PRINTED:	06/26/2019
FORM API	PROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 05/29/2019 15K141 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 555 E COUNTY LINE ROAD SUITE 105 **TOGETHER HOMECARE** GREENWOOD, IN 46143 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE G 0000 Bldg. 00 G 0000 This visit was for a post-condition re-visit survey of a home health agency, with 2 conditions of participation out of compliance (42 CFR 484.60 Care planning, coordination, quality of care, and 484.105 Organization and administration of services) during a recertification survey with exit date of 4-3-19. Facility #: 013867 Survey dates: 5-28, and 5-29-19 Current Census: Total Skilled Services: Home Health Aide only: Personal Service only: 0 105 Total: Record review only: 3 Active clinical records reviewed 3 Closed clinical records reviewed 0 Total clinical records reviewed: 3

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

TITLE

(X6) DATE

Any defiency statement 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.

	NT OF DEFICIENCIES OF CORRECTION	x1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K141	. ,	JILDING	DNSTRUCTION 00	(X3) DATE SURVEY COMPLETED 05/29/2019	
	PROVIDER OR SUPPLIE	R		555 E	ADDRESS, CITY, STATE, ZIP COD COUNTY LINE ROAD SUITE 10 NWOOD, IN 46143	95	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
G 0942	deficiencies were t and 17 standard le have been corrected deficiencies were t were cited. Together Homecan IN, continues to be own home health a evaluation program beginning April 3, having being foum Conditions of Part planning, coordina	wo (2) condition level Yound to have been corrected, vel deficiencies were found to d and 1 standard level recited. No new deficiencies e, Greenwood IN and Columbus e precluded from providing their ide training and competency n for a period of 2 years 2019, to April 2, 2021, for d out of compliance with the icipation 42 CFR 484.60 Care tion, quality of care, and ion and administration of					
Bldg. 00	governing body fa adoption by the ho care assessment, w wound care docum current accepted p practice for the op agency skilled nur The findings inclu Review of an unda "Wound Managen policy stated, "PO for risk factors for	-	G 0	942	G 942 The Agency's Wound Management Policy, which wa included in the Agency's Plan Correction approved on May 6 2019, has been modified to incorporate more detailed information as it pertains to professional standards of prace Information from the websites noted by the state surveyor in deficiency report has been incorporated into the policy to ensure that the contents are objective and reflect profession standards of practice. The Age	of 5, ctice. the nal	06/25/201

	R MEDICARE & MEDI		_				MB NO. 0938-03
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K141		JILDING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 05/29/2019	
NAME OF	PROVIDER OR SUPPLIE	R	•		ADDRESS, CITY, STATE, ZIP COD COUNTY LINE ROAD SUITE	105	
TOGETH	HER HOMECARE				NWOOD, IN 46143	105	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID			(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I	N BE	COMPLETI
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
	wounds will be ass	sessed by the nurse and			provided the Governing Boo	lv with	
		clinical record. Appropriate			a list of the websites from th	-	
		be added to the Plan of Care for			deficiency report that the Ag		
	any patient with ac	tive wounds. Patients			referenced during the policy		
		t heightened risk for impaired			revision. The Governing Bo		
		have interventions addressed in			reviewed and approved the	-	
	the plan of care and on care plans as indicated.				effective 6/25/2019. All RN		
	Risks, intervention	s, and effectiveness/goal			Clinical Supervisors were		
	progress will be documented in the patient record. PURPOSE To identify patients at risk for skin				educated on the new policy	and	
					its implications in patient ca	re on	
	breakdown. To the	oroughly document and track			6/25/2019.		
	the presence and status of wounds. To						
		aborate with the managing Physician andAll active nurses currentlyor members of the interdisciplinary team for the motion of wound healing and prevention.providing wound care for Agence patients have been educated or					
					gency		
	-						
		UCTIONS 1. The Registered			the Agency's Wound Manag	-	
	-	te a Braden Scale assessment as			Policy. No wound care will b		
	-	e comprehensive assessment			provided by any nurse who		
		re, Resumption of Care, and			been educated on the Agen	-	
		sits. 2. If a patient's Braden			Wound Management Policy		
		increased risk for impaired skin			new RN Clinical Supervisor		
		ate interventions will be added as well as the Aide Care Plan.			be in-serviced on the Woun		
					Management Policy as part	OT	
		of a wound will address nage, appearance of wound be			their orientation process.		
		in, odor, wound edges, wound			The Director of Clinical is		
	~	performed during the visit (if			responsible for monitoring t	hie	
		y additional information			corrective action to ensure t		
	· · · · · ·	by the assessing nurse. 4. The			deficiency is corrected and		
	~	ssessment findings to the			recur.		
		request further orders or					
		ress any wound(s) as			Completion date: 6/25/19 a	nd	
		urse will continue to contact the			ongoing	-	
		ent intervals until the Physician					
		f the information, either by					
		r for wound care to Together					
		eferring the skilled care to					
		facility, at the direction of the					
		Physician orders skilled nursing					
	visits for wound or	are to be provided by Together	1				

TOGETHER (X4) ID PREFIX TAG He Cl He Cl If ep ot nc M ag re with dc in m Di ot am	VIDER OR SUPPLIE R HOMECARE SUMMARY (EACH DEFICIEN REGULATORY O fomecare, the Add linical Services s the Physician de pisode must begin ther therapy servi otified that the ref fedicare agency. gency] will assist squest of the Physician rith any additiona	IDENTIFICATION NUMBER 15K141 R STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION ministrator and Director of hall be notified immediately. 6. termines that a Medicare n for skilled nursing and any ce(s), the Physician will be ferral must be made to a Together Homecare [Medicaid with this referral process at the sician and will coordinate care	555 E C	00 ADDRESS, CITY, STATE, ZIP COD COUNTY LINE ROAD SUITE WOOD, IN 46143 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ION D BE OPRIATE COM	
TOGETHER (X4) ID PREFIX TAG H CI If CI If ep ot	R HOMECARE SUMMARY (EACH DEFICIENT REGULATORY O fomecare, the Adri linical Services s the Physician de pisode must begin ther therapy servit otified that the ref fedicare agency. gency] will assist equest of the Physician additional	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION ninistrator and Director of hall be notified immediately. 6. termines that a Medicare n for skilled nursing and any ce(s), the Physician will be ferral must be made to a Together Homecare [Medicaid with this referral process at the	555 E C GREEN ID PREFIX	COUNTY LINE ROAD SUITE WOOD, IN 46143 PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO	ION D BE OPRIATE COM	IPLETIC
(X4) ID PREFIX TAG He Cl If ep ot nc M ag re wi dc in m Di ot am	SUMMARY (EACH DEFICIEN REGULATORY O fomecare, the Adu linical Services s the Physician de pisode must begin ther therapy servi otified that the ref fedicare agency. gency] will assist equest of the Phys rith any additiona	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION ministrator and Director of hall be notified immediately. 6. termines that a Medicare n for skilled nursing and any ce(s), the Physician will be ferral must be made to a Together Homecare [Medicaid with this referral process at the	ID PREFIX	WOOD, IN 46143 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO	ION D BE OPRIATE COM	IPLETIC
PREFIX TAG He Cl If ep ot nc M ag re wi dc in m Di ot an	(EACH DEFICIENT REGULATORY O fomecare, the Adu linical Services s the Physician de pisode must begin ther therapy servitotified that the ref dedicare agency. gency] will assist equest of the Physician and reference of the Physician and the physic	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION ministrator and Director of hall be notified immediately. 6. termines that a Medicare n for skilled nursing and any ce(s), the Physician will be ferral must be made to a Together Homecare [Medicaid with this referral process at the	PREFIX	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO	D BE COM	IPLETIC
TAG He CL CL If ep ot nc M ag re wi dc in m Di ot an	REGULATORY O tomecare, the Adu linical Services s the Physician de pisode must begin ther therapy servi otified that the ref fedicare agency. gency] will assist equest of the Phys- rith any additiona	R LSC IDENTIFYING INFORMATION ministrator and Director of hall be notified immediately. 6. termines that a Medicare n for skilled nursing and any ce(s), the Physician will be ferral must be made to a Together Homecare [Medicaid with this referral process at the		CROSS-REFERENCED TO THE APPRO	OPRIATE	
He Cl If ep ot nc M ag re wi dc in m Di ob an	iomecare, the Adr linical Services s the Physician de pisode must begin ther therapy servi otified that the rel fedicare agency. gency] will assist equest of the Phys rith any additiona	ninistrator and Director of hall be notified immediately. 6. termines that a Medicare n for skilled nursing and any ce(s), the Physician will be ferral must be made to a Together Homecare [Medicaid with this referral process at the	TAG			DATE
CI If ep ot nc M ag re wi dc im m Di ob an	linical Services s the Physician de pisode must begin ther therapy servi otified that the rei fedicare agency. gency] will assist equest of the Phys ith any additiona	hall be notified immediately. 6. termines that a Medicare n for skilled nursing and any ce(s), the Physician will be ferral must be made to a Together Homecare [Medicaid with this referral process at the				
If ep ot M ag re wi do in Di ob an	the Physician de pisode must begin ther therapy servi otified that the ref dedicare agency. gency] will assist equest of the Phys ith any additiona	termines that a Medicare n for skilled nursing and any ce(s), the Physician will be ferral must be made to a Together Homecare [Medicaid with this referral process at the				
ep ot nc M ag re wi dc im Di ob	pisode must begin ther therapy servi otified that the ref fedicare agency. gency] will assist equest of the Phys- rith any additiona	n for skilled nursing and any ce(s), the Physician will be ferral must be made to a Together Homecare [Medicaid with this referral process at the				
ot nc M ag re wi dc in Di ot an	ther therapy servi otified that the rel fedicare agency. gency] will assist equest of the Phys- rith any additiona	ce(s), the Physician will be ferral must be made to a Together Homecare [Medicaid with this referral process at the				
nc M ag re- wi dc in m Di ob an	otified that the ref fedicare agency. gency] will assist equest of the Phys rith any additional	ferral must be made to a Together Homecare [Medicaid with this referral process at the				
M ag re wi dc in m Di ob an	fedicare agency. gency] will assist equest of the Phys rith any additiona	Together Homecare [Medicaid with this referral process at the				
ag rea wi do in mu Di ob an	gency] will assist equest of the Phys rith any additiona	with this referral process at the				
re wi dc im Di ob an	equest of the Phys with any additional	*				
wi do in m Di ob an	vith any additional	sician and will coordinate care				
do in m Di ob an	-					
in mi Di ob an	oes not appear to	l agency. 7. Any would that				
m. Di ob an	11	be improving with skilled				
Di ob an	tervention will be	e brought to the attention of the				
ob an	anaging Physicia	n, as well as the agency				
an	irector of Clinica	l Services. 8. Any difficulty in				
	btaining orders or	contacting the Physician				
ca	nd/or other servic	e providers related to wound				
	are will be brough	nt to the attention of the				
A	dministrator and	Director of Clinical Services				
in	nmediately.					
		ble sources from an internet				
		he following current accepted				
pr	rofessional standa	ards of practice in relation to				
th	e identification, o	categorization, monitoring,				
	-	nd management of patient				
W	ounds)/integume	ntary impairment(s).				
	A.					
	•	ealthquality.org/Education/Bes				
		Wound-Mgmt.aspx				
[H	Home Health Qua	lity Improvement]				
Γ"	Types of wounds	include:				
·	Pressure ulco					
		rial, and neuropathic				
lo	ower-extremity w	-				
	Surgical wou					
	Skin tears					
	Burns					
-	Ostomies					

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K141	A. B	AULTIPLE CC SUILDING /ING	DNSTRUCTION 00	(X3) DATE SURVEY COMPLETED 05/29/2019		
	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 555 E COUNTY LINE ROAD SUITE 105 CREENWOOD IN 46142					
TOGETH	HER HOMECARE			GREEN	WOOD, IN 46143			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF C	CORRECTION	(X5)	
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	IE APPROPRIATE	COMPLETIO	
TAG		LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)		DATE	
	wound care improv	n interdisciplinary approach to es care."						
	Review of the adop	ted policy failed to evidence						
	-	d on current accepted						
		rds of practice to include						
	· ·	locumentation of the type of						
	wound identified, a	nd the need for an						
	interdisciplinary ap	proach to wound care.						
	B.							
	https://www.hopkir	smedicine.org/gec/series/wou						
	nd_care.html							
	[Johns Hopkins Me	dicine]						
	"Wound Assessmen	nt						
	An assessment of th	ne wound should be done						
	weekly and be used	to drive treatment decisions.						
	Wound assessment	includes: location,						
	class/stage, size, ba	se tissues, exudates, odor,						
	edge/perimeter, pai infection.	n and an evaluation for						
	Location							
		he location indicating which						
		ony prominence or anatomical						
		ary for appropriate monitoring						
	of wounds. (Hess 2	005)						
	Class/Stage							
	-	classified by stages as defined						
		ssure Ulcer Advisory Panel						
		ly there were four stages (I-IV)						
		7 these stages were revised						
		ories were added, deep tissue						
	injury and unstagea	ble.						
	Pressure Ulcer Stag	ing						
	Stage I - Intact skin	n with non-blanchable redness						

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 05/29/2019 15K141 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 555 E COUNTY LINE ROAD SUITE 105 **TOGETHER HOMECARE** GREENWOOD, IN 46143 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE of a localized area, usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area. Stage II - Partial thickness loss of dermis presenting as a shallow open ulcer with a red/pink wound bed, without slough. May also present as an intact or open/ruptured serum filled blister. Stage III - Full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining/tunneling. Stage IV - Full thickness skin loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling. Unstageable - Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. (Suspected Deep) Tissue Injury - Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. (NPUAP 2/07) Class There are a number of classification and grading systems used in wound care but the simplest method uses the terms partial thickness or full thickness Partial thickness wound (PTW): damage to P08X12 Facility ID: 013867 Page 6 of 26 FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: If continuation sheet

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06/26/2019

	R MEDICARE & MEDIC		-				OMB NO. 0938-0
STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	r í		NSTRUCTION	(X3) DA	TE SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING	00	COMI	
		15K141	B. W	ING		05/:	29/2019
NAME OF	PROVIDER OR SUPPLIEF	}	-	STREET A	DDRESS, CITY, STATE, ZIP	COD	
					OUNTY LINE ROAD S	SUITE 105	
FOGETH	HER HOMECARE			GREEN	WOOD, IN 46143		
X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CO	DRRECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETI
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	epidermis and/or de	-					
		s wound (FTW): damage to					
	subcutaneous layer	or deeper					
	Size / Measuremer	nt					
		top edge to the bottom edge					
	(head to toe) at long						
	· Width - from	edge to edge perpendicular to					
	the length at widest	t point					
	· Depth - straig	ht in, perpendicular to the base,					
	at deepest point						
	Undermining/Tunn	eling					
	-	ock concept" (12 o'clock is in					
	-	patient's head and 6 o'clock is					
	toward the feet)						
	· Where does it	t start and where does it end					
	(clockwise direction	n)					
	-	is at it's deepest point					
	· Location of d	eepest point					
	Base Tissues						
	Assessing the appea	arance of tissue in the wound					
		etermining appropriate					
	treatment strategies	and to evaluate progress					
	toward healing. (Ke	east et al. 2004)					
	Necrosis/Eschar - F	Black, brown or tan devitalized					
		to the wound bed or edges					
		or softer than the surrounding					
	skin.						
	Slough - Soft, mois	t avascular tissue that adheres					
	to the wound bed in	n strings or thick clumps; may					
	be white, yellow, ta						
		red moist tissue comprised of					
	new blood vessels,	-					
		ly the surface is shiny and					
	moist with a granul						
		pink and shin tissue/skin that					
	grows in from the e	edges or as islands on the	1				

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K141	(X2) MULTIPLE CO A. BUILDING B. WING	DNSTRUCTION 00	(X3) DATE SURVEY COMPLETED 05/29/2019				
	PROVIDER OR SUPPLIE	ËR	STREET ADDRESS, CITY, STATE, ZIP COD 555 E COUNTY LINE ROAD SUITE 105 GREENWOOD, IN 46143						
			GREEN	1000D, IN 40143					
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROI DEFICIENCY)	BE COMPLETIO				
	wound surface.								
	 Slight - small Moderate - c 	and dressing dry Il amount in center of dressing contained within the dressing tends beyond dressing onto ten							
	• Serosanguin • Purulent - th and may have an o	atment modality and frequency							
	Extreme malodor, purulent exudates wounds do have a can affect odor as	sing (Garcia & Thomas 2006). especially if accompanied by is suggestive of infection. Most n odor. The type of dressing well as hygiene and the able tissue (Keast et al. 2004).							
	calloused) · Describe per erythematous, mac · Describe pre	und edges (approximated, rolled, iwound skin (indurated, cerated, healthy) sence of excoriation, on, papules, pustules or other							
	caused by consolid sign of underlying Erythema - Redne	rmal hardening of the tissue dation of edema, this may be a infection. ss of surrounding tissue may be unmatory stage of healing.							

STATEME	T OF DEFICIENCIES	V1) DROVIDER/SUDDI IER/CLIA			NT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION							
			(X2) MUL				TE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER 15K141	A. BUILI B. WING		00	COMPLETED 05/29/2019						
		15K141	B. WING			03/29/2019						
NAME OF 1	PROVIDER OR SUPPLIE	R			DDRESS, CITY, STATE, ZIP COD							
TOOFT			555 E COUNTY LINE ROAD SUITE 105 GREENWOOD, IN 46143									
IUGEIF	IER HOMECARE		(SREEN	WOOD, IN 46143							
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		D	PROVIDER'S PLAN OF CORREC	TION	(X5)					
PREFIX		NCY MUST BE PRECEDED BY FULL	PR	EFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPI	LD BE	COMPLETIC					
TAG		R LSC IDENTIFYING INFORMATION	1	`AG	DEFICIENCY)		DATE					
		panied by an increase in										
	· ·	ue, exudates or pain may also										
	be a sign of infecti											
		ed by excessive moisture,										
		gmentation (appears lucid or										
	turns white) and b	ecomes soft and friable.										
	Pain											
		f local wound assessment both										
	· ·	ve of the patient and as a										
	· · ·	f infection. (Reddy, Keast,										
		2003) Include location,										
		(use validated scale), patient										
	description and no											
	···· · · · · ·											
	Evaluation of infe	ction										
	Infection - Signs a	and Symptoms:										
	· Redness, wa	rmth and induration of adjacent										
	tissues											
	· Pain or tende											
	. –	and/or friable granulation										
	 Unusual odo 											
	· Purulent exu											
	· Systemic sig	ns (fever, chills, sweats)										
	When to Culture:	$(D_{OW}, 2003)$										
		of infection are present or when										
	a clean wound fail	-										
		nse wound first										
		ative swab collection is										
	acceptable											
	_	biopsy is "gold standard" but										
	expensive and inva											
		ment for Lower Extremity										
	Wounds (WOCN	2002)										
	Physical Exam											
		nt and persistence of pitting (1+ -										
	4+)											

	R MEDICARE & MEDIC						OMB NO. 0938-0
	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	r í		INSTRUCTION	(X3) DATE SURVEY	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00		PLETED
		15K141	B. WI	NG		05/29/2019	
NAME OF	PROVIDER OR SUPPLIEF	l.			ADDRESS, CITY, STATE, ZIP C		
TOGETH	HER HOMECARE				COUNTY LINE ROAD SI IWOOD, IN 46143		
					······································		
X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLET
TAG		R LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCE		DATE
	-	s - dependent rubor (purple-red evation pallor (paling of the					
		d to a 60° angle for 15 -60					
	seconds)	d to a 00° aligie 101 15 -00					
		amplitude on palpation (0 - 4+)					
	-	skin changes (dryness,					
		l abnormalities, and loss of					
	protective sensation						
	testing 10 points)						
	Wound Healing						
	Phases of Wo						
	· Optimization	of Wound Environment					
	The healing process	s varies depending on the					
		e ulcer. Stage I & II pressure					
		ickness wounds heal by tissue					
		e III & IV pressure ulcers and					
	full thickness woun	ds heal by scar formation and					
	contraction. Data in	ndicate a 20% reduction in					
	wound size over tw	o weeks is a reliable predictive					
	indicator of healing	. (Flanagan 2003)					
	Optimization of Wo	ound Environment					
		orbid conditions					
	e e	rition & hydration					
	· Remove nonv						
	· Maintain moi	sture balance					
	· Protect the wo	ound and periwound skin					
	• Eliminate or r	ninimize pain					
	· Cleanse						
		nanage infection					
	· Control odor						
	Manage comorbid	condition					
	-	liovascular and pulmonary					
	functioning	1 J					
	· Support tissue	oxygenation					
	~ ~	d glucose control					

STATEME	R MEDICARE & MEDIC NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K141	A. E	MULTIPLE CC BUILDING VING	DNSTRUCTION 00	(X3) DATE SURVEY COMPLETED 05/29/2019		
	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 555 E COUNTY LINE ROAD SUITE 105 GREENWOOD, IN 46143					
					I		(X5)	
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION		(AS) COMPLETIO	
					(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE		
TAG	Adequate nutrition 2004) Encourage pro- fluids, unless contra Monitor intak Assess and ad and swallowing Assist patient: Dietary consu Eliminate or Minim Address the c external, treat the ir physiological Pharmacologi drugs preferable, us prevent adverse Incorporate pe culturally sensitive Appropriate d	e, weight and skin turgor dress impairments in dentition s with meals if needed lt ize Pain ause (remove the source if afection or medicate based on stimulus) cal strategies -long acting e breakthrough doses and effects sycho-social, spiritual and support ressing selection, gentle		TAG	DERCEACT		DATE	
	administration Cleanse · Normal saline · Cavity wound · Apply 4-15 (p debris without harm Protect Wound and · Use barrier pr adhesives and mois · Change dressi avoid pooling of ex Prevent and Manag Critical colonizatio poor quality tissue, increased drainage	Periwound Skin oducts to protect from ture ngs at appropriate intervals to udates e Infection n can result in failure to heal, increased friability and						

STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(Y2) N	ALL TIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER	î /	BUILDING	00	× ,		
AND FLAN	OF CORRECTION	15K141		VING	00		COMPLETED 05/29/2019	
				STDEET /	ADDRESS, CITY, STATE, ZIP			
NAME OF	PROVIDER OR SUPPLIEF	1			COUNTY LINE ROAD S			
TOGETH	HER HOMECARE			GREEN	WOOD, IN 46143			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CO	PRECTION	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETI	
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	AFFROFRIATE	DATE	
	wound has a bacter	al imbalance (critical						
	colonization and in	fection) is of primary						
	importance to heali 2006).	ng (Sibbald, Woo & Ayello						
	· Superficial in	creased bacterial burden -						
	topical agent with l	ow toxicity, not likely to cause						
	allergy and not asso	ciated with bacterial						
	resistance							
	· Surrounding s	kin compartment infection -						
	topical agent, swab antibiotic agent (Sil	culture and appropriate oral bald 2003)						
	· Deep wound i	nfection or osteomyelitis -						
	parenteral antibiotic	es. Also consider tissue culture						
	and additional lab t	ests (Frank et al. 2005)						
	-	h a high moisture vapor						
		ill allow moisture to escape						
	-	nimally exudative wounds						
	absorptive dressing	eavily draining wounds require						
	Control Odor							
		requency of dressing changes						
		each dressing change						
		and antimicrobials as indicated						
	Charcoal dres	sings "						
	Review of the agen	cy adopted policy failed to						
		was based upon current						
		al standards of practice to						
		on and documentation of the						
	class/stage of woun	d; measurement of the length,						
	width, and depth of	each wound, presence or						
	absence of tunnelin	g or undermining; presence or						
		esence or absence of signs and						
	· ·	ion; presence or absence of						
		ns (diabetes, inadequate						
		etc.); and failed to objectively						
		healing/or failure of the wound						
	to heal, was to be a	ssessed, e.g. "Any wound that			1			

	R MEDICARE & MEDI						OMB NO. 0938-039 (X3) DATE SURVEY	
	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	r í		NSTRUCTION	· /		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		LDING	00		PLETED	
		15K141	B. WIN	IG		05/2	9/2019	
NAME OF I	PROVIDER OR SUPPLIE	P		STREET A	ADDRESS, CITY, STATE, ZIP COI)		
		R			OUNTY LINE ROAD SUI	TE 105		
TOGETH	IER HOMECARE			GREEN	IWOOD, IN 46143			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)	
PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	F	REFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	JLD BE	COMPLETIO	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
		be improving with skilled						
		e brought to the attention of the						
		in, as well as the agency						
	Director of Clinica	Il Services."						
	Review of governi	ng body meeting minutes, dated						
	•	the governing body approved						
		w "Wound Management						
	Policy," for the age	ency, at this meeting. The						
	meeting minutes fa	ailed to evidence any discussion						
	or directives for re	vision of the policy prior to						
	adoption.							
	During interview v	vith nursing supervisor on						
	5-29-19 at 2:25 PN	A, the nursing supervisor stated						
	the governing body	y had approved the above						
	policy without any	questions, concerns, or						
		ndment. The nursing						
	· ·	ot having based the newly						
		licy on wound management on						
		rofessional standards of						
	-	ing supervisor inquired if the						
		ovide an example of a						
	-	ard of practice. When queried be instructed to assess wound						
		of the wound to heal, using the						
	-	and that does not appear to be						
		nursing supervisor replied the						
	· •	ed a subjective, rather than an						
		nation of the progress/status of						
	patient wound(s).	1 0						
0000								
Bldg. 00			NT OO	00				
	This visit was for a	a state licensure re-visit survey	N 00	00				
		agency, with exit date of 4-3-19.						
	Facility #: 013867							
							1	

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DA	TE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER	ì í	JILDING	00		MPLETED
	er conaconon	15K141	B. W		<u></u>		29/2019
						_	
NAME OF I	PROVIDER OR SUPPLIER	1			DDRESS, CITY, STATE, ZIP		
TOGETH	IER HOMECARE				OUNTY LINE ROAD S WOOD, IN 46143	SUITE 105	
IUGEII				GREEN	WOOD, IN 40143		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		COMPLETIO
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	Survey dates: 5-28	, and 5-29-19					
	Current Census:						
	Total	10					
	Skill	ed Services:					
	Hom	e Health Aide only:					
	Pers	onal Service only:					
	0	2					
	Total:	105					
	Total.	105					
	Reco	ord review only:					
	3	id leview only.					
	Acti	ve clinical records reviewed					
	3	ve ennical records reviewed					
		ed clinical records reviewed					
	0						
	Tota	l clinical records reviewed:					
	3						
	During this is to the	Veter dend 1. 1.1.C.					
		X standard level deficiencies been corrected and 1					
		No new deficiencies were					
	cited.	No new deficicies were					
l 0442	410 IAC 17-12-1(t)					
	Home health ager	-					
Bldg. 00	administration/ma	-					
		A governing body, or					
		n(s) so functioning, shall					
	assume full legal a	authority and responsibility					
			I				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	x1) provider/supplier/clia identification number 15K141	(X2) MULTIPLE CONSTRUCTION A. BUILDING D. WING STREET ADDRESS, CITY, STATE, ZIP COD		<u>00</u>	(X3) DATE SURVEY COMPLETED 05/29/2019	
	PROVIDER OR SUPPLI	ER		555 E	ADDRESS, CITY, STATE, ZIP COD COUNTY LINE ROAD SUITE 105 NWOOD, IN 46143		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	The governing b (1) Appoint a qu (2) Adopt and p bylaws or an acc (3) Oversee the affairs of the hor Based on record r governing body fa adoption by the hor care assessment, w wound care docur current accepted p practice for the op agency skilled nut The findings inclu Review of an und "Wound Manager policy stated, "PC for risk factors for as the presence of wounds will be as documented in the interventions will any patient with a determined to be a skin integrity will the plan of care an Risks, interventio progress will be day OURPOSE To id breakdown. To the the presence and s collaborate with to other members of promotion of wour		N)442	N 442 The Agency's Wound Management Policy, which was included in the Agency's Plan of Correction approved on May 6, 2019, has been modified to incorporate more detailed information as it pertains to professional standards of practic Information from the websites noted by the state surveyor in th deficiency report has been incorporated into the policy to ensure that the contents are objective and reflect professional standards of practice. The Agen provided the Governing Body with a list of the websites from the deficiency report that the Agence referenced during the policy revision. The Governing Body reviewed and approved the police effective 6/25/2019. All RN Clinical Supervisors were educated on the new policy and its implications in patient care of 6/25/2019. All active nurses currently providing wound care for Agence patients have been educated on the Agency's Wound Management	f ce. le lcy ith y cy, n	06/25/201

STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DATH	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER 15K141	A. BUILDI B. WING	NG <u>00</u>		PLETED 9/2019
				REET ADDRESS, CITY, STATE, ZIP C	_	0/2010
NAME OF	PROVIDER OR SUPPLIE	ĒR		55 E COUNTY LINE ROAD S		
TOGETH	HER HOMECARE		G	REENWOOD, IN 46143		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF COF	RECTION	(X5)
PREFIX	,	NCY MUST BE PRECEDED BY FULL	PRE	FIX (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE APPROPRIATE	COMPLETIC
TAG	1	OR LSC IDENTIFYING INFORMATION	TA	G DEFICIENCY)		DATE
	-	te a Braden Scale assessment as		Policy. No wound care	e will be	
	-	e comprehensive assessment		provided by any nurse	who has not	
	for the Start of Ca	re, Resumption of Care, and		been educated on the	Agency's	
	Re-Certification v	isits. 2. If a patient's Braden		Wound Management F	Policy. All	
		increased risk for impaired skin		new RN Clinical Super	rvisors will	
		ate interventions will be added		be in-serviced on the \	Nound	
		e as well as the Aide Care Plan.		Management Policy as	s part of	
	3. Documentation	of a wound will address		their orientation proces	SS.	
	location, size, drai	nage, appearance of wound be				
	and peri-wound sk	in, odor, wound edges, wound		The Director of Clinica	l is	
	care interventions	performed during the visit (if		responsible for monito	ring this	
	applicable), and an	ny additional information		corrective action to en	sure the	
	deemed pertinent	by the assessing nurse. 4. The		deficiency is corrected	and will not	
	nurse will report a	ssessment findings to the		recur.		
	-	request further orders or				
		ress any wound(s) as		Completion date: 6/25	/19 and	
		urse will continue to contact the		ongoing		
		ent intervals until the Physician				
		f the information, either by				
	-	er for wound care to Together				
		eferring the skilled care to				
		facility, at the direction of the				
		Physician orders skilled nursing				
		are to be provided by Together				
		ministrator and Director of				
		shall be notified immediately. 6.				
		etermines that a Medicare				
		n for skilled nursing and any				
		ice(s), the Physician will be				
		ferral must be made to a				
		Together Homecare [Medicaid				
		with this referral process at the				
		sician and will coordinate care				
	· ·	al agency. 7. Any would that				
	5	be improving with skilled				
	* *	e brought to the attention of the				
		-				
		an, as well as the agency				
		al Services. 8. Any difficulty in				
	-	r contacting the Physician				
	and/or other servic	e providers related to wound				

NTERS FO	R MEDICARE & MEDIC	AID SERVICES				(OMB NO. 0938-03	
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K141	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING			COM	(X3) DATE SURVEY COMPLETED 05/29/2019	
	PROVIDER OR SUPPLIEF	555 E COUNTY LINE ROAD						
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETI	
TAG	care will be brough Administrator and I immediately. A review of availab search evidenced th professional standar the identification, c measuring, care, an wounds)/integumen A.	althquality.org/Education/Bes		TAG			DATE	
	lower-extremity wo Surgical wou Skin tears Burns Ostomies	nclude: rs/injuries ial, and neuropathic unds nds						
	the policy was base professional standar determination and c wound identified, a interdisciplinary ap B.	proach to wound care.						
	nd_care.html [Johns Hopkins Me							
	"Wound Assessmer	nt						

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 05/29/2019 15K141 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 555 E COUNTY LINE ROAD SUITE 105 **TOGETHER HOMECARE** GREENWOOD, IN 46143 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE An assessment of the wound should be done weekly and be used to drive treatment decisions. Wound assessment includes: location, class/stage, size, base tissues, exudates, odor, edge/perimeter, pain and an evaluation for infection. Location Documentation of the location indicating which extremity, nearest bony prominence or anatomical landmark is necessary for appropriate monitoring of wounds. (Hess 2005) Class/Stage Pressure ulcers are classified by stages as defined by the National Pressure Ulcer Advisory Panel (NPUAP). Originally there were four stages (I-IV) but in February 2007 these stages were revised and two more categories were added, deep tissue injury and unstageable. Pressure Ulcer Staging Stage I - Intact skin with non-blanchable redness of a localized area, usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area. Stage II - Partial thickness loss of dermis presenting as a shallow open ulcer with a red/pink wound bed, without slough. May also present as an intact or open/ruptured serum filled blister. Stage III - Full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining/tunneling. P08X12 Facility ID: 013867 Event ID: Page 18 of 26 If continuation sheet State Form

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NTERS FO	R MEDICARE & MEDIC	AID SERVICES				(OMB NO. 0938-03	
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K141	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING			COM	(X3) DATE SURVEY COMPLETED 05/29/2019	
NAME OF	PROVIDER OR SUPPLIEF	R			ADDRESS, CITY, STATE, ZIP COUNTY LINE ROAD S			
TOGETH	HER HOMECARE			GREE	NWOOD, IN 46143			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETIC	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	-	kness skin loss with exposed						
		scle. Slough or eschar may be						
	present on some par							
	include underminin							
	Unstageable - Full t	hickness tissue loss in which						
	-							
	the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan,							
	brown or black) in t							
	(Suspected Deep) T	issue Injury - Purple or						
	maroon localized an							
		due to damage of underlying						
		ssure and/or shear. The area						
	-	tissue that is painful, firm,						
	mushy, boggy, warmer or cooler as compared to							
	adjacent tissue. (NF	-						
	Class							
		of classification and grading						
	-	und care but the simplest						
		ms partial thickness or full						
	thickness							
		ess wound (PTW): damage to						
	epidermis and/or de	-						
		s wound (FTW): damage to						
	subcutaneous layer	of deeper						
	Size / Measuremen	t						
	· Length - from	top edge to the bottom edge						
	(head to toe) at long	gest point						
		edge to edge perpendicular to						
	the length at widest point							
		ht in, perpendicular to the base,						
	at deepest point							
	Undermining/Tunn	-						
	-	ock concept" (12 o'clock is in						
		patient's head and 6 o'clock is						
	toward the feet)		1				1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K141	(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 05/29/2019	
	PROVIDER OR SUPPLIE	ER	555 E	ADDRESS, CITY, STATE, ZIP COD COUNTY LINE ROAD SUITE	105	
TOGET	HER HOMECARE		GREE	NWOOD, IN 46143		
(X4) ID PREFIX TAG	(EACH DEFICIE	/ STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DN (X5) DBE COMPLETION PRIATE DATE	
	 (clockwise direction of a Tunnel depth Location of a Location of a Base Tissues Assessing the apper bed is critical for a treatment strategie toward healing. (K Necrosis/Eschar - tissue that adheres and may be firmer skin. Slough - Soft, moit to the wound bed is be white, yellow, the Granulation - Pink new blood vessels fibroblasts. Typica moist with a granu Epithelium - New grows in from the wound surface. Exudates Amount None - base - Copious - exist Copious - exist Copious - exist Copious - exist Copious - thin - Serosanguing - Purulent - th and may have and comparison of the co	 a is at it's deepest point deepest point earance of tissue in the wound determining appropriate as and to evaluate progress ceast et al. 2004) Black, brown or tan devitalized to the wound bed or edges r or softer than the surrounding ast avascular tissue that adheres in strings or thick clumps; may tan or green. /red moist tissue comprised of , collagen fibers and and green. pink and shin tissue/skin that edges or as islands on the and dressing dry 1 amount in center of dressing ontained within the dressing tends beyond dressing onto en , watery, clear or straw colored cous - thin, pale red to pink ick, opaque, tan, yellow to green				

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 05/29/2019 15K141 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 555 E COUNTY LINE ROAD SUITE 105 **TOGETHER HOMECARE** GREENWOOD, IN 46143 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE of dressing changes Odor Assess after cleansing (Garcia & Thomas 2006). Extreme malodor, especially if accompanied by purulent exudates is suggestive of infection. Most wounds do have an odor. The type of dressing can affect odor as well as hygiene and the presence of nonviable tissue (Keast et al. 2004). Edge/Perimeter Describe wound edges (approximated, rolled, calloused) Describe periwound skin (indurated, erythematous, macerated, healthy) Describe presence of excoriation, denudement, erosion, papules, pustules or other lesions Induration - Abnormal hardening of the tissue caused by consolidation of edema, this may be a sign of underlying infection. Erythema - Redness of surrounding tissue may be normal in the inflammatory stage of healing. However, if accompanied by an increase in temperature of tissue, exudates or pain may also be a sign of infection. Maceration - Caused by excessive moisture, Tissue loses its pigmentation (appears lucid or turns white) and becomes soft and friable. Pain A critical aspect of local wound assessment both from the perspective of the patient and as a clinical indicator of infection. (Reddy, Keast, Fowler & Sibbald 2003) Include location, type/cause, rating (use validated scale), patient description and nonverbal signs. Evaluation of infection Event ID: P08X12 Facility ID: 013867 Page 21 of 26 State Form If continuation sheet

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 05/29/2019 15K141 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 555 E COUNTY LINE ROAD SUITE 105 **TOGETHER HOMECARE** GREENWOOD, IN 46143 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE Infection - Signs and Symptoms: Redness, warmth and induration of adjacent tissues Pain or tenderness Dysmorphic and/or friable granulation . Unusual odor Purulent exudates Systemic signs (fever, chills, sweats) When to Culture: (Dow 2003) When signs of infection are present or when a clean wound fails to heal Always cleanse wound first Semi-quantitative swab collection is acceptable Quantitative biopsy is "gold standard" but expensive and invasive Additional Assessment for Lower Extremity Wounds (WOCN 2002) Physical Exam Edema -extent and persistence of pitting (1+ -4+) Color changes - dependent rubor (purple-red discoloration) or elevation pallor (paling of the skin when leg raised to a 60° angle for 15 -60 seconds) Distal pulses - amplitude on palpation (0 - 4+)Neuropathy - skin changes (dryness, cracking), structural abnormalities, and loss of protective sensation (10gm monofilament exam testing 10 points) Wound Healing Phases of Wound Healing Optimization of Wound Environment The healing process varies depending on the stage of the pressure ulcer. Stage I & II pressure P08X12 Facility ID: 013867 Page 22 of 26 Event ID: If continuation sheet State Form

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15K141		A. B	MULTIPLE CO BUILDING VING	nstruction 00	CON	(X3) DATE SURVEY COMPLETED 05/29/2019	
NAME OF	PROVIDER OR SUPPLIEI	2			DDRESS, CITY, STATE, 2			
TOGETH	IER HOMECARE				OUNTY LINE ROAI WOOD, IN 46143	D SUITE 105		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN O	DF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE	COMPLETIO	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENC	CY)	DATE	
	-	nickness wounds heal by tissue						
		e III & IV pressure ulcers and						
		ids heal by scar formation and						
		ndicate a 20% reduction in						
		vo weeks is a reliable predictive						
	indicator of healing	g. (Flanagan 2003)						
	Optimization of We	ound Environment						
	· ·	orbid conditions						
	-	rition & hydration						
	· Remove nonv	-						
	· Maintain moi							
	· Protect the we	ound and periwound skin						
		ninimize pain						
	· Cleanse							
	· Prevent and n	nanage infection						
	· Control odor							
	Manage comorbid							
	_	liovascular and pulmonary						
	functioning							
	* *	e oxygenation						
	· Maintain bloc	od glucose control						
	Adequate nutrition 2004)	& hydration (Harris & Frasier						
		otein, calorie-dense foods and						
	fluids, unless contra							
		e, weight and skin turgor						
		ldress impairments in dentition						
	and swallowing							
		s with meals if needed						
	• Dietary consu	III						
	Eliminate or Minim	nize Pain						
		ause (remove the source if						
		nfection or medicate based on						
	physiological	stimulus)						
		cal strategies -long acting						
	drugs preferable, us	se breakthrough doses and						

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 05/29/2019 15K141 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 555 E COUNTY LINE ROAD SUITE 105 **TOGETHER HOMECARE** GREENWOOD, IN 46143 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE prevent adverse effects Incorporate psycho-social, spiritual and culturally sensitive support Appropriate dressing selection, gentle removal and "Time out" during treatment administration Cleanse Normal saline is the recommended solution Cavity wounds or tunnels may be irrigated Apply 4-15 (psi) pressure/force to remove debris without harming healthy tissue Protect Wound and Periwound Skin Use barrier products to protect from adhesives and moisture Change dressings at appropriate intervals to avoid pooling of exudates Prevent and Manage Infection Critical colonization can result in failure to heal, poor quality tissue, increased friability and increased drainage (Frank, Bayoumi & Westendorp 2005). Determining whether the wound has a bacterial imbalance (critical colonization and infection) is of primary importance to healing (Sibbald, Woo & Ayello 2006). Superficial increased bacterial burden topical agent with low toxicity, not likely to cause allergy and not associated with bacterial resistance Surrounding skin compartment infection topical agent, swab culture and appropriate oral antibiotic agent (Sibbald 2003) Deep wound infection or osteomyelitis parenteral antibiotics. Also consider tissue culture and additional lab tests (Frank et al. 2005) Dressings with a high moisture vapor Event ID: P08X12 Facility ID: 013867 Page 24 of 26 If continuation sheet State Form

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 05/29/2019 15K141 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 555 E COUNTY LINE ROAD SUITE 105 **TOGETHER HOMECARE** GREENWOOD, IN 46143 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE transmission rate will allow moisture to escape and evaporate in minimally exudative wounds Moderate to heavily draining wounds require absorptive dressings Control Odor Appropriate frequency of dressing changes Cleanse with each dressing change Debridement and antimicrobials as indicated Charcoal dressings ... " Review of the agency adopted policy failed to evidence the policy was based upon current accepted professional standards of practice to include identification and documentation of the class/stage of wound; measurement of the length, width, and depth of each wound, presence or absence of tunneling or undermining; presence or absence of pain, presence or absence of signs and symptoms of infection; presence or absence of co-morbid conditions (diabetes, inadequate nutrition/hydration, etc.); and failed to objectively define how wound healing/or failure of the wound to heal, was to be assessed, e.g. "Any wound that does not appear to be improving with skilled intervention will be brought to the attention of the managing Physician, as well as the agency Director of Clinical Services." Review of governing body meeting minutes, dated 4-24-19, evidenced the governing body approved and adopted the new "Wound Management Policy," for the agency, at this meeting. The meeting minutes failed to evidence any discussion or directives for revision of the policy prior to adoption. During interview with nursing supervisor on 5-29-19 at 2:25 PM, the nursing supervisor stated the governing body had approved the above P08X12 Event ID: Facility ID: 013867 Page 25 of 26 If continuation sheet State Form

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NTERS FOR	R MEDICARE & MEDIC	AID SERVICES			O	MB NO. 0938-039
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
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		15K141	B. WING		05/2	9/2019
	PROVIDER OR SUPPLIEF		555 E C	ADDRESS, CITY, STATE, ZIP COD COUNTY LINE ROAD SUIT IWOOD, IN 46143	E 105	
(X4) ID		STATEMENT OF DEFICIENCIE				(X5)
PREFIX		CY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL		COMPLETION
TAG		LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)		DATE
	supervisor stated no adopted agency pol current accepted pro practice. The nursi surveyor would pro professional standar how nurses would b healing/or failure of standard "any wou improving " the r policy language use	dment. The nursing of having based the newly icy on wound management on ofessional standards of ng supervisor inquired if the vide an example of a rd of practice. When queried be instructed to assess wound if the wound to heal, using the nd that does not appear to be nursing supervisor replied the rd a subjective, rather than an ation of the progress/status of				