STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K143	A. BUILDING 00 B. WING	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREAT CARE HOME HEALTH, INC	5511 EAST 82ND STREET SUITE C INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. 00	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 494.102. Survey Dates: August 19, 20, 21, and 22, 2019 Facility: 013823 Provider: 15K143 At this Emergency Preparedness survey, Great Care Home Health was found in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 494.102.	E 0000		
G 0000 Bldg. 00	This visit was for a Federal Recertification and State Licensure survey in conjunction with 4 Complaints. Complaint IN00287245 - Unsubstantiated Complaint IN00262611 - Substantiated without findings Complaint IN00245297 - Substantiated without findings Complaint IN00207441 - Unsubstantiated Survey Dates: August 19, 20, 21, and 22, 2019 Facility: 013823 Provider: 15K143	G 0000		

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K143	A. BUILDING 00 B. WING	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREAT CARE HOME HEALTH, INC	5511 EAST 82ND STREET SUITE C INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Census: 1 skilled 25 home health aide only 0 personal service only These deficiencies reflect State Findings cited in accordance with 410 IAC 17.			
G 0572 Bldg. 00	Based on observation, record review, and interview, the agency failed to ensure the Home Health Aide followed the care plan during patient care for 1 of 2 Home Health Aide visits. (Patient 3) Findings include: An undated policy, titled, "Home Health Aide Services," was provided by the Clinical Manager on 8/22/19 at 12:12 p.m. The policy indicated, but was not limited to, "Home Health Aide Services may include: b. Assisting with client transfers, ambulation and protecting the client from falls. e. Maintaining a safe environment for the client. 3. The Aide will follow the care plan and will not initiate new services or discontinue services without contacting the supervising Nurse/therapist." During an observation on 8/21/19 at 7:13 a.m., Employee D was observed to assist Patient 3 with a bed bath. After the bed bath was complete and Patient 3 was dressed, Employee D was observed to assist patient to a sitting position on the side of the hospital bed. Employee D left Patient 3 alone on the side of the bed to walk across the room to retrieve a gait belt from a drawer. Employee D then returned to Patient 3 and placed gait belt around the patient's waist. Employee D then left	G 0572	Employee D was removed from Patient 3 schedule pending re-competency results. Employee D was re-competency tested on all required skills by demonstration and completed on 8/29/19. Home Health Aid's staffed for Patient 3 have been verbally in-serviced on all care plan instructions for this patient by RN Case Manager, specifically focusing on safety. This is on-going for all new staff assigned to Patient 3 until 10/18/19 or completion of plan of correction in-services. The Clinical Services Manager or RN Case Manager audited all patient Fall Assessments and care plan terms to determine if any other patients are affected by the same deficiency. Findings show that only Patient 3 was affected by the deficient care plan verbiage. Audit completed 9/19/19. The Clinical Service Manager reviewed policies and procedures in place and determined that	10/18/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K143	A. BUILDING 00 B. WING	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREAT CARE HOME HEALTH, INC	5511 EAST 82ND STREET SUITE C INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Patient 3 alone on the side of the bed to walk across the room to retrieve the patient's wheelchair. Patient 3's clinical record was reviewed on 8/20/19 at 1:30 p.m., and included a Plan of Treatment, dated 8/5/19 to 10/3/19. Patient 3's Plan of Treatment indicated, but was not limited to, the following: Principle Diagnosis of Alzheimer's. Cognitive: Client is alert and responsive, but forgetful, never fully oriented, and often confused. Special Instructions: Pt (patient) is at high risk for falls due to generalized weakness, joint pain in lower extremities and altered mentation. Hha (home health aide) to decrease fall risk by: Never leaving pt unattended in chair or on commode. Patient 3's current Care Plans, revised 7/31/19, was provided by the Clinical Manager on 8/19/19 at 4:19 p.m. Patient 3's current Care Plans indicated, but were not limited to, the following: Mental Status: Dementia, Alzheimer's. Safety Measures: Fall precautions. Mental Status: Forgetful, Disoriented, Alzheimer's, Needs constant observation. Mobility and Safety: Do not leave client alone, Can not be left alone, Fall risk precautions... During an interview on 8/21/19 at 9:06 a.m., Employee C indicated Patient 3 should never be left alone on the side of the bed unattended. 410 IAC 17-13-1(a)		deficiency was a result of terms in the home health aid care plan that were ambiguous depending on the assigned task for the home health aid. Administrator and Clinical Service Manager to develop a clinical tool that RN Case Managers will use to write care plans with instructions using standardized terms, as it relates to fall risk precautions. The tool will be completed 9/27/19. Clinicians required to use the clinical tool will be in-serviced by 9/27/19. Each patient will have their care plan reviewed by Clinical Service Manager or designee and will incorporate the fall risk precaution terms into their care plan by 10/18/19. Current agency home health aids, will be in-serviced on Fall Risk Precaution terms that will be included in home health aid care plans. This will be completed by 10/18/19. Future staff will receive training during orientation. In an effort to reach 100% compliance, on-going monitoring will be done by the Clinical Services Manager as evidenced by audits for a minimum of 3 months, effective 10/18/19. Monitoring will continue past this time frame, for an equal amount of time, if findings are inconsistent and/or noncompliance is found.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K143	A. BUILDING 00 B. WING	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREAT CARE HOME HEALTH, INC	5511 EAST 82ND STREET SUITE C INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0682 Bldg. 00	Based on observation, record review, and interview, the agency failed to ensure infection control was maintained during 1 of 2 Home Health Aide observations. (Patient 3) Findings include: 1. An undated policy, titled, "Handwashing/Hand Hygiene," was provided by the Administrator on 8/21/19 at 4:07 p.m. The policy indicated, but was not limited to, "3. Indications for hand washing and hand antisepsis: c. When there is prolonged or intense contact with the client (bathing the client). d. Between tasks on the same client. f. After removing gloves. g. After touching objects that are potentially contaminated." 1. An undated policy, titled, "OSHA Infection Control/Exposure Control Plan," was provided by the Administrator on 8/21/19 at 4:16 p.m. The policy indicated, but was not limited to, "1. Client infection control procedures shall include, but not limited to: a. Wearing and changing gloves as necessary during the delivery of client care. f. Frequent hand washing by home health care employees: before and after the provision of direct client care. g. After removing gloves. 2. Environmental infection control procedures include, but are not limited to: a. Maintaining a clean work environment e.g., clean counters, tables, and shelves where food is stored. g. Keeping clean and dirty items separate. 2. During an observation on 8/21/19 at 7:13 a.m., Employee D was observed to give Patient 3 a bed bath. Employee C was present in the home to observe the visit as well. Employee D was already	G 0682	Employee D was removed from Patient 3 schedule pending re-competency results. Employee D was re-competency tested on all required skills by demonstration and completed on 8/29/19. Home Health Aid's staffed for Patient 3 have been verbally in-serviced on Infection Control Procedures for this patient by RN Case Manager, specifically focusing on bed bathing and food preparation. This is on-going for all new staff assigned to Patient 3 until 10/11/19 or completion of plan of correction in-services. New employee orientation teaching material updated to include more robust handwashing, food preparation and bed bathing instruction. Through chart audit, the Clinical Manager determined that all active patients require Standard Precaution measures. On 9/3/19, RN Case Managers were instructed to provide Standard Precaution education and observe Standard Precaution skills during all home visits. Handwashing material was provided to home health aids in the patient's home beginning 9/3/19 and completed no later than 10/3/19. Agency instituted Bed Bath and	10/11/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K143	A. BUILDING 00 B. WING	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREAT CARE HOME HEALTH, INC	5511 EAST 82ND STREET SUITE C INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	wearing gloves upon entrance to the home. Employee D removed Patient 3's clothing, then turned over on his/her side, and proceeded to wash and rinse the patient's back, back of legs, and buttocks. Employee D was observed to rinse the wash cloths out in the bath pans. Employee D dried Patient 3's back, lefts, and buttocks with a towel then rolled the patient onto his/ her back. Employee D was observed to put a new wash cloth in the same water used for the back, legs, and buttocks, then proceeded to wash Patient 3's face. Employee D then lathered up the same wash cloth and washed Patient 3's arms, chest, and stomach. Employee D rinsed the wash cloth out in the same water, then rinsed Patient 3's arms, chest, and stomach. Employee D dried Patient 3's arms, chest, and stomach with a towel. Employee D rinsed the same wash cloth in the same water and added soap to the wash cloth. Employee D washed Patient 3's feet and front of the legs, then used the same wash cloth to wash the peri area. Employee D placed the soapy washcloth in the rinse water bath pan, then used another wash cloth to rinse the legs and feet. Employee D rinsed out the soapy wash cloth from the rinse bath pan, then washed and rinsed peri area again. Employee D rinsed the wash cloth out in the bath pan, then rinsed the peri area again. Employee D dried the legs and peri area with the same towel as before. Employee D put Patient 3's socks on, retrieved the deodorant from the dresser and applied, retrieved clothes from the wheelchair, placed the deodorant back on the dresser, put on patient's shirt, then rolled Patient 3 over and pulled the shirt down. Employee D placed a pull-up on the patient, retrieved the pants from the wheelchair and placed on the patient, then sat Patient 3 up on the side of the bed. Employee D retrieved a gait belt from a drawer in the room, then placed on the patient. Employee D moved		Food Preparation procedures. Director of Clinical Services or designee will be responsible for in-service of home health aids, to be completed by 10/11/19. One Hundred percent (100%) of active and future home health aids will receive Bed Bath procedure, Food Prep procedure and Standard Precaution education. In effort to reach 100% compliance, Director of Clinical Services or designee will be responsible for on-going monitoring of Standard Precaution, bed bathing, and food preparation as required during in-home supervisory visits for a minimum of 6 months, effective 8/23/19. Monitoring will continue past this time frame, for an equal amount of time, if observations are inconsistent or non-compliance is found.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K143	A. BUILDING 00 B. WING	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREAT CARE HOME HEALTH, INC	5511 EAST 82ND STREET SUITE C INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	the wheelchair to the bed, locked the brakes, then assisted the patient to stand, pulled up the pull-up and pants, then sat in the wheelchair. Employee D removed the gait belt and placed back in the drawer. Employee D put on patient's house shoes, retrieved a brush and comb from the dresser, brushed the patient's hair, pulled the hair into a pony tail, and put patient's glasses on his/her face. Employee D then grabbed the collar of his/her own shirt and pulled it up to wipe sweat from his/her forehead. Employee D pushed the patient in his/her wheelchair into the dining room up to the table and used the remote to turn on the television. Employee D then removed the gloves and washed his/ her hands. No glove changes or hand hygiene was observed up to this point. No bath basin water changes were observed during the entire bath. Employee D was observed to enter the kitchen and remove a pre-made meal from the refrigerator. Employee D removed the pancakes with his/ her bare hands and placed on a plate. Employee D removed the sausage pattie with his/ her bare hands and placed in a pan on the stove to warm. Employee D placed the pancakes in the microwave to warm. Employee D removed the pancakes, then held them with her bare fingers on the plate while he/she cut them with a knife. Employee D placed the sausage pattie on the plate, then held it with bare fingers on the plate while he/ she cut them with a knife. Employee D placed food at table in front of Patient 3. No hand hygiene was observed. A document, titled, "Rise and Shine," was provided by the Clinical Manager on 8/22/19 at 1:08 p.m. The Clinical Manager indicated it is give to all home health aides when they start work at the agency. The document indicated, but was not limited to, "Always wash your hands before touching the patient or his/her belongings.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K143	A. BUILDING 00 B. WING	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREAT CARE HOME HEALTH, INC	5511 EAST 82ND STREET SUITE C INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	Always begin from Cleanest to dirtiest. Begin the bath by washing the face, move to the upper body, torso, legs and feet. A bath should always end with the perineum and rectum. During an interview on 8/21/19 at 8:10 a.m., Employee C indicated if he/she had not witnessed the visit, then he/ she would not have believed it. During an interview on 8/21/19 at 9:06 a.m., Employee C indicated staff should do glove changes and hand sanitize at least once when giving a bed bath. Employee C indicated the home health aide should have changed gloves and washed hands after cleaning Patient 3's buttocks. Employee C indicated the home health aide should have changed the water and wash cloths before cleansing the peri area, and they should have kept the soapy wash cloths separate from the clean rinse water. Employee C indicated staff should not touch inanimate objects, such as the remote, with soiled gloves. Employee C indicated the staff should not touch patient's food with their bare hands. 410 IAC 17-12-1(m)			