PRINTED: 08/07/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES							FORM APPROVED	
	R MEDICARE & MEDI						IB NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		A	(X2) MULTIPLE CO A. BUILDING		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER  15K095			B. WING	00	COMPLETED 06/27/2019			
		1011000			_	00/21	72010	
NAME OF I	PROVIDER OR SUPPLI	ER			ADDRESS, CITY, STATE, ZIP COD ROADWAY STE L			
TENDER LOVE HOME SERVICES LLC					ILLVILLE, IN 46410			
(X4) ID	SUMMAR	Y STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECT			(X5)	
PREFIX	(EACH DEFICIE	ENCY MUST BE PRECEDED BY F	ULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPF	E RIATE	COMPLETION	
TAG	REGULATORY (	OR LSC IDENTIFYING INFORMA	ΓΙΟΝ	TAG	DEFICIENCY)		DATE	
G 0000								
Bldg. 00								
Diag. 00				G 0000				
	This visit was a r	recertification survey of a		G 0000				
		ealth agency. One (1) compla	int					
	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 findings	00223181; unsubstantiated; r	10					
	Facility #: 12817							
	Survey dates: 6-2	24, 6-25, 6-26, & 6-27-19						
	Skilled Unduplica months: 0	ated Admissions in prior 12						
	Current Census:	Home Health Aide only:	16					
	Re	ecord reviews with home visit						
	3							
	Re	ecord review only:	4					
	7	stal clinical records reviewed:						
	_ ′							

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

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

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Active clinical records reviewed

Closed clinical records reviewed

TITLE (X6) DATE

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED 15K095 B. WING 06/27/2019 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 7895 BROADWAY STE L TENDER LOVE HOME SERVICES LLC MERRILLVILLE. IN 46410 SUMMARY STATEMENT OF DEFICIENCIE (X4) ID ID (X5)PROVIDER'S PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE for additional State Findings. Quality Review Completed 7/2/19 G 0800 Bldg. 00 G 0800 All HHA's will only perform 06/28/2019 Based on observation, record review, and assignments and duties within interview, the home health agency failed to ensure their scope of practice and the home care aide followed the aide plan of care outlined by the Aide assignment and functioned within her scope of practice for 1 sheet. The HHA will not perform of 2 home visits with aide services and a total any invasive procedures including sample of 7 clinical records reviewed. performing a fingerstick to obtain blood sugar levels. Findings include: The HHA's will have an in-service Review of undated agency policy "Assignment reviewing their assignments and and Duties of the Home Health Aide Policy" duties with the scope of their practice. stated: "Written patient care instructions for the home health aide must be prepared. . . The Aide assignment must consider the skills of the aide, Employee H was informed on June the amount and kind of supervision needed. . ." 27, 2019 of her performance of a fingerstick was outside the scope Review of clinical record #2 on 6-25-19, start of of practice and is not included on care 6-25-18, certification period of 6-20-19 the aide assignment sheet as a through 8-18-19, with a diagnosis of cerebral duty to be performed. vascular accident (stroke), end stage renal disease, hypertension (elevated blood pressure) The Director of Nursing had an and diabetes (elevated blood sugar). The Aide in-service with all the HHA's care plan evidenced the aide performance of vital re-instructing them on not signs, bathing, hair care/shampoos, patient performing any invasive transfer, range of motion exercises as needed, procedures including glucometer perineal/incontinence care with use of a brief checks and any other procedures under pad and nothing per mouth diet. outside their scope of practice. They have been re-instructed to A home visit was made on 6-26-19 with home follow their Aide care plan. health aide, Employee H. This surveyor observed

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patient's Mother, primary caregiver, hand the

Event ID:

D32V11

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The Alternate Administrator will

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER				00	COMPLETED	
15K095			B. WING 06/27/2019				2019	
NAME OF PROVIDER OR SUPPLIER						ADDRESS, CITY, STATE, ZIP COD		
TENDER LOVE HOME SERVICES LLC			7895 BROADWAY STE L MERRILLVILLE, IN 46410					
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE			ID	DROUDENG N. AN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FUI	LL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATI			TAG	DEFICIENCY)		DATE
		to Employee H and Employ				follow up to ensure that we are	;	
	a glucose reading vi	er stick on patient and obtained	ea			always 100% compliant to the Federal Regulation.		
	a glucose reading vi	a the gracometer.				r ederai rregulation.		
		with agency Administrator of	on					
		oon, the Administrator						
	_	ome health aides were not any invasive procedures which	ch					
		nance of a finger stick to	CII					
		evels. When queried, the						
	Administrator provided no further information.							
	17-14-1(g)							
	(8)							
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.		N 00	000				
	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: Ho	ome Health Aide only:	16					
	Reco	ord reviews with home visit:						
	Reco	ord review only:	4					

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AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  15K095		A. BUILDING 00 COMPLETED  B. WING 06/27/2019							
NAME OF PROVIDER OR SUPPLIER TENDER LOVE HOME SERVICES LLC			7895 B	STREET ADDRESS, CITY, STATE, ZIP COD 7895 BROADWAY STE L MERRILLVILLE, IN 46410					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION  Total clinical records reviewed:		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE				
	7 Activ	ve clinical records reviewed ed clinical records reviewed							
N 0458 Bldg. 00	Quality Review Completed 7/2/19  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.		N 0458	Upon hire of personnel, a nati background with fingerprinting qualifying results will be initiat with 1-3 days of patient container of the con	g with ded ct.				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15K095		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 06/27/2019					
NAME OF PROVIDER OR SUPPLIER TENDER LOVE HOME SERVICES LLC			7895 B	STREET ADDRESS, CITY, STATE, ZIP COD 7895 BROADWAY STE L MERRILLVILLE, IN 46410					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE				
	of hire and first pati personnel file evide criminal history che personnel file failed criminal history che of first patient conta On 6-27-19 at 12:56	PM, the Administrator & acknowledge the findings and		under the medical license, a rechart will be created as a new employee.  Employee G began under the non-medical license on 9/30/2 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% compliated that this will be our procedure follow according to the State Regulation.  The Administrator/Alternate Administrator will ensure that procedure is carried out according to the State Regulation. All personnel charts will be review by the Administrator prior to the employee being released to hearts with the prefinet. This	2013  ance to this rding wed example wed example wed example we have				
				contact with the patient. This help TLHS to ensure total compliance to all regulations 100%.	WIII				
N 0462	410 IAC 17-12-1(h Home health ager								
Bldg. 00	administration/mal Rule 12 Sec. 1(h) have direct patient physical examinat practitioner no mo (180) days before has direct patient	-							

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AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  15K095		A. BUILDING  B. WING	COMPLETED 06/27/2019		
NAME OF PROVIDER OR SUPPLIER TENDER LOVE HOME SERVICES LLC			7895 I	ADDRESS, CITY, STATE, ZIP COD BROADWAY STE L RILLVILLE, IN 46410	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF ensure that the er	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION  ensure that the employee will not spread		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	patients.  Based on record revialled to ensure each direct patient contact by a physician or many 180 days before the contact for 1 (employereviewed.  Findings Include:  Review of personned date of hire & first evidenced a physical 2-21-19 with neither to first patient contact.  On 6-27-19 at 12:50	5 PM, the Administrator & acknowledge the findings and	N 0462	Upon hire of personnel and fir patient contact, a physical exaby a physician or NP will be performed not more than 180 before the employee has direct patient contact.  For any employee that is hired initially under the non-medical license and transfers as a HH, under the medical license, a number chart will be created as a new employee.  Employee G began under the non-medical license on 9/30/2 then transferred as a HHA on 4/7/2016, therefore a physical exam was initially done 8-14-2 but not again after transfer was done.  HR Director has been instruct check all physical forms from a outside previous employer will assessed for time frame of 18 days. If more than the 180 day we will not accept the outside physical and will require them get a new physical to ensure 100% compliance with the 180 days State Regulation.  The Administrator/Alternate Administrator will also check a personnel files to ensure this worth happen again.	days ct  d A A ew  2013 s ed to an I be 0 ys to

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NAME OF PROVIDER OR SUPPLIER TENDER LOVE HOME SERVICES LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PRIETIX TAG  SIGNATORY OR ISC IDINTITYING INFORMATION  N 9999  Blidg. 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.  STREET ADDRESS, CITY, STATE, ZIP COD 7885 BROADWAY STE L MERRILLVILLE, IN 46410  Demonstration, 465000000000000000000000000000000000000	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K095	(X2) MULTIPLE CONSTRUCTION       (X3) DATE SU         A. BUILDING       00       COMPLET         B. WING       06/27/20		ETED		
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION  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.  PREFIX TAG  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 reschedule 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	TENDER LOVE HOME SERVICES LLC			STREET ADDRESS, CITY, STATE, ZIP COD 7895 BROADWAY STE L				
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 (1) 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 of the time of hire or within 30 days of hire with results prior to first patient contact.  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 will ensure this procedure is followed according to	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLICTION SHOULD BE COMPLICTION SHOULD BE COMPLICTION SHOULD BE		
this policy and procedures.	N 9999	Based on record reversalled to evidence the screen at the time of of 1 employee (I) of Findings include:  Review of agency progrestates: " Pre-Employment. Applicants shall be employment. Applicants shall be employment. Applicants shall negative test result.  Review of the personal evidenced a urine director of failed to evidence at the time with results pringled.  On 6-27-19 at 12:50 Director of Nursing.	riew and interview, the agency me completion of a urine drug of hire pursuant to IC 16-27-2.5 of 9 personnel files reviewed.  Folicy "Drug Testing Policy" apployment (New Hires). subject to a drug test prior to icants must submit to and drug test at the time of hire. provide are to patient until a has been received."  Formel file of Employee I, rug screen on 7-28-18. The dence the completion of a urine me of hire or within 30 days of or to first patient contact of		Each applicant upon hire shal submit to and successfully pardrug test at the time of hire. A negative test result must, and be received prior to first patier contact.  Upon date of Employee I was begin work 8/6/2018, a drug screen was performed on 7-28-2018, however, the patier was admitted in hospital and employee did not have first parcontact until after she was discharged 9/24/2018.  Within 1-30 days of the negating drug result, the company will ensure the employee will have patient contact. In the event the they are not able to have patien contact within that time frame will re-schedule for an addition drug testing to ensure we rem 100% compliant according to State Regulation. (IC 16-27-2.)	I ss a will nt to ent atient we enal eain		

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