 6 days.</p> <p>The HHA visit schedule evidenced for the week of 10/13/19 - 10/19/19 the HHA performed visits 2 times daily for 3 hours each shift for 6 days.</p> <p>The HHA POC prepared by the RN evidenced the to be performed as needed by the HHA: Bed / Chair Partial / Complete (in reference to bathing), shave, nail care perineal care, meal prep and light housekeeping after personal care is completed. The HHA POC failed to specify the specific type of bath that was to be performed as needed and failed to identify what timeframe (every visit or once a week for example) the tasks were to be completed.</p> <p>4. The clinical record of patient #5 was reviewed on 10/22/19 and indicated a start of care date of 1/7/19. The record contained a POC for the certification period of 3/8/19 - 5/6/19 that indicated HHA frequency of 4 -6 hours per day, 5 -7 days a</p>			

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G 0962 Bldg. 00	<p>week to assist with personal care, ADL's, transfer, medication reminders, meal prep and light housekeeping.</p> <p>The HHA visit schedule from 3/5/19 - 4/10/19 evidenced the HHA performed visits 1 -2 times daily for 1 - 3 hours each shift.</p> <p>The HHA POC prepared by the RN evidenced the to be performed daily by the HHA, to include but not limited to: Bed / Chair Partial / Complete (in reference to bathing), shave, nail care perineal care, meal prep and light housekeeping after personal care is completed. The HHA POC failed to specify the specific type of bath that was to be performed as needed and failed to identify what timeframe (every visit or once a week for example) the tasks were to be completed.</p> <p>IAC 17-14-1(m)</p> <p>Based on record review and interview, the clinical manager agency failed to ensure all members on the health care team coordinated care with other agencies who also provided care for the patient for 2 of 7 patients reviewed (#3, 7).</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 10/21/19 at 10:37 AM, during the entrance conference the director of nursing (DON) and the administrator were asked if the agency shares any patients with another agency. Both the DON and the administrator stated, "No." The clinical record of patient #3 was reviewed 	G 0962	The Administrator and Director of Nursing of Hometown Home Healthcare have reviewed federal/state policy 484.105(c)(2) and Hometown Home Healthcare personal policy C-360 Coordination of Client Services. The Administrator and Director of Nursing had a meeting with RN staff and QA personnel to ensure that care coordination is being conducted between our agency and any outside agency the client receives services from. Charts were audited to ensure care coordination is being	11/22/2019

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	<p>on 10/22/19 and indicated a start of care date of 9/15/16. The clinical record contained a plan of care (POC) for the certification period of 8/31/19 - 10/29/19, that failed to indicate the patient received care or services from another agency.</p> <p>Agency documents dated 1/2/19, 2/5/19, 3/5/19, 4/2/19, 5/7/19, 6/4/19, 7/2/19, 8/6/19, titled, "Case Conference / Care Coordination Note" stated, "Other Agencies / Services Provided / Hrs: [Name of Agency] for respite skilled nurse services...." The document failed to identify person or persons at the other agency to whom coordination was performed.</p> <p>3. The clinical record of patient #7 was reviewed on 10/23/19 and indicated a start of care date of 10/24/18. The record contained a plan of care for the certification period of 8/20/19 - 10/18/19, that stated, "Client is a 74 y/o female living alone with not available caregiver" The POC failed to evidence the patient lived in an assisted living facility.</p> <p>The Recertification Comprehensive assessment dated, 8/15/19 failed to evidence the patient lived in an assisted living facility.</p> <p>An agency document dated 10/1/19, titled, "Case Conference / Care Coordination Note" stated, "... Participants:... Other Silver birch" The document failed to identify person or persons at assisted living facility to whom coordination was performed.</p> <p>An agency document dated 9/3/19, titled, "Case Conference / Care Coordination Note" stated, "... Participants:... Other Silver birch" The document failed to identify person or persons at assisted living facility to whom coordination was</p>		<p>completed with all clients. Upon recertification, QA personnel is sending out care coordination form with a copy of our plan of care to each agency the client receives services from. The outside agency is responsible for ensuring that forms are went out and received in a timely manner. Care Coordination is completed with every recertification assessment and any time there is a change with client's condition or services being provided.</p> <p>QA personnel will send coordination of care forms and plan of care to all outside agencies with every recertification assessment. QA personnel will ensure that response is received from all outside agencies in a timely manner.</p> <p>RN staff and QA personnel will audit charts to ensure coordination of care is being completed. A minimum of 10% of charts will be audited monthly to ensure compliance.</p>	

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G 0978 Bldg. 00	<p>performed.</p> <p>4. On 10/24/19 at 1:20 PM, the DON was asked if patient #3 and patient #7 had written contracts to coordinate care for the patients between them and other agencies. The DON indicated the agency did not.</p> <p>IAC 17-12-2(h)</p> <p>Based on record review and interview, the agency failed to ensure all members on the health care team had a written agreement for care with other agencies who provided care for 2 of 7 patient (#3, 7).</p> <p>Findings include:</p> <p>1. On 10/21/19 at 10:37 AM, during the entrance conference the director of nursing (DON) and the administrator were asked if the agency shares any patients with another agency. Both the DON and the administrator stated, "No."</p> <p>2. The clinical record of patient #3 was reviewed on 10/22/19 and indicated a start of care date of 9/15/16. The clinical record contained a plan of care (POC) for the certification period of 8/31/19 - 10/29/19, that failed to indicate the patient received care or services from another agency.</p> <p>Agency documents dated 1/2/19, 2/5/19, 3/5/19, 4/2/19, 5/7/19, 6/4/19, 7/2/19, 8/6/19, titled, "Case Conference / Care Coordination Note" stated, "Other Agencies / Services Provided / Hrs: [Name of Agency] for respite skilled nurse services...." The document failed to identify</p>	G 0978	The Administrator and Director of Nursing for Hometown Home Healthcare have reviewed federal/state policy 484.105(e)(2) (I-iv) and Hometown Home Healthcare personal policy C-360 Coordination of Client Services. The Administrator and Director of Nursing had a meeting with RN staff and QA personnel to ensure that care coordination is being conducted between our agency and any outside agency the client receives services from. Hometown Home Healthcare will have a written agreement for care with shared agencies. All charts were audited to ensure that accurate coordination of care was being conducted with all agencies. Contact was made to ensure that all outside agencies were aware of the services we were providing. QA personnel will ensure that contracts are drawn up between Hometown Home Healthcare and	11/22/2019

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G 1016	<p>person or persons at the other agency to whom coordination was performed.</p> <p>3. The clinical record of patient #7 was reviewed on 10/23/19 and indicated a start of care date of 10/24/18. The record contained a plan of care for the certification period of 8/20/19 - 10/18/19, that stated, "Client is a 74 y/o female living alone with not available caregiver" The POC failed to evidence the patient lived in an assisted living facility.</p> <p>The Recertification Comprehensive assessment dated, 8/15/19 failed to evidence the patient lived in an assisted living facility.</p> <p>An agency document dated 10/1/19, titled, "Case Conference / Care Coordination Note" stated, "... Participants:... Other Silver birch" The document failed to identify person or persons at assisted living facility to whom coordination was performed.</p> <p>An agency document dated 9/3/19, titled, "Case Conference / Care Coordination Note" stated, "... Participants:... Other Silver birch" The document failed to identify person or persons at assisted living facility to whom coordination was performed.</p> <p>4. On 10/24/19 at 1:20 PM, the DON was asked if patient #3 and patient #7 had written contracts to coordinate care for the patients between them and other agencies. The DON indicated the agency did not.</p> <p>IAC 17-12-2(h)</p>		<p>any company we hire to complete services for us. QA personnel will ensure that care coordination is completed with said companies. Hometown Home Healthcare will retain the overall responsibility for all services being provided under this agreement. RN staff and QA personnel will audit 10% of charts every month to ensure tht care coordination is being completed.</p>		

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Bldg. 00	<p>Based on record review and interview, the plan of care failed to evidence patient identified-goals for 7 of 7 patient records reviewed (#1, 2, 3, 4, 5, 6, 7).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An undated agency policy titled, "COMPREHENSIVE CLIENT ASSESSMENT" provided on 10/23/19 at 2:06 PM by the DON (director of nursing) stated, "... A thorough, well-organized, comprehensive and accurate assessment, consistent with the client's immediate needs will be completed for all clients...PURPOSE...To determine the appropriate care, treatment and services to meet client initial needs and his / her changing needs ... To make care, treatment or service decisions based on information developed about each client's needs and the individuals response to care ... To measure processes of care" 2. The clinical record of patient #1 was reviewed on 10/23/19 and indicated a start of care date of 10/4/18. The record contained a plan of care for the certification period of 9/29/2019 - 11/27/19. The POC (plan of care) failed to evidence patient - identified goals. 3. The clinical record of patient #2 was reviewed on 10/22/19 and indicated a start of care date of 8/20/19. The record contained a plan of care for the certification period of 8/20/2019 - 10/18/19. The POC failed to evidence patient - identified goals. 4. The clinical record of patient #3 was reviewed on 10/22/19 and indicated a start of care date of 9/15/16. The record contained a plan of care for 	G 1016	<p>The Administrator and Director of Nursing for Hometown Home Healthcare have reviewed federal/state policy 484.110(a)(3) and Hometown Home Healthcare personal policy C-145 Comprehensive Client Assessment. The Administrator and Director of Nursing had a meeting with RN staff to ensure that each client has individual, measureable goals. All charts were audited to identify client's who need goals updated. Goals were developed with each client that were personalized and measurable. QA personnel will audit all recertification assessments for personalized, measurable goals, before plan of care is sent to MD for signature. 10% of charts will be audited monthly to ensure that each client has individual, measurable goals. QAPI will monitor the progress towards goals with each quarterly meeting, more often if necessary.</p>	11/22/2019

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G 1028 Bldg. 00	<p>the certification period of 8/31/19 - 10/29/19. The POC failed to evidence patient - identified goals and preferences for care.</p> <p>5. The clinical record of patient #4 was reviewed on 10/22/19 and indicated a start of care date of 1/24/18. The record contained a plan of care for the certification period of 9/16/19 - 11/14/19. The POC failed to evidence patient - identified goals.</p> <p>6. The clinical record of patient #5 was reviewed on 10/22/19 and indicated a start of care date of 1/7/19. The record contained a plan of care for the certification period of 3/8/19 - 5/6/19. The POC failed to evidence patient - identified goals.</p> <p>7. The clinical record of patient #6 was reviewed on 10/23/19 and indicated a start of care date of 2/13/19. The record contained a plan of care for the certification period of 6/13/19 - 8/11/19. The POC failed to evidence patient - identified goals.</p> <p>8. The clinical record of patient #7 was reviewed on 10/23/19 and indicated a start of care date of 10/24/18. The record contained a plan of care for the certification period of 8/20/19 - 10/18/19. The POC failed to evidence patient - identified goals.</p> <p>9. During an interview on 10/23/19 at 2:00 PM with the DON, she indicated the plans of care and comprehensive assessments should be accurate and complete.</p> <p>Based on observation and interview, the agency failed to ensure clinical records were secure at all times to maintain the privacy of patient</p>	G 1028	The Administrator and Director of Nursing of Hometown Home Healthcare reviewed federal/state policy 484.110(d) protection of	10/25/2019

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N 0000	<p>information in the agency's branch office for 1 of 1 agency.</p> <p>Findings include:</p> <p>On 10/22/19 at 10:27 AM, during an observation visit to the branch office in Muncie, while standing in the center of the branch, observed an open office door that contained an open filing cabinet that contained the files with patient names clearly visible. No lock was observed on the filing cabinet in the open office.</p> <p>On 10/22/19 at 10:33 AM, the DON indicated she was leaving and was going to the parent branch. The DON left the office door and the filing cabinet door open.</p> <p>On 10/22/19 at 1035 AM, Employee M indicated the patient files are not kept locked and she, Employee N, Employee I, and the DON all had access to the files.</p> <p>On 10/22/19 at 10:36 AM, the DON returned to her office. The filing cabinet remained open.</p> <p>On 10/22/19 at 10:40 AM, during an interview with the director of nursing (DON), she indicated the cabinet was supposed to be closed and locked to ensure visitors are unable to see the patient names. She stated, "I guess I left it open." When asked if the cabinet had a lock to secure the patient information, the DON indicated the filing cabinet did not have a lock and the office door was supposed to be locked.</p> <p>IAC 17-15-1(c)</p>		<p>records and held a meeting with all office staff regarding the security of the client charts. A lock was purchased and placed on the chart cabinet.</p> <p>All charts are kept in the chart cabinet. Cabinet is to be closed and locked when charts are not in use.</p> <p>Office has been rearranged so charts are not visible from doorway, a lock has been purchased and is in place on the chart cabinet. Office staff is responsible for ensuring that cabinet is locked at the end of the day.</p> <p>The Administrator and Director of Nursing will conduct spot checks to ensure that the cabinet is being locked and the charts are secure.</p>	

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Bldg. 00	<p>This was a visit for recertification and state re-licensure survey with one (1) complaint.</p> <p>Complaint: IN 00285758; substantiated with findings</p> <p>Facility #: 013349</p> <p>Provider #: 15K118</p> <p>Medicaid #: 201213550</p> <p>Survey dates: October 21, 22, 23, 24; 2019</p> <p>Active Patients: 50 Unduplicated census: 36</p> <p>Record Review with Home Visit: 3 Record Review without home visit: 2 Discharged Record review: 2 Total records reviewed: 7 Total home visits: 3</p>	N 0000			
N 0456 Bldg. 00	<p>410 IAC 17-12-1(e) Home health agency administration/management Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care.</p> <p>Based on record review and interview, the agency's governing body failed to ensure the QAPI program identified clinical concerns, was</p>	N 0456	The Administrator and Director of Nursing of Hometown Home Healthcare have reviewed federal/state policy 410 IAC	11/22/2019	

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	<p>data-driven, and reflected the complexities of the agency to maintain an ongoing program for quality improvement for 1 of 1 agency.</p> <p>Findings include:</p> <p>An undated document titled, "Quality assessment and performance improvement", provided by the director of nursing (DON), stated "... Problem: Prevention and control of infection; Intervention: -educate staff on Universal Precautions upon hire and yearly thereafter -educate client on Universal Precautions upon admission and with SN assessments -document antibiotic usage and type of infection - monitor for possible transmission of infection via caregiver - SN (skilled nurse) will notify MD (medical doctor) with any possible interactions with ordered medication Goals: Client will be free from infection. Client will have effective medication therapy for illness. Client will have no adverse reactions to medication...."</p> <p>An undated, agency policy titled, "INFECTION CONTROL PLAN" provided by the director of nursing (DON) on 10/23/19 at 10:20 AM stated, "... The home care management team including the Director of Clinical Services ... have the authority for routine identification and analysis of the incidence and cause of all infections and shall develop and implement a plan for surveillance, prevention and control of infection hazards ... activities related ... shall be based on an assessment ... high risk and high volume indicators ... assessed agency needs based on data collection ... Employee Health; the agency shall develop policies and procedures related to surveillance, prevention and control of employee infection"</p> <p>An undated, agency policy titled, "INFECTION</p>		<p>17-12-1(e) and Hometown Home Healthcare policy B-100 Governing Body and B-260 Performance Improvement. The Administrator and Director of Nursing had a meeting with the Governing Body to address the QAPI program, develop areas that require close monitoring, areas that there is room for improvement in, areas where we will be able to resolve identified problems, and to improve patient care.</p> <p>The Administrator and Director of Nursing will develop a QAPI program that is approved by the Governing Body and will meet with the Governing Body at least quarterly to ongoing monitoring for improvement of quality of care.</p> <p>The Administrator and Director of Nursing have developed a QAPI program that has been approved by the Governing Body and included problem areas of infection control/universal precautions, quality of care and limiting the occurrence of missed visits, reducing falls/injuries, and ensuring compliance with medication regime by providing client with medication profile that is in layman's terms and easy to understand. The DON, ADON, and QA personnel will monitor charts to ensure compliance.</p> <p>The Governing Body will monitor the QAPI program to ensure that the needs of the client's are being addressed and that quality of care</p>	

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	<p>CONTROL SURVEILLANCE" provided by the DON on 10/23/19 at 10:20 AM stated, "POLICY; Agency will establish a continuous data monitoring and collecting system to detect infection or identify changes in infection trends ... The Agency will implement a process of identifying all infections in the client and / or employee population and evaluate effectiveness of current control measures or identify an action plan to improve incidence of infections ... The agency will perform targeted infection control surveillance ...Client infections ... Employee infections are to be reported ... 5. The agency will closely monitor and investigate employee's illness or injury resulting from the health care professional's client care activities will closely monitored...6. The agency will identify follow - up actions ...8. Data related to identified infections will be reviewed and analyzed "</p> <p>An undated document titled, "Quality assessment and performance improvement" indicated areas identified, 'Problems', 'Intervention' and 'Goals'. Problem areas identified by the agency as indicated on the document: Client satisfaction, Prevention and Control of infection, Falls / Injury and Medications.</p> <p>An agency document dated, "1 February 2018", identified by the DON as the Governing Body minutes, stated, " Meeting brought to order. We have [Employee B] President, [Employee I], Vice President, and [Employee J], Secretary / Treasurer. Old Business; We got six new admissions in 2017; April 2017 sent out 48 surveys received 13 back all positive remarks; New Business; Metting set for February 1, 2019; Budget; Budget has been approved for 2018; Closing; meeting adjourned. The document failed to evidence the approval of the QAPI program elements.</p>		will improve. QAPI minutes will be current and accurately depict the status of programs at the time of the meeting. QAPI meetings will be held at least quarterly, and with any significant change in the program.	

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	<p>An agency document dated, "5 January 2019", identified by the DON as the Governing Body minutes, stated, " Meeting brought to order. We have [Employee B] President, [Employee I], Vice President, and [Employee J], Secretary / Treasurer. Old Business; Sent Out 57 Client surveys in August 2018 and received 13 back, with two wanting to discuss responses. Client had Bed Bugs February 2018 she was put on hold then her care plan expired. Eight new admissions. Client had Bed Bugs and had o put services on hold in October 2018. Client then ended up in the nursing home. New Business; In the near future, will be lookin for a Receptionist and Marketing personnel. Meeting set for January 24, 2020. Looking to Hire Nurses as well as CNA's. Budget has been approved for 2019...." The document failed to evidence the approval of QAPI program elements.</p> <p>An agency document dated, "Months: January, February, March 2018", titled, "Re: QAPI Meeting Quarterly Review" indicated, "Participating members present: [Employee B], Administrator... Members: [Employee, A], DON, [Employee I] Quality Assurance, [Employee J], Payroll, [Employee K], Billing, [Employee L] scheduler, [Employee M], scheduling coordinator / office manager. indicated, "... Coordinator [DON], concerning the programs stated goals for performance improvement, generated a quarterly report. We are evaluating client satisfaction, decrease in falls, and prevention/control of infection. We have reviewed and inserviced all employees on Universal Precautions SN's (skilled nurse) reviewed satisfactions, and we continue to monitor falls and implementation of fall precautions. Charts were QA'd (quality assurance) for many areas. These are ongoing</p>			

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	<p>issues that will continue to be closely monitored and tracked for quality assurance and performance improvement. 1. Client satisfaction is addressed with all clients, each visit by SN ad upon frequent phone conversations. There were some concerns noted this quarter that were addressed and resolved satisfactorily. 2. Prevention and control of infection. RN reviewed and administered universal precautions inservice to all current staff. Universal precautions were also reviewed with clients for control and prevention of infection. We have had <u>7</u> orders for antibiotics this quarter with no adverse reactions noted. No instances of caregivers being carriers between clients noted. 3. Decreased falls in [sic] also an area we are continuing to monitor this year. Our goal is for all client's to remain free from falls or injuries in their homes. We have had 1 fall with injury, broken nose and finger, that was reported per (by) policy. We have had <u>7</u> reported falls this quarter with injuries reported with fall, resulting in ER (emergency room) evaluation and admission with head injury, increased confusion...." The document failed to indicate trending or aggregation of data collected to measure or improve patient outcomes, failed to evidence a specific meeting date or members present by signature.</p> <p>An unsigned, undated document titled, "Re: QAPI Meeting Quarterly Review Months: January, February, March 2019" stated, "... 2. Prevention and control of infection. RN (registered nurse) reviewed and administered universal precautions inservice to all current staff. Universal precautions were also reviewed with clients for control and prevention of infections. We have had <u>8</u> orders for antibiotics this quarter with no adverse reactions noted. No instances of caregivers being carriers between</p>			

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	<p>clients noted"</p> <p>An agency document dated, "Months: April, May, June 2019", titled, "Re: QAPI Meeting Quarterly Review" indicated, "Participating members present: [Employee B], Administrator... Members: [Employee, A], DON, [Employee I] Quality Assurance, [Employee J], Payroll, [Employee K], Billing, [Employee L] scheduler, [Employee M], scheduling coordinator / office manager. Coordinator [DON], concerning the programs stated goals for performance improvement, generated a quarterly report. We are evaluating client satisfaction, decrease in falls, and prevention/control of infection. We have reviewed and inserviced all employees on Universal Precautions SN's (skilled nurse) reviewed satisfactions, and we continue to monitor falls and implementation of fall precautions. Charts were QA'd (quality assurance) for many areas. These are ongoing issues that will continue to be closely monitored and tracked for quality assurance and performance improvement. 1. Client satisfaction is addressed with all clients, each visit by SN ad upon frequent phone conversations. There were some concerns noted this quarter that were addressed and resolved satisfactorily. 2. Prevention and control of infection. RN reviewed and administered universal precautions inservice to all current staff. Universal precautions were also reviewed with clients for control and prevention of infection. We have had _8_ orders for antibiotics this quarter with no adverse reactions noted. No instances of caregivers being carriers between clients noted. 3. Decreased falls in [sic] also an area we are continuing to monitor this year. Our goal is for all client's to remain free from falls or injuries in their homes. We have had _16_ reported falls this quarter with one fall</p>			

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	<p>resulting in staples to the head...." The document failed to indicate trending or aggregation of data collected to measure or improve patient outcomes, failed to evidence a specific meeting date or members present by signature.</p> <p>An agency document dated, "Months: April, May, June 2019", titled, "Re: QAPI Meeting Quarterly Review" indicated, "Participating members present: [Employee B], Administrator... Members: [Employee, A], DON, [Employee I] Quality Assurance, [Employee J], Payroll, [Employee K], Billing, [Employee L] scheduler, [Employee M], scheduling coordinator / office manager. Coordinator [DON], concerning the programs stated goals for performance improvement, generated a quarterly report. We are evaluating client satisfaction, decrease in falls, and prevention/control of infection. We have reviewed and inserviced all employees on Universal Precautions SN's (skilled nurse) reviewed satisfactions, and we continue to monitor falls and implementation of fall precautions. Charts were QA'd (quality assurance) for many areas. These are ongoing issues that will continue to be closely monitored and tracked for quality assurance and performance improvement. 1. Client satisfaction is addressed with all clients, each visit by S ad upon frequent phone conversations. There were some concerns noted this quarter that were addressed and resolved satisfactorily. 2. Prevention and control of infection. RN reviewed and administered universal precautions inservice to all current staff. Universal precautions were also reviewed with clients for control and prevention of infection. We have had _3_ orders for antibiotics this quarter with no adverse reactions noted. No instances of caregivers being carriers between clients noted. 3. Decreased falls</p>			

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	<p>in [sic] also an area we are continuing to monitor this year. Our goal is for all client's to remain free from falls or injuries in their homes. We have had 1 fall with injury, broken nose and finger, that was reported per (by) policy. We have had _18_ reported falls this quarter with one fall resulting in staples to the head...." The document failed to indicate trending or aggregation of data collected to measure or improve patient outcomes, failed to evidence a specific meeting date or members present by signature.</p> <p>An unsigned, undated document titled, "Re: QAPI Meeting Quarterly Review Months: April, May, June 2019" stated, "... 2. Prevention and control of infection. RN (registered nurse) reviewed and administered universal precautions inservice to all current staff. Universal precautions were also reviewed with clients for control and prevention of infections. We have had _3_ orders for antibiotics this quarter with no adverse reactions noted. No instances of caregivers being carriers between clients noted"</p> <p>During an interview on 10/23/19 at 2:19 PM the DON was asked if she trended and analyzed any of the data she collected for the QAPI program. She indicated she did not.</p> <p>During an interview on 10/24/19 at 1:07 PM, with the DON, she indicated she was not trending and analyzing data for staff and patient infections. When asked where the tracking for any staff infections were kept, she stated, "I'm not doing that." When asked if she had an infection control program that addressed surveillance, identification, prevention, control and investigation of staff and patient infections, she stated, "No." When asked about the information</p>			

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N 0472 Bldg. 00	<p>on the QAPI meetings that stated patients and staff were re-educated about universal precautions for the past two (2) quarters, she indicated the information on the meeting minutes for QAPI were incorrect. She stated she only provided infection control and universal precaution inservice upon hire and annually, when cold and flu season begins.</p> <p>During an interview on 10/24/19 at 1:10 PM, with the DON, she was asked when the undated document titled "Quality assessment and performance improvement" located in the QAPI binder was implemented and was it approved by the governing body? The DON stated, "I don't know."</p> <p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>Based on record review and interview, the agency failed to show measurable improvement in health outcomes, patient safety, and quality of care and failed to measure, analyze, and track the quality indicators of adverse patient events, failed to identify and focus the QAPI [quality assurance</p>	N 0472	The Administrator and Director of Nursing of Hometown Home Healthcare have reviewed federal/state policy 410 IAC 17-12-2(a) and Hometown Home Healthcare policy B-100 Governing Body and B-260 Performance	11/22/2019

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	<p>and performance improvement] and PIP [performance improvement program] programs on high risk, high volume or problem-prone patient areas; failed to evidence tracking and analyzing of adverse events and the implementation preventative actions; failed to implement and measure its success in tracking performance after a performance improvement project [PIP's] need for falls was identified and failed to analyze identified infections to prevent the spread of further infections for 1 of 1 agency.</p> <p>Findings include:</p> <p>An undated document titled, "Quality assessment and performance improvement", provided by the director of nursing (DON), stated "... Problem: Prevention and control of infection; Intervention: -educate staff on Universal Precautions upon hire and yearly thereafter -educate client on Universal Precautions upon admission and with SN assessments -document antibiotic usage and type of infection - monitor for possible transmission of infection via caregiver - SN (skilled nurse) will notify MD (medical doctor) with any possible interactions with ordered medication Goals: Client will be free from infection. Client will have effective medication therapy for illness. Client will have no adverse reactions to medication...."</p> <p>An undated, agency policy titled, "INFECTION CONTROL PLAN" provided by the director of nursing (DON) on 10/23/19 at 10:20 AM stated, "... The home care management team including the Director of Clinical Services ... have the authority for routine identification and analysis of the incidence and cause of all infections and shall develop and implement a plan for surveillance, prevention and control of infection hazards ... activities related ... shall be based on an</p>		<p>Improvement. The Administrator and Director of Nursing had a meeting with the Governing Body to address the QAPI program, develop areas that require close monitoring, areas that there is room for improvement in, areas where we will be able to resolve identified problems, and to improve patient care.</p> <p>The Administrator and Director of Nursing will develop a QAPI program that is approved by the Governing Body, and will meet with the Governing Body at least quarterly to ensure that goals are being met, areas of concern are being addressed, and that there is ongoing monitoring for improvement of quality of care.</p> <p>The Administrator and Director of Nursing have developed a QAPI program tht has been approved by the Governing Body and included problem areas of infection control/universal precautions, quality of care and limiting the occurrence of missed visits, reducing fall/injuries, and ensuring compliance with medication regime by providing client with medication profile that is in layman's terms and easy to understand. The DON, ADON, and QA personnel will audit charts to ensure compliance.</p> <p>The Governing Body will monitor the QAPI program to ensure that the needs of the client's are being addressed and that quality of care</p>	

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	<p>assessment ... high risk and high volume indicators ... assessed agency needs based on data collection ... Employee Health; the agency shall develop policies and procedures related to surveillance, prevention and control of employee infection"</p> <p>An undated, agency policy titled, "INFECTION CONTROL SURVEILLANCE" provided by the DON on 10/23/19 at 10:20 AM stated, "POLICY; Agency will establish a continuous data monitoring and collecting system to detect infection or identify changes in infection trends ... The Agency will implement a process of identifying all infections in the client and / or employee population and evaluate effectiveness of current control measures or identify an action plan to improve incidence of infections ... The agency will perform targeted infection control surveillance ...Client infections ... Employee infections are to be reported ... 5. The agency will closely monitor and investigate employee's illness or injury resulting from the health care professional's client care activities will closely monitored...6. The agency will identify follow - up actions ...8. Data related to identified infections will be reviewed and analyzed "</p> <p>An undated document titled, "Quality assessment and performance improvement" indicated areas identified, 'Problems', 'Intervention' and 'Goals'. Problem areas identified by the agency as indicated on the document: Client satisfaction, Prevention and Control of infection, Falls / Injury and Medications.</p> <p>An agency document dated, "1 February 2018", identified by the DON as the Governing Body minutes, stated, " Meeting brought to order. We have [Employee B] President, [Employee I], Vice</p>		will improve. QAPI minutes will be current and accurately depict the status of programs at the time of the meeting. QAPI meetings will be held at least quarterly, and with any significant change in the program	

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	<p>President, and [Employee J], Secretary / Treasurer. Old Business; We got six new admissions in 2017; April 2017 sent out 48 surveys received 13 back all positive remarks; New Business; Meeting set for February 1, 2019; Budget; Budget has been approved for 2018; Closing; meeting adjourned. The document failed to evidence the approval of the QAPI program elements.</p> <p>An agency document dated, "5 January 2019", identified by the DON as the Governing Body minutes, stated, " Meeting brought to order. We have [Employee B] President, [Employee I], Vice President, and [Employee J], Secretary / Treasurer. Old Business; Sent Out 57 Client surveys in August 2018 and received 13 back, with two wanting to discuss responses. Client had Bed Bugs February 2018 she was put on hold then her care plan expired. Eight new admissions. Client had Bed Bugs and had o put services on hold in October 2018. Client then ended up in the nursing home. New Business; In the near future, will be lookin for a Receptionist and Marketing personnel. Meeting set for January 24, 2020. Looking to Hire Nurses as well as CNA's. Budget has been approved for 2019...." The document failed to evidence the approval of QAPI program elements.</p> <p>An agency document dated, "Months: January, February, March 2018", titled, "Re: QAPI Meeting Quarterly Review" indicated, "Participating members present: [Employee B], Administrator... Members: [Employee A], DON, [Employee I] Quality Assurance, [Employee J], Payroll, [Employee K], Billing, [Employee L] scheduler, [Employee M], scheduling coordinator / office manager. indicated, "... Coordinator [DON], concerning the programs stated goals for performance improvement, generated a quarterly</p>			

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NAME OF PROVIDER OR SUPPLIER HOMETOWN HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 302 E NORTH B STREET GAS CITY, IN 46933
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	<p>report. We are evaluating client satisfaction, decrease in falls, and prevention/control of infection. We have reviewed and inserviced all employees on Universal Precautions SN's (skilled nurse) reviewed satisfactions, and we continue to monitor falls and implementation of fall precautions. Charts were QA'd (quality assurance) for many areas. These are ongoing issues that will continue to be closely monitored and tracked for quality assurance and performance improvement. 1. Client satisfaction is addressed with all clients, each visit by SN ad upon frequent phone conversations. There were some concerns noted this quarter that were addressed and resolved satisfactorily. 2. Prevention and control of infection. RN reviewed and administered universal precautions inservice to all current staff. Universal precautions were also reviewed with clients for control and prevention of infection. We have had _7_ orders for antibiotics this quarter with no adverse reactions noted. No instances of caregivers being carriers between clients noted. 3. Decreased falls in [sic] also an area we are continuing to monitor this year. Our goal is for all client's to remain free from falls or injuries in their homes. We have had 1 fall with injury, broken nose and finger, that was reported per (by) policy. We have had _7_ reported falls this quarter with injuries reported with fall, resulting in ER (emergency room) evaluation and admission with head injury, increased confusion...." The document failed to indicate trending or aggregation of data collected to measure or improve patient outcomes, failed to evidence a specific meeting date or members present by signature.</p> <p>An unsigned, undated document titled, "Re: QAPI Meeting Quarterly Review Months: January, February, March 2019" stated, "... 2.</p>			

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	<p>Prevention and control of infection. RN (registered nurse) reviewed and administered universal precautions inservice to all current staff. Universal precautions were also reviewed with clients for control and prevention of infections. We have had <u>8</u> orders for antibiotics this quarter with no adverse reactions noted. No instances of caregivers being carriers between clients noted"</p> <p>An agency document dated, "Months: April, May, June 2019", titled, "Re: QAPI Meeting Quarterly Review" indicated, "Participating members present: [Employee B], Administrator... Members: [Employee A], DON, [Employee I] Quality Assurance, [Employee J], Payroll, [Employee K], Billing, [Employee L] scheduler, [Employee M], scheduling coordinator / office manager. Coordinator [DON], concerning the programs stated goals for performance improvement, generated a quarterly report. We are evaluating client satisfaction, decrease in falls, and prevention/control of infection. We have reviewed and inserviced all employees on Universal Precautions SN's (skilled nurse) reviewed satisfactions, and we continue to monitor falls and implementation of fall precautions. Charts were QA'd (quality assurance) for many areas. These are ongoing issues that will continue to be closely monitored and tracked for quality assurance and performance improvement. 1. Client satisfaction is addressed with all clients, each visit by SN ad upon frequent phone conversations. There were some concerns noted this quarter that were addressed and resolved satisfactorily. 2. Prevention and control of infection. RN reviewed and administered universal precautions inservice to all current staff. Universal precautions were also reviewed with clients for control and</p>			

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	<p>prevention of infection. We have had _8_ orders for antibiotics this quarter with no adverse reactions noted. No instances of caregivers being carriers between clients noted. 3. Decreased falls in [sic] also an area we are continuing to monitor this year. Our goal is for all client's to remain free from falls or injuries in their homes. We have had _16_ reported falls this quarter with one fall resulting in staples to the head...." The document failed to indicate trending or aggregation of data collected to measure or improve patient outcomes, failed to evidence a specific meeting date or members present by signature.</p> <p>An agency document dated, "Months: April, May, June 2019", titled, "Re: QAPI Meeting Quarterly Review" indicated, "Participating members present: [Employee B], Administrator... Members: [Employee A], DON, [Employee I] Quality Assurance, [Employee J], Payroll, [Employee K], Billing, [Employee L] scheduler, [Employee M], scheduling coordinator / office manager. Coordinator [DON], concerning the programs stated goals for performance improvement, generated a quarterly report. We are evaluating client satisfaction, decrease in falls, and prevention/control of infection. We have reviewed and inserviced all employees on Universal Precautions SN's (skilled nurse) reviewed satisfactions, and we continue to monitor falls and implementation of fall precautions. Charts were QA'd (quality assurance) for many areas. These are ongoing issues that will continue to be closely monitored and tracked for quality assurance and performance improvement. 1. Client satisfaction is addressed with all clients, each visit by S ad upon frequent phone conversations. There were some concerns noted this quarter that were addressed and resolved satisfactorily. 2.</p>			

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	<p>Prevention and control of infection. RN reviewed and administered universal precautions inservice to all current staff. Universal precautions were also reviewed with clients for control and prevention of infection. We have had _3_ orders for antibiotics this quarter with no adverse reactions noted. No instances of caregivers being carriers between clients noted. 3. Decreased falls in [sic] also an area we are continuing to monitor this year. Our goal is for all client's to remain free from falls or injuries in their homes. We have had 1 fall with injury, broken nose and finger, that was reported per (by) policy. We have had _18_ reported falls this quarter with one fall resulting in staples to the head...." The document failed to indicate trending or aggregation of data collected to measure or improve patient outcomes, failed to evidence a specific meeting date or members present by signature.</p> <p>An unsigned, undated document titled, "Re: QAPI Meeting Quarterly Review Months: April, May, June 2019" stated, "... 2. Prevention and control of infection. RN (registered nurse) reviewed and administered universal precautions inservice to all current staff. Universal precautions were also reviewed with clients for control and prevention of infections. We have had _3_ orders for antibiotics this quarter with no adverse reactions noted. No instances of caregivers being carriers between clients noted"</p> <p>During an interview on 10/23/19 at 2:19 PM the DON was asked if she trended and analyzed any of the data she collected for the QAPI program. She indicated she did not.</p> <p>During an interview on 10/24/19 at 1:07 PM, with the DON, she indicated she was not trending and</p>			

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	analyzing data for staff and patient infections. When asked where the tracking for any staff infections were kept, she stated, "I'm not doing that." When asked if she had an infection control program that addressed surveillance, identification, prevention, control and investigation of staff and patient infections, she stated, "No." When asked about the information on the QAPI meetings that stated patients and staff were re-educated about universal precautions for the past two (2) quarters, she indicated the information on the meeting minutes for QAPI were incorrect. She stated she only provided infection control and universal precaution inservice upon hire and annually, when cold and flu season begins.			