

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K118	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/22/2020
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NAME OF PROVIDER OR SUPPLIER HOMETOWN HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 302 E NORTH B STREET GAS CITY, IN 46933
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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
G 0000 Bldg. 00	<p>This visit was for a Federal and State complaint.</p> <p>IN00310440 - Unsubstantiated - Unrelated findings were cited.</p> <p>Facility #: IN13349</p> <p>Provider #: 15K118</p> <p>Survey dates: June 19-22; 2020</p> <p>These deficiencies reflects State Findings cited in accordance with 410 IAC 17.</p> <p>Quality Review: 7/01/2020 by Area 3</p>	G 0000		
G 0684 Bldg. 00	<p>484.70(b)(1)(2) Infection control Standard: Control.</p> <p>The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection control program must include:</p> <p>(1) A method for identifying infectious and communicable disease problems; and</p> <p>(2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.</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 disclosable 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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	<p>Based on observation, record review, and interview, the agency failed to ensure all their Infection Control Policies were updated to the latest CDC recommendations for the Corona Virus (COVID-19) pandemic for 1 of 1 agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Upon arrival to the agency on 06/19/2020 at 9:20 a.m., office staff was observed not to be wearing maks, practicing social distancing, and screening visitors or employees for symptoms of the Coronus Virus (COVID-19). 2. The Centers of Disease Control (CDC) article titled "Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19," stated "...including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19." 3. Review of the agency's undated policy titled "Infection Control Surveilence" failed to include any CDC updates in regards to the Corona Virus (COVID-19) pandemic 4. During an interview on 6/19/20 at 9:20 AM, the Director of Nursing (DON) acknowledged that office staff should be wearing a mask and practicing social distancing. The DON acknowledged that they had not been screening for symptoms of COVID-19 of visitors or employees before entering the business office. <p>410 IAC 17-12-1(m)</p>	G 0684	<p>The Director of Operations and Director of Nursing reviewed G-0684. Upon review, we noted that we needed to update our policy for office staff and visitors to the office. The agency purchased 2 thermal scan thermometers to monitor the temperature of office staff upon arrival and any visitors wishing to enter the building. In addition to taking their temperatures, staff and visitors were asked if they had had a cogh or fever in the last 14 days, been out of the country in the last 14 days, or been exposed to a person/s who have had the virus, a sign was placed on the door to inform visitors as such. Visitors and staff were instructed to wear a mask at all times while in the office and practice social distancing of 6 feet.</p> <p>The Director of Operations and Director of Nursing will ensure that these guidelines are maintained and updated as needed per the CDC.</p> <p>The Director of Operations and Director of Nursing will monitor the CDC website to ensure that all policies are current, and up to date, with staff education as needed.</p> <p>This deficiency was corrected 06/22/2020.</p>	06/22/2020