STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K095	A. BUILDING 00 B. WING	06/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
TENDER LOVE HOME SERVICES LLC	7895 BROADWAY STE L MERRILLVILLE, IN 46410

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G 0000 Bldg. 00		G 0000		

This visit was a recertification survey of a Medicare home health agency. One (1) complaint was investigated in conjunction with the recertification survey. This survey was announced as partial extended on 06-27-19, at 12:30 PM.

Complaint #: IN 00223181; unsubstantiated; no findings

Facility #: 12817

Survey dates: 6-24, 6-25, 6-26, & 6-27-19

Skilled Unduplicated Admissions in prior 12 months: 0

Current Census: Home Health Aide only: 16

Record reviews with home visit: 3

Record review only: 4

Total clinical records reviewed: 7

Active clinical records reviewed 5

Closed clinical records reviewed 2

This deficiency reflects a State Finding cited in accordance with 410 IAC 17. Refer to State Form

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

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	for additional State Findings. Quality Review Completed 7/2/19			
G 0800 Bldg. 00	Based on observation, record review, and interview, the home health agency failed to ensure the home care aide followed the aide plan of care and functioned within her scope of practice for 1 of 2 home visits with aide services and a total sample of 7 clinical records reviewed. Findings include: Review of undated agency policy "Assignment and Duties of the Home Health Aide Policy" stated: "Written patient care instructions for the home health aide must be prepared. . . The Aide assignment must consider the skills of the aide, the amount and kind of supervision needed. . ." Review of clinical record #2 on 6-25-19, start of care 6-25-18, certification period of 6-20-19 through 8-18-19, with a diagnosis of cerebral vascular accident (stroke), end stage renal disease, hypertension (elevated blood pressure) and diabetes (elevated blood sugar). The Aide care plan evidenced the aide performance of vital signs, bathing, hair care/shampoos, patient transfer, range of motion exercises as needed, perineal/incontinence care with use of a brief under pad and nothing per mouth diet. A home visit was made on 6-26-19 with home health aide, Employee H. This surveyor observed patient's Mother, primary caregiver, hand the	G 0800	All HHA's will only perform assignments and duties within their scope of practice and outlined by the Aide assignment sheet. The HHA will not perform any invasive procedures including performing a fingerstick to obtain blood sugar levels. The HHA's will have an in-service reviewing their assignments and duties with the scope of their practice. Employee H was informed on June 27, 2019 of her performance of a fingerstick was outside the scope of practice and is not included on the aide assignment sheet as a duty to be performed. The Director of Nursing had an in-service with all the HHA's re-instructing them on not performing any invasive procedures including glucometer checks and any other procedures outside their scope of practice. They have been re-instructed to follow their Aide care plan. The Alternate Administrator will	06/28/2019

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	patient's glucometer to Employee H and Employee H performed a finger stick on patient and obtained a glucose reading via the glucometer. During an interview with agency Administrator on 6-26-19 at 12:00 Noon, the Administrator acknowledged the home health aides were not allowed to perform any invasive procedures which included the performance of a finger stick to obtain blood sugar levels. When queried, the Administrator provided no further information. 17-14-1(g)		follow up to ensure that we are always 100% compliant to the Federal Regulation.	
N 0000 Bldg. 00	This visit was a State re-licensure survey of a home health agency. One (1) complaint was investigated in conjunction with the survey. Complaint #: IN 00223181; unsubstantiated; no findings Facility #: 12817 Survey dates: 6-24, 6-25, 6-26, & 6-27-19 Skilled Unduplicated Admissions in prior 12 months: 0 Current Census: Home Health Aide only: 16 Record reviews with home visit: 3 Record review only: 4	N 0000		

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	Total clinical records reviewed: 7 Active clinical records reviewed 5 Closed clinical records reviewed 2 Quality Review Completed 7/2/19			
N 0458 Bldg. 00	410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. Based on record review and interview, the agency failed to ensure a limited criminal history check was initiated within 3 days of first patient contact, pursuant to IC 16-27-2 of 1 employee (G) of 9 personnel files reviewed. Findings include:	N 0458	Upon hire of personnel, a national background with fingerprinting with qualifying results will be initiated with 1-3 days of patient contact. For any employee that is hired initially under the non-medical license and transfers as a HHA	06/28/2019

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	Review of the personnel file of Employee G, date of hire and first patient contact of 4-7-16. The personnel file evidenced completion of a limited criminal history check on 9-30-13 & 2-21-19. The personnel file failed to evidence that a limited criminal history check was initiated within 3 days of first patient contact (4-17-16). On 6-27-19 at 12:56 PM, the Administrator & Director of Nursing acknowledge the findings and presented nothing further for review.		under the medical license, a new chart will be created as a new employee. Employee G began under the non-medical license on 9/30/2013 then transferred as a HHA on 4/7/2016, therefore a limited criminal history was done 9/30/2013 but not again after transfer was done. HR will ensure 100% compliance that this will be our procedure to follow according to the State Regulation. The Administrator/Alternate Administrator will ensure that this procedure is carried out according to the State Regulation. All personnel charts will be reviewed by the Administrator/Alternate Administrator prior to the employee being released to have contact with the patient. This will help TLHS to ensure total compliance to all regulations 100%.	
N 0462 Bldg. 00	410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to			

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	ensure that the employee will not spread infectious or communicable diseases to patients. Based on record review and interview, the agency failed to ensure each employee who will have direct patient contact had a physical examination by a physician or nurse practitioner not more than 180 days before the employee had direct patient contact for 1 (employee G) of 9 Personnel files reviewed. Findings Include: Review of personnel record for Employee G, with date of hire & first patient contact of 4-7-16, evidenced a physical exam date of 8-14-13 & 2-21-19 with neither of these within 180 days prior to first patient contact. On 6-27-19 at 12:56 PM, the Administrator & Director of Nursing acknowledge the findings and presented nothing further for review.	N 0462	Upon hire of personnel and first patient contact, a physical exam by a physician or NP will be performed not more than 180 days before the employee has direct patient contact. For any employee that is hired initially under the non-medical license and transfers as a HHA under the medical license, a new chart will be created as a new employee. Employee G began under the non-medical license on 9/30/2013 then transferred as a HHA on 4/7/2016, therefore a physical exam was initially done 8-14-2013 but not again after transfer was done. HR Director has been instructed to check all physical forms from an outside previous employer will be assessed for time frame of 180 days. If more than the 180 days we will not accept the outside physical and will require them to get a new physical to ensure 100% compliance with the 180 days State Regulation. The Administrator/Alternate Administrator will also check all personnel files to ensure this will not happen again.	06/28/2019

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N 9999 Bldg. 00	Based on record review and interview, the agency failed to evidence the completion of a urine drug screen at the time of hire pursuant to IC 16-27-2.5 of 1 employee (I) of 9 personnel files reviewed. Findings include: Review of agency policy "Drug Testing Policy" states: ". . . Pre-Employment (New Hires). Applicants shall be subject to a drug test prior to employment. Applicants must submit to and successfully pass a drug test at the time of hire. No employee shall provide are to patient until a negative test result has been received." Review of the personnel file of Employee I, evidenced a urine drug screen on 7-28-18. The record failed to evidence the completion of a urine drug screen at the time of hire or within 30 days of hire with results prior to first patient contact of 9-24-18. On 6-27-19 at 12:56 PM, the Administrator & Director of Nursing acknowledge the findings and presented nothing further for review.	N 9999	Each applicant upon hire shall submit to and successfully pass a drug test at the time of hire. A negative test result must, and will be received prior to first patient contact. Upon date of Employee I was to begin work 8/6/2018, a drug screen was performed on 7-28-2018, however, the patient was admitted in hospital and employee did not have first patient contact until after she was discharged 9/24/2018. Within 1-30 days of the negative drug result, the company will ensure the employee will have patient contact. In the event that they are not able to have patient contact within that time frame we will re-schedule for an additional drug testing to ensure we remain 100% compliant according to State Regulation. (IC 16-27-2.5) The Administrator/Alternate Administrator will ensure this procedure is followed according to this policy and procedures.	06/28/2019