

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K141	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/15/2020
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NAME OF PROVIDER OR SUPPLIER  TOGETHER HOMECARE	STREET ADDRESS, CITY, STATE, ZIP COD 555 E COUNTY LINE ROAD SUITE 105 GREENWOOD, IN 46143
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G 0000  Bldg. 00	<p>This visit was for a federal and state licensure complaint investigation of a home health agency.</p> <p>Complaint #: IN 00327251; Substantiated with related findings</p> <p>Survey dates: 5-13, 5-14, and 5-15-2020</p> <p>Facility #: 013867</p> <p>CCN #: 15K141</p> <p>Skilled unduplicated admissions prior 12 months: 70</p> <p>Current census: 54</p> <p>Columbus branch: 10 Skilled service 44 Home health aide; no skilled service 0 Personal services-attendant care only 44 Total</p> <p>Home visits: 0; due to novel Coronavirus pandemic</p> <p>Record review only: 4; Clinical Record #5 was a limited review only for skilled nursing</p> <p>Together Homecare, Greenwood IN (parent,) and Columbus IN (branch,) are precluded from providing their own home health aide training and</p>	G 0000	<p><b>Together Homecare (“Together”) submits the following Plan of Correction as required by State and Federal law. Together’s submission of this Plan of Correction should not be taken as an agreement with or admission of any of the findings contained therein. Together hereby expressly reserves the right to challenge the factual findings, legal conclusions, and allegations contained in the underlying reports.</b></p> <p><b>Compliance has been and will be achieved no later than the last completion date identified in the Plan of Correction. Together desires this Plan of Correction to be considered our Creditable Allegation of Compliance.</b></p>	

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 disclosed 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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G 0572 Bldg. 00	<p>competency evaluation program for a period of 2 years which began on May 15, 2020, to May 14, 2022, for having being found out of compliance with the Condition of Participation Infection Control, 42 CFR 484.70.</p> <p>State deficiencies are cited herein pursuant to 410 IAC 17-10-1, et seq.</p> <p>Quality review completed on 6/3/2020 by area 3</p> <p>484.60(a)(1) Plan of care Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modifications to the original plan.</p> <p>Based on record review and interview, the agency failed to ensure care visits were provided as ordered on the plan of care for 3 (Patients #1, 2, and 4) of 4 records reviewed.</p> <p>The findings included:</p> <p>1. Review of Patient #1's clinical record evidenced a start of care date of 1-29-19, a plan of care (POC) certification period of 3-24-2020 to 5-22-2020, with diagnoses of difficulty in walking, chronic pain syndrome, suprapubic catheter (urinary catheter</p>	G 0572	The Columbus Branch Manager and Nurse Manager have been re-educated on the importance of providing all services ordered on the Plan of Care and the implications of COVID-19 symptoms or diagnosis in planning for home health care for patients. The Branch Manager and Nurse Manager have reviewed with the Administrator and Director of Clinical Services, and all have acknowledged their understanding	06/09/2020

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	<p>exiting through abdominal wall), fecal incontinence, and spinal stenosis (narrowing) with service orders for with service orders for home health aide and attendant care services for assistance with personal care, light housekeeping, meal preparation, and mobility assistance with frequency orders the aide and attendant care for multiple hours up to and including 7 day/ week services.</p> <p>The POC summary further evidenced Patient #1 required human assist for pivot transfer from bed to chair/ wheel chair and has bowel/ bladder incontinence. The POC narrative summary stated ". . . (Patient #1) continues to have urine leakage because of a urethral/ vaginal/ anal fistula (abnormal connection) . . . Granddaughter provides care when agency not present . . . polypharmacy, comorbidities and physical frailty/ weakness, she continues to require significant assistance in her home with ADLs and IADLs (activities of daily living/ activities to remain in community such as errands &amp; medications) and assistance with transportation . . ."</p> <p>Review of Patient #1's clinical record failed to evidence aide and attendant care notes from 4-23-2020 to 5-5-2020.</p> <p>Patient #1's clinical record evidenced a physician order dated 4-28-2020 by registered nurse, Employee E, which stated "Patient home health services placed on hold, effective 4-22-2020, for positive COVID-19 (pandemic virus) test.</p> <p>Patient #1's clinical record evidenced an order dated 5-8-2020, by registered nurse, Employee E, which stated "Patient's home care services resumed, effective 5-5-2020. Patient was tested for COVID-19 with a positive result. Patient has been</p>		<p>of the proper steps that must be taken and documented in order to suspend services, if requested by a patient, informal caregiver or Physician, as well as the steps that must be taken to avoid a suspension of services.</p> <p>The Administrator and Director of Clinical Services for Together Homecare of Greenwood (parent) and the Nurse Manager and Branch Manager for Columbus (branch) continue to maintain constant communication at multiple points throughout the day to ensure the Administrator and Director of Clinical Services remain thoroughly updated on the day-to-day happenings of the branch location. Additionally, effective 6/9/2020, the branch and parent have scheduled a twice-weekly formal COVID-19 standing meeting to discuss COVID positive or presumed positive cases as well as infection control information and PPE inventory. Greenwood will use its supply of PPE to supplement any potential shortages experienced by Columbus (or vice-versa) as needed to ensure that proper and sufficient PPE is readily available for any caregiver providing services to a COVID positive or presumed positive patient. Additionally, concerns related to COVID-19 cannot be cited as a reason to place services on hold without first consulting with the Administrator</p>	

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	<p>symptom and fever free for more than 10 days." The agency failed to ensure that services continued to be provided and not placed on hold due to the patient testing positive for COVID-19.</p> <p>2. Review of Patient #2's clinical record evidenced a start of care date of 7-12-19, a POC certification period of 3-8-2020 to 5-6-2020, with diagnoses of chronic obstructive pulmonary (lung) disease, diabetes (elevated blood sugar) &amp; epilepsy (seizures) with service orders for home health aide and attendant care services for assistance with personal care, light housekeeping, meal preparation, and mobility assistance with frequency orders the aide and attendant care for multiple hours up to and including 7 day/ week services. Skilled nursing was ordered every 30 days for comprehensive assessment, monitoring seizure activity, diabetic management, and aide supervision.</p> <p>The POC summary further evidenced Patient #2 " ... is easily fatigued and has shortness of breath . . . has no primary caregiver and relies on homecare for assistance for his ADL's/IADL's, medication reminders, light housekeeping, transportation and errands . . . requires significant assistance with ADLs/IADLS due to his/ her diagnoses and his/ her inability to care for him/ herself . . . "</p> <p>Review of the clinical record evidenced Patient #2 was tested for COVID-19 (pandemic virus) on 4-6-2020, at a local hospital with agency notification of Patient #2's positive test result on 4-10-2020. Patient #2's clinical record failed to evidence aide and/or attendant care for the period of 4-10-2020 to 4-20-2020.</p> <p>Review of a "Client Logging Report" dated 4-10-2020, no time documented, by registered</p>		<p>and/or Director of Clinical Services. This conversation must be documented in the clinical record.</p> <p>The Agency's Director of Clinical Services and Administrator are responsible for ensuring the deficiency is corrected and will not recur.</p> <p>Completed 6/09/2020 and ongoing.</p>	

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	<p>nurse, Employee E, evidenced "Spoke with patient. Explained that he would be on hold until he is no longer contagious with COVID-19 . . . "</p> <p>Patient #2's clinical record further evidenced a resumption of care telemedicine clinical note by Employee E on 4-20-2020 at 3:00 PM, which stated ". . . Patient was placed on hold due to a positive COVID-19 test. Patient no longer has any s/sx (signs or symptoms) of the virus and it has been 14 days since test was administered ..." The agency failed to ensure that services continued to be provided and not placed on hold due to the patient testing positive for COVID-19.</p> <p>3. Review of Patient #4's clinical record evidenced a start of care date of 8-13-19, a POC spanning the most recent two certification periods ending on 6-7-2020, with diagnoses of anoxic (lack of oxygen) brain damage, diabetes, epilepsy (seizures) with service orders for home health aide and attendant care services for assistance with personal care, light housekeeping, meal preparation, and mobility assistance with frequency orders the aide for multiple hours up to and including 7 day/ week services.</p> <p>Review of Patient #4's clinical record and schedules failed to evidence home health aide visits from 3-27-20 through 4-26-2020, with resumption of care visits on 4-27-2020. Review of Patient #4's "Client Logging Report" evidenced an entry by registered nurse, Employee E, dated 4-1-2020, no time documented, which stated: ". . . HHA (home health aide) services are being placed on hold as we await COVID-19 results for caregiver." A second entry on this report by the same registered nurse, dated 4-7-2020, no time documented, stated: ". . . services had been on hold since 3-27-2020 due to HHA exhibiting</p>			

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	<p>symptoms of COVID-19. . ." A third entry onto this report was made by the same registered nurse on 4-28-2020, no time documented, which stated: "Notified MD office that patient was resumed, effective 4-27-2020, after COVID-19 precautions." The agency failed to ensure that services continued to be provided and not placed on hold due to the patient testing positive for COVID-19.</p> <p>4. During interview with the branch manager on 5-14-2020 at 2:07 PM, the manager indicated the branch location maintained an adequate supply of PPE (personal protective equipment) in the field; at one point the branch did not have any alcohol hand sanitizer on the shelf, but the field staff had adequate supply in their bags.</p> <p>5. On 5-14-2020 at 3:15 PM, the branch clinical manager indicated employees would have required a face shield to provide care to Patient #2, as Patient #2 had nebulizer treatments (breathing treatment which may produce aerosolized particles) and they did not have face shields. The parent office clinical manager indicated the agency's parent office had face shields in stock and available since 3-24-2020. The administrator stated the parent office would share personal protective equipment with the branch office. When queried for further pertinent documentation, information, or explanation why care was withheld, the administrator stated the agency did not assign home health aides to homes without the home health aides consent, and the home health aides had refused to provide care for patients with COVID-19 symptoms or COVID-19 diagnosis. Upon request for further pertinent information, explanation, or documentation, nothing further was provided to be reviewed.</p>			

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G 0680  Bldg. 00	<p><b>484.70</b> Infection prevention and control Condition of Participation: Infection prevention and control. The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.</p> <p>Based on record review and interview, the agency failed to maintain compliance with the Condition of Participation Infection Control, 42 CFR 484.70, by failing to provide timely and complete education/ instruction regarding infection prevention/ control measures to 68 employed direct care providers, pertinent to the ongoing COVID-19 pandemic, which had the potential to affect all 54 patients under the agency's care.</p> <p>The cumulative effect of these systemic problems resulted in the home health agency's inability to ensure provision of quality health care in a safe environment, for the Condition of Participation, 42 CFR 484.70.</p>	G 0680	All active patients have confirmed receipt and understanding of CDC handouts referenced on page 10 of the survey report, which were distributed by the Agency. All active employees have received healthcare provider information handouts from the CDC (also referenced on page 10 of the survey report) and have confirmed receipt and understanding of this information by completing a COVID-19 in-service test. The Agency will continue to provide educational material at regular intervals, in accordance with the Conditions of Participation. The Director of Clinical Services, Administrator, Branch Manager and Nurse Manager are all enrolled in the ISDH and CDC Coronavirus automatic e-mail updates to ensure that future information is gathered and reviewed timely and distributed to appropriate parties as applicable. Moving forward, any participation in an in-service or distribution of educational material via handout, telephone call, CellTrak alert, e-mail, etc., will be documented in a verification tracker to ensure the	06/12/2020	

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G 0686  Bldg. 00	484.70(c) Infection control education Standard: Education. The HHA must provide infection control education to staff, patients, and caregiver(s).  Based on record review and interview, the agency	G 0686	material was appropriately delivered, reviewed and understood by its intended recipient. The Administrator and Director of Clinical Services will actively monitor this process through the Parent-to-Branch standing meetings to ensure continued compliance with this requirement. Any distributed information or education will continue to be directly from the CDC or ISDH as applicable, to ensure the information is complete and accurate. Additionally, any new information distributed via bulletin, handout, e-mail, in-service, etc. will be filed with a copy of the source of the information to ensure that there is a reference of the information that was applicable at the time guidance was given.  The Administrator and Director of Clinical Services are responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur.  Completed 6/12/2020 and ongoing.  All active Agency employees have received the official CDC Hand	06/12/2020



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	<p>failed to provide timely, complete education and guidance regarding infection prevention/control measures pertinent to the ongoing novel Coronavirus pandemic to its 68 direct care providers with the potential to affect all 54 patients under the agency's care.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Review of an agency policy titled "Infection Prevention/ Control Plan B-401," last reviewed/ revised 8-21-10, evidenced the policy stated: " ... Prevention. Education for staff, patients, and visitors will continue with signs and other methods regarding hand hygiene and cough hygiene importance for staff and patients."</li> <li>2. Review of agency policy titled "Infection Prevention/ Control B-403," last reviewed/ revised 8-21-19, evidenced the policy stated: "Agency will observe the recommended precautions for home care as identified by the Centers for Disease Control &amp; Prevention (CDC). The precautions cover those patients with documented or suspected infection with highly transmissible or epidemiologically important pathogens that require additional precautions to prevent transmission . . . This program will evaluate those patient populations to be at risk and implement processes as needed."</li> <li>3. Review of standards of practice related to the COVID-19 pandemic, revealed on January 30, the WHO (World Health Organization) declared the outbreak a Public Health Emergency of International Concern (COVID-19.)</li> <li>4. On 2-28-2020, the Indiana State Department of Health (ISDH) issued "Home Care Instructions for Novel Coronavirus (COVID-19)," which provided</li> </ol>		<p>Hygiene guidance and have confirmed understanding of the information in the form of a test. This test was accompanied by supporting reference material gathered from the CDC site referenced in the survey report (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html</a>) and covered infection control, PPE usage, storage and inspection, all updated COVID symptoms from the CDC site referenced on page 13 of the survey report, including cleaning and disinfection, caring for patients at home, hand hygiene, and several other topics found in CDC's guidance on the aforementioned website. Assessment and education for hand hygiene, infection control, and other precautions and screening related to COVID-19 continue to be performed at supervisory, re-certification and resumption of care visits, both with patients and with staff, as documented within the assessment form. In addition to completing the above mentioned in-service and test, all active employees, including employees B and D named in the survey, have been contacted directly to ensure that masks are being worn during direct patient care and to ensure proper use, handling and care techniques are being observed in accordance with CDC</p>	

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	<p>instructions for people being evaluated for COVID-19 (Coronavirus) and their families/ caregivers, which included the wearing of face masks &amp; appropriate personal protective equipment (PPE), hand hygiene, disinfection in the home, and monitoring for signs and symptoms of COVID-19, which included 3 signs/ symptoms - -- fever, cough, and shortness of breath.</p> <p>5. On 2-29-2020, the Centers for Disease Control (CDC) revealed release of a guidance document titled "Healthcare Facilities: Preparing for Community Transmission" ... "1) Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare. 2) Explore alternatives to face-to-face triage and visits - Instruct patients when to call (fever, shortness of breath, cough), 3). Plan to optimize your facility's supply of personal protective equipment in the event of shortages. Identify flexible mechanisms to procure additional supplies when needed 4) Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients such as signage &amp; social distancing 5) Monitor healthcare workers and ensure maintenance of essential healthcare facility staff and operations including potential screening of employees for fever or illness 6) When possible, manage mildly ill COVID-19 patients at home to include assess the patient's ability to engage in home monitoring, the ability for safe isolation at home, the risk of transmission in the patient's home environment, caregivers and sick persons should have clear instructions regarding home care and when and how to access the healthcare system for face-to-face care or urgent/ emergency conditions."</p>		<p>recommendations. Furthermore, all active patients have been contacted and have confirmed understanding that their caregivers were supplied with masks by the Agency and must be wearing them during direct patient care. The Director of Clinical Services and the Nurse Manager were enrolled in the ISDH automatic COVID-19 e-mail updates through the coronavirus.in.gov site as of 3/13/2020. To further ensure that the Agency remains up-to-date on the latest CDC standards and recommendations related to COVID-19, the Administrator, Branch Manager, Director of Clinical Services and the Nurse Manager have also been added to the CDC COVID-19 automatic e-mail update distribution list, effective 6/9/2020. Patient #3's caregiver (Employee B) has already demonstrated competency in donning and doffing the required PPE for transmission-based precautions related to COVID when she retrieved the necessary supplies from the office. All PPE competencies will be conducted, with documentation maintained by the Agency, prior to any employee providing care to a patient who is on isolation or quarantine due to COVID-19. As part of this competency process, the Agency will ensure that the employee is able to verbalize understanding of</p>	

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	<p>6. Review of the Centers for Medicare &amp; Medicaid Services (CMS) revealed the CDC issued QSO-20-18-HHA on 3-10-2020, (Quality Safety &amp; Oversight, Home Health Agency) which provided the following summarized guidance: 1) Screening of patients for signs and symptoms of COVID-19 2) monitoring or restriction of home visitors 3) identification of patients at risk 4) recommended infection control practices - PPE (personal protective equipment) of wearing of face masks prior to entering the home, gown, gloves, hand hygiene, environmental controls, disposal of PPE, sharing of personal items, cleaning and disinfecting, and monitoring. The agency documentation failed to provide guidance on cleaning and disinfection in the home- to include definition of high contact surfaces and how to determine the required contact time for disinfectants. CDC references of: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html</a> and <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html">https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html</a>.</p> <p>7. Review of the Internet search of "COVID-19," revealed on 3-11-2020, the World Health Organization (WHO) declared the outbreak of coronavirus was a pandemic.</p> <p>8. Review of the Internet search of "COVID-19," revealed on 3-13-2020, the President of the United States announced a national emergency based on the outbreak of coronavirus (COVID-19) pandemic.</p> <p>9. Review of a 1 page document dated 3-13, 2020, provided by the agency administrator on 5-13-2020 at 1:30 PM, titled "Together Homecare Coronavirus Disease (COVID-19) Bulletin," and which the administrator indicated the document</p>		<p>the most up-to-date infection precautions and COVID-19 care in accordance with CDC guidelines. Employees without a documented competency, as described above, will not be assigned to care for any COVID-19 positive, presumed-positive, or exposed patients.</p> <p>The Agency will continue to ensure that anyone who had direct or indirect contact with a positive or presumed positive patient or employee within 48 hours before symptoms developed is notified of the potential exposure and given clear instructions for quarantine and symptom monitoring. This communication will be documented in the patient's clinical record and/or the employee's file. The Director of Clinical Services or Designee will audit the clinical record for any COVID positive, presumed positive, or exposed patient as part of the maintenance of the Agency's COVID-19 tracker, to ensure that the documentation is present.</p> <p>Moving forward, any participation in or receipt of an in-service or distribution of educational material via handout, telephone call, CellTrak alert, e-mail, etc., will be documented in a verification tracker to ensure the material was appropriately delivered, reviewed and understood by its intended recipient. The Administrator and</p>	

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	<p>was mailed and hand delivered to all patients and agency staff. The document stated [in summary]</p> <p>1) mode of virus spread of person-to-person and surfaces 2) at risk individuals should avoid crowds, maintenance of adequate supplies, maintenance of 'spacing' between yourself and others, and washing hands often 3) ISDH COVID-19 hotline and phone number 4) symptoms of COVID-19 of cough, fever, shortness of breath 5) hand hygiene. This document failed to provide specific information related to which symptoms to report, when patients should seek medical care, home environmental controls, social distancing at 6 feet, wearing of masks and specific personal protection equipment for staff, patients and/or caregivers to reduce the risk of the transmission of COVID-19. The above bulletin was sent to employees 13 days after the CDC guidance from 2-29-2020 was announced.</p> <p>10. Review of the agency Infection Control Screening Log, evidenced beginning on 3-30-2020, the agency implemented a 4 question screening questionnaire for individuals entering the branch office, which consisted of the following: travel to a foreign country; exposure to a person under investigation (PUI) or exposure to actual COVID-19 or respiratory illness; exhibiting signs and/or symptoms; and live in area with community-based spread of COVID-19.</p> <p>11. Review of the Internet revealed on 4-3-2020, the U.S. Surgeon General and the CDC issued recommendations for the wearing of face masks in public and by healthcare professionals during care or exposure to patients. The CDC recommended healthcare workers follow transmission based precautions for wearing appropriate PPE (masks, gowns, gloves, face</p>		<p>Director of Clinical Services will actively monitor this process through the Parent-to-Branch standing meetings to ensure continued compliance with this requirement. Any distributed information or education will be directly from the CDC or ISDH as applicable, to ensure the information is complete and accurate. Additionally, any information distributed via bulletin, handout, e-mail, in-service, etc. will be filed with a copy of the source of the information to ensure that there is a reference of the information that was available at the time of the distribution. The Administrator and Director of Clinical Services are responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur. Completed 6/12/2020 and ongoing</p>	

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	<p>shields and hand hygiene) along with other infection prevention precautions.</p> <p>12. Review of an in-service document dated 4-13-2020, titled, "Hand Hygiene In-Service," evidenced hand washing education of "Hands should be washed frequently throughout the day, but especially after going to the restroom, before eating, after cleaning, after removing gloves, and when hands are visibly soiled ... when gloves are worn, hand hygiene should be performed before and after use ... " The hand hygiene in-service failed to evidence hand hygiene should be performed also: after handling dirty linen/ laundry, before and after handling bandages, after a cough or sneeze, before touching a patient, after touching a patient, after touched high contact surrounding surfaces, all professionally recognized standard of hand hygiene practice.</p> <p>13. Review of training dated 5-5-2020, titled, "Hand hygiene Reminder Day," evidenced HHAs employee B and D, failed to evidence Employees B and D had opened/ read the assigned training as of 5-14-2020. When asked on 5-15-2020, at 2 PM, for documentation of follow-up actions taken to ensure employees B and D had completed the required training, the branch manager indicated not being able to provide documentation of follow-up. Both HHA employees B and D had provided services for patient #3.</p> <p>14. Review of training dated 5-8-2020, which instructed direct care providers to wear masks at all times when in the patients' home, failed to evidence HHAs employees B and D, had opened/ read the assigned training as of 5-14-2020. When the branch manager was asked on 5-15-2020, at 2 PM, for follow-up actions to ensure employees B and D had completed the required training, the</p>			

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	<p>branch manager indicated not being able to provide documentation of follow-up. Both HHA employees B and D had provided services for patient #3.</p> <p>15. Review of CDC website revealed on 5-13-2020, the CDC added to the previous list of symptoms of COVID-19 signs and symptoms (cough, fever, shortness of breath,) the following additional symptoms: nausea, vomiting, diarrhea, headache, sore throat, new loss of taste or smell, runny nose, muscle aches, and fatigue (<a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a>.)</p> <p>16. Review on 5-15-2020, of all the training/ instruction documentation provided to direct care providers failed to evidence direct care providers had been educated of the above new symptoms which may indicate the infection of COVID-19.</p> <p>17. During the entrance conference on 5-13-2020 at 10:02 AM, the agency management team (Administrator, Branch Manager, Parent Clinical Director &amp; Branch Clinical Manager) indicated field staff were educated regarding infection prevention/ control and pandemic guidelines via an online service call CellTrak, regarding the agency expectation staff followed CDC and ISDH guidelines. The Patient Clinical Director indicated having checked often, read the CMS, CDC, and other recognized experts, guidance related to infection prevention/ education related to the COVID-19 virus. The Patient Clinical Director indicated the agency expectation was compliance with all professional standards of infection prevention/ control. The above managers indicated the field/ personal care staff had not been provided individual instruction for COVID-19 positive patients, or patients under</p>			

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	<p>investigation, on the correct techniques for donning and doffing PPE, specific direction for reuse/ rotation of staff surgical masks, how to assist patients with applying their masks, and for any specific, special training and/or establishment of competency related to infection prevention/control regarding the COVID-19 pandemic. The clinical manager indicated Patients #1, 2, and 3, had received agency home health aide services care and had tested positive for COVID-19 infection.</p> <p>18. During an interview with agency Branch Manager on 5-14-2020 at 2:07 PM, the Branch Manager indicated the agency had been able to maintain a supply of all necessary PPE in the CDC guidance. The agency failed to provide an acceptable reason not to provide ordered care, when appropriate PPE could be provided to agency staff to provide care visits of their patients, to include COVID-19 positive patients or persons under investigation (PUIs.) Review of clinical records evidenced patients #1 and #2 had services withheld due to COVID-19 diagnosis, and there was evidence the agency had all the PPE recommended for direct care givers to enter the home to provide necessary services. The agency failed to implement its infection control plan to reduce the risk of transmission of COVID-19 by use of PPE, while still providing ordered care.</p> <p>19. On 5-14-2020, at 2:14 PM, during a telephone interview, employee B, a home health aide, indicated having provided HHA care visits to patient #3 during February, March, April, and May 2020. Review of agency infection control log evidenced patient #3 tested COVID-19 positive on 5-1-2020, after admission to an acute care hospital. Employee B indicated not having opened and read all the Cell Trak infection prevention/ infection</p>			

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	<p>control materials forwarded from the agency, and not having been contacted by agency supervisors to direct Employee B to review the required COVID-19 training. Employee B indicated not having access to agency provided surgical masks until the end of April, 2020 (date not provided.) Review of the Infection log, evidenced Employee B tested positive for COVID-19 from a swab test performed on 5-4-2020. Employee B indicated intending to return to work as a HHA for the agency when medically released to do so. The agency failed to track and document all field staff who provided direct patient care had been furnished all the requisite training to implement the agency's stated policy "Infection Prevention/Control B-403," which required compliance with CDC standards of infection prevention/control. The agency failed to implement CDC issued recommendation dated 4-3-2020, for the wearing of face masks in public and by healthcare professionals during care or exposure to patients. The agency failed to meet the parent clinical director's stated expectation of compliance with all professional standards of infection prevention/control. The agency's infection control education to staff failed provide all the training of current professional standards of infection prevention/control to reduce the risk of transmission of the COVID-19 virus.</p> <p>20. On 5-14-2020 at 3:15 PM, the Parent office Clinical Director indicated the Agency's Parent office had face shields in stock and available to the parent and branch staff since 3-24-2020. The Administrator stated the Parent office would share supplies with the Branch office. The administrator verified health care providers are not "visitors" under the CDC guidelines, because they provide necessary services and the risk of COVID-19 transmission can be mitigated by the use of</p>			



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	<p>recommended PPE. The clinical director for the parent branch indicated the only reason care visits would be withheld was if the agency did not have PPE to provide to the direct care providers of a PUI or COVID-19 positive patient.</p> <p>21. On 5-14-2020, review of documentation of field staff infection prevention/control training failed to evidence HHA, employee D, had opened/ read the Cell Trak hand hygiene training dated 4-13-2020. Employee D had provided care to patient #3, and as of 5-14-2020, the agency manager, when asked for follow-up actions to ensure employee D had completed the required infection prevention/control training, indicated not being able to provide documentation of follow-up.</p> <p>22. On 5-15-2020, at 12:10 PM, telephone interview with home health aide (HHA,) employee D, indicated having provided care visits to patient #1 in April 2020, the agency had placed employee D on quarantine from work 4-21-2020, when employee D tested positive for COVID-19. Patient #1 tested positive for COVID-19 from swab obtained on 4-21-2020, test result on 4-26-2020. Employee D has returned to work and provided HHA direct care to patient #1. When queried if and when agency had provided HHA hand rub, masks, and gloves in early April, 2020, indicated not being able to recall when this occurred but did have masks, gloves, and hand rub. When queried if masks were being reused, answered yes, was unable to describe the procedure for storing, rotating, inspection, and how to determine when mask must be discarded. Employee D indicated the agency had not provided those instructions in person, by mail, or through Cell Trak.</p> <p>23. During interview with the branch manager on 5-15-2020, just before the exit conference at 3:30</p>			

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	<p>PM, the branch manager indicated having failed to trace contact of employee A, HHA, who tested positive for COVID-19. , patient #4, had not been notified employee A, an HHA, had tested positive for COVID-19 from a swab taken on 3-24-2020, and this HHA had provided care to patient #4 within 48 hours prior.</p> <p>24. On 5-15-2020, at 3:25 PM, the agency administrator provided documentation of electronic communication to staff as COVID-19 education and instruction distributed through a system called "Cell-Trak." The administrator indicated Cell-Trak was unable to transmit pictures, photos, diagrams, or graphics. These documents, in text format, evidenced a listing of staff who received the transmission, and also documented the staff who opened, and staff who did not open the electronic transmission. The agency Administrator, Branch Manager, and Branch Clinical Manager, indicated the agency did not follow up with employees if Cell Trak was not opened; to ensure all staff opened, read, comprehended, and could implement the training updates related to the changing pandemic infection prevention/control recommendations. Review of provided Field (Aide, Attendant Care and RN) staff communication and instruction via Cell Track, evidenced the following dates and content (summarized): 1) 4-13-2020 - handwashing &amp; use of alcohol gel 2) 4-15-2020 - Cloth face masks when in public, N 95, surgical masks and face shields are still only recommended for healthcare personnel when caring for patients who are suspected or confirmed to be infected with COVID-19 3) 5-1-2020 - Addition of 6 new symptoms for COVID-19 (chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell) in addition to fever, cough and shortness of breath. If you need help</p>			

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	<p>finding a mask to wear for your shift, please let us know 4) 5-8-2020 - "You need to be wearing a mask at ALL times, inside and outside of the patient's home. Preferably, you wear a surgical mask, but if all you have is cloth, that's fine too. If you do NOT have a mask, you need to either stop by the office and pick one up or call and we will bring a replacement mask out to you . . .</p> <p>Employees will be expected to wear the surgical mask covered by their cloth mask at all times. The surgical mask must be stored in a brown paper bag (think lunch sack) when not in use and the cloth mask will need to be washed daily . . . Please make sure your best effort to check your temperature daily and report any temperature over 99.5. Also be sure you are asking yourself the questions from the questionnaire on CellTrak before going into your shift. If you answer yes to any of the questions, you need to call us immediately. You will also need to ask your patients the questions from the questionnaire first thing when you arrive as well. If the patient answers yes to any of the questions, they need to call us immediately. After you have asked the questions, you should immediately wash your hands. This needs to be done every single day for every patient BEFORE providing care. No exceptions . . . " The Cell Trak transmission failed to provide staff the instruction to rotate the use of their surgical masks, by having at least 3 surgical masks, after use to place in paper bag for 72 hours prior to re-use, and discard any mask soiled or contaminated. The agency failed to ensure field staff had been provided updated instruction/education to direct care providers of additional signs/symptoms of COVID-19, identified by the CDC on 5-13-2020, of nausea, vomiting, diarrhea, new loss of taste/smell, persistent headache, sore throat, runny nose, muscle aches, and fatigue.</p>			

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G 0798 Bldg. 00	<p>25. On 5-15-2020 at 3:15 PM, when queried for additional pertinent information related to infection prevention/control staff education related to the COVID-19 pandemic, as it applied to home health care, the Administrator, Branch Manager, and Branch Clinical Manager indicated having nothing further to present for review.</p> <p>410 IAC 17-12-1 (m)</p> <p>484.80(g)(1) Home health aide assignments and duties Standard: Home health aide assignments and duties. Home health aides are assigned to a specific patient by a registered nurse or other appropriate skilled professional, with written patient care instructions for a home health aide prepared by that registered nurse or other appropriate skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist).</p> <p>Based on record review and interview, the registered nurse failed to update the home health aide care plan/ assignment sheet after a major change in the patient's condition, positive COVID-19 (pandemic virus) status per test result, for 2 or 4 patients whose records were reviewed (Patients #1 &amp; 2) in a total sample of 4 records.</p> <p>The findings included:</p> <p>1. Review of Patient #1's clinical record evidenced a plan of care (POC) certification period of 3-24-2020 to 5-22-2020, with services for home health aide and attendant care. Patient #1's services were placed on hold effective 4-22-2020 due to having tested positive for COVID-19.</p>	G 0798	The Administrator, Director, Branch Manager, Nurse Manager, and internal RN team members have all been re-educated on the importance of continuing to assess for any necessary care plan changes and to involve the patient in all aspects of care planning. Additionally, the Administrator, Director, Branch Manager, Nurse Manager and all internal RNs have been re-educated and have acknowledged their understanding, regarding updating diagnoses following a hospitalization or change in condition. In addition to	06/11/2020	

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	<p>Services were resumed effective 5-5-2020.</p> <p>Patient #1's clinical record evidenced an "Aide Care Plan" last updated on 5-6-2020, by RN, Employee F. Patient #1's Aide Care Plan failed to be updated to evidence instructions for infection control precautions and/ or instructions for patient monitoring related to the major health change of COVID-19 infection of Patient #1.</p> <p>2. Review of Patient #2's clinical record evidenced a plan of care (POC) certification period of 3-8-2020 to 5-6-2020, with services for home health aide and attendant care. Patient #1's services were placed on hold effective 4-10-2020, due to testing positive for COVID-19. Services were resumed effective 4-20-2020.</p> <p>Patient #2's clinical record evidenced an "Aide Care Plan," last updated on 4-20, 5-1, &amp; 5-4-2020, by registered nurse, Employee F. Patient #2's Aide Care Plan failed to be updated to evidence instructions for infection control precautions and/or instructions for patient monitoring related to the major health change of COVID-19 infection of Patient #2.</p> <p>3. On 5-15-2020, at 3:15 PM, when queried for additional pertinent information, explanation, or documentation, the Administrator, Branch Manager, and Branch Clinical Manager, provided nothing further regarding failure to update the patients' Aide Care Plans.</p> <p>410 IAC 17-14-1(a)(1)(C) 410 IAC 17-14-1(a)(1)(G)</p>		<p>adding a diagnosis of COVID-19 for any patient who is confirmed positive, the aide care plan for any COVID-19 positive or presumed positive / PUI will be updated to include additional COVID-19 precautions, including all required infection control measures, as well as symptoms to monitor and when to report to Agency and/or EMS as applicable. These care plan modifications will be incorporated into the Plan of Care by an order, which will be sent to the MD for countersignature.</p> <p>The Agency continues to utilize an Excel spreadsheet to document and track any actual or suspected COVID cases or exposures. Two additional columns labeled "Care Plan Changes Made" and "Diagnoses Updated" have been added to the tracker and will serve as an additional checkpoint for following these steps. The tracker will be reviewed during the twice-weekly Branch to Parent COVID -19 meetings to ensure all appropriate steps are taken. The Director of Clinical Services or RN designee will audit the aide care plan and Physician-ordered Plan of Care for 100% of COVID-positive or presumed positive patients for the duration of the public health emergency, as declared by the President, to ensure that 100% compliance is achieved and maintained.</p> <p>The Administrator and Director of</p>	

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

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			Clinical Services are responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur. Completed 6/11/20 and ongoing.		