STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K094	A. BUILDING 00 B. WING	06/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SCOTT'S HOME HEALTHCARE LLC	1817 DOGWOOD CT KOKOMO, IN 46902

(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 0000 Bldg. 00	This was a revisit for the Federal home health recertification survey completed on February 26, 2019. Facility #: 012928 Provider #: 15K094 Medicaid #: 201091400 Survey dates: June 24, 25; 2019 Skilled Services: 1 Home Health Aide only: 81 Personal Service only: 2 Total Current Census: 84 Record reviews with home visit: 2 Record review without home visits: 1 Discharged record reviews: 1 Total clinical records reviewed: 3 During this survey, three (3) Condition level deficiencies and twenty-one 21 Standard level deficiencies were corrected. Two (2)standard-level deficiency wer re-cited and two (2) new standard-level deficiency were cited. Quality Review Completed 7/1/19	G 0000		
G 0550 Bldg. 00	Based on record review and interview, the RN	G 0550	The Administrator to educated all clinical staff and review the	07/11/2019

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

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	[registered nurse] failed to perform a comprehensive assessment at discharge for 1 of 1 records reviewed (#3). Findings include: An agency policy titled, "Discharge, Transfer, and Planning" dated as revised on 3/28/2019 stated, " ... 8. ... C. A Discharge Summary form is completed within 48 hours of the date of discharge and completed at the time of the patient's complete discharge from home health services ...." The clinical record of patient #3 was reviewed on 06/25/19 and indicated a start of care date of 09/12/18. The record contained a plan of care (POC) for the certification period of 03/11/19 - 05/09/19. The record contained an "OASIS [outcome and information assessment set] Discharge from agency" performed by Employee C, dated 04/04/19. Additionally, the record contained a "Discharge From Agency (OASIS) clinical note" performed by Employee C, dated 04/04/19 that stated, " ... no visit-MD [medical doctor] notified et [and] discharged on 4/4/19 ...." An agency document titled "[agency documentation system], provided by the Administrator included multiple visits for patient #3 and included HHA [home health aide] documentation for patient care provided on 04/06/19 and 04/07/19. During an interview on 06/25/19 at 12:30 PM with the Administrator, she indicated the patient had a discharge OASIS on 4/4/19, but the patient had called asking to extend services until 4/8/19.		Discharge, Transfer, and Planning policy during the weekly nurse staff meeting on 7/11/19. The Administrator to review the timeline for each patient from admission through discharge to ensure all clinical staff is clear on the policy specifications. The ACM to audit all clinical documentation to ensure the discharge comprehensive assessment is not completed prior to the last home health aide visit. Furthermore, the ACM will review the RN schedule daily and meet with each case manager daily to ensure the comprehensive assessment is not completed before the last HHA visit for a discharging patient and to clarify any issues regarding patient issues, orders or paperwork. The ACM will utilize the discharge audit form to ensure the timeline is met regarding the last home health aide visit and comprehensive assessment following. All documentation to be kept in the discharge audit binder in the medical chart room for proof of compliance. The Administrator to ensure this policy is followed by reviewing the discharge audit binder at the last nurse staff meeting of the month.	

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	Further, the Administrator stated there was no additional discharge comprehensive after 04/04/19.			
G 0574 Bldg. 00	Based on record review and interview, the agency failed to provide orders for home health aide services on the plan of care for 1 of 3 records reviewed (#2). Findings include: The clinical record of patient #2 was reviewed on 06/25/19 and indicated a start of care date of 06/12/18. The record contained a plan of care (POC) for the certification period of 06/07/19 - 08/05/19. Further, the plan of care contained a 60 day summary that stated, "... Pt [patient] continues to have a need for a HHA for assistance with bathing, foot care, transfers, and light housekeeping ...." The home health aide services were provided in the last cert period as well. The dates the HHA provided care without an order were as follows: The home health aide provided services on June 4, 5, 6, 7, 10, 11, 12, 13, 14, 17, 18, 19, 20, 21, 24 and 25 of 2019. The plan of care failed to evidence physician orders for continuing home health aide services (HHA). During an interview on 6/25/19 at 9:30 AM, when asked about the plan of care lacking home HHA orders, the Administrator stated, "It's [documentation system] generated automatically	G 0574	The agency contacted Riversoft Office software company on 6/27/19 which is the company that supplies the medical charting for the agency. The agency investigated why the HHA orders were not carried over on the plan of care for patient #2. The company stated they were unsure why following a system analysis of the agency's software by the IT department. The administrator reviewed the process with Riversoft Office to ensure the agency fully comprehended the proper way to carry the orders over to each plan of care. No changes were found. The Administrator will ensure each plan of care has the correct and current orders for HHA through the admission/recertification auditing process. Each plan of care will be audited before printing and sending to MD for signature. The ACM or her delegate will audit each plan of care using the Admission/Recertification audit form. Once the plan of care has been audited and no errors found, the plan of care will be printed by the ACM or her delegate and faxed to the MD for signature.	06/27/2019

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	so it has to be in there." The administrator then reviewed the plan of care and then stated, "It progresses you through and automatically puts orders in unless something changes. It asks you if you want to use the last POC orders, then we tweak." At 9:41 AM, the Administrator stated, "I wonder if it's a system error; I don't have an answer on why it's not there."		Any corrections needed will be returned to the CM for correction. The Administrator will ensure this policy is being followed by reviewing the completed audit forms at the weekly nurse meeting. A record of all completed audit forms are to be kept in a binder in the medical chart room at all times titled Admission/Recertification Audits	
G 0682 Bldg. 00	Based on observation, record review and interview, the agency failed to ensure all staff followed infection control policies and standard precautions for 1 of 2 home visits observed (#2). Findings include: An agency policy titled, "Infection Control" dated as reviewed 01/14/19 stated, "... 7. Gloves should be changed between patient contact and procedures ...." During a home visit observation on 6/25/19 at 8:00 AM, with patient #2, Employee E home health aide (HHA), was observed providing personal care. Employee E gathered supplies for the patient shower performed hand hygiene and donned clean gloves. The employee assisted the patient with the shower at intervals as requested by the patient. Employee E washed back, legs, feet and buttocks and discarded wash cloth. After shower was completed, and without changing gloves, Employee E applied lotion to the patient's back, torso, arms and legs and followed by patting the	G 0682	The agency will complete the annual mandatory Home Health Aide Blitz and include a personal care station to review proper handwashing and glove procedures to ensure gloves are changed between patient contact and all procedures during visits. This station will be overseen by the RN Case Managers and home health aides will demonstrate proper handwashing and glove procedures for RN to show compliance. The Administrator will oversee the HHA Blitz to ensure this process is completed. The date of the HHA Blitz is 8/2/19 which will take the place of the required monthly continuing education for all home health aides to keep their license current. The agency policy states the monthly in service date is mandatory for the first Friday of the month and will stay consistent	08/02/2019

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	skin dry on back, torso, arms, legs, personal area and buttocks. Further, without changing gloves, Employee E assisted the patient to to dress and followed by brushing patient's hair. Without changing gloves, Employee E then removed a clean wash cloth from the stored linen area and sprayed cleanser to shower area, sink and on the toilet. Without changing gloves, the employee then wiped down the shower area and the sink, toilet area and scrubbed the toilet bowl. The employee continued with the same gloves, sprayed the bathroom mirror and wiped with paper towel. Finally, the employee wiped the fluids from the floor in front of the toilet with a clean towel and discarded the towel and wash cloth in the linen basket and removed her gloves. Employee E failed to change gloves between patient contact and procedures. During an interview on 6/25/19 at 9:30 AM, the Administrator and Alternate Administrator indicated gloves should be changed between patient tasks.		with this policy. Proof of completion by the HHA will be in the employee file for each agency aide. All agency home health aides will be scheduled to complete the HHA Blitz on the scheduled date and any aide unable to attend will have 7 days to make up the required education or be removed from the patient schedules until compliance is met. HR will give the Administrator a report of all aides and compliance with the HHA Blitz by 8/9/19 to ensure agency employees have met education requirements.	
G 0804 Bldg. 00	Based on observation, record review, and interview, the home health aide failed to report changes in a patient's condition to the registered nurse for 1 of 2 patients observed who received home health aide services (#2). Findings include: An agency policy titled, "Home Health Aide Supervision, Training and Education" dated reviewed 1/14/19, stated, " .. The home health aide must communicate to nursing supervisor any	G 0804	The agency will complete the annual mandatory Home Health Aide Blitz and include a station to review reporting patient changes to RN. This station will be overseen by the RN Case Managers and each home health aides will demonstrate how to report changes based on scenarios given by the RN. The Administrator will oversee the HHA Blitz to ensure this process is completed. The date of the HHA Blitz is 8/2/19	08/02/2019

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	changes observed in the patient's conditions and needs as they arise ...." During a home visit observation on 6/25/19 at 8:00 AM, with patient #2, Employee E, home health aide (HHA) and Employee C, RN (Registered Nurse) in attendance, Employee E was observed providing personal care. After patient #2 had disrobed, three wounds to the right leg and foot and one area to right great toe were observed. At 8:35 AM during the observation, Employee C asked Employee E if the areas to the right leg were new. Employee E indicated they were not new. The clinical record of patient #2 was reviewed on 06/25/19 and indicated a start of care date of 06/12/18. The record contained a plan of care (POC) for the certification period of 06/07/19 - 08/05/19. The comprehensive assessment recertification dated 06/04/19 indicated, "... Skin is pink, warm, dry and intact with no open areas noted or reported ...." An agency document titled, "... Request for Physician's Follow Up Orders" dated 6/6/19, stated "...HHA reported patient has fluid filled blister on lower right shin .... " A Physician office note dated 6/17/19 stated, "... Today, [patient #2] presents with a new 2 x 2 cm superficial anterior tibial ulceration that does appear venous in nature to me ...." Agency documents titled, "Visit Note [agency documentation system] Clinical Note" dated, 6/4, 6/5, 6/11, 6/13, 6/14, 6/17, 6/18, 6/20, and 6/24, by Employee E, documentation failed to indicate the RN was notified regarding patient leg wounds.		which will take the place of the required monthly continuing education for all home health aides to keep their license current. The agency policy states the monthly in service date is mandatory for the first Friday of the month and will stay consistent with this policy. Proof of completion by the HHA will be in the employee file for each agency aide. All agency home health aides will be scheduled to complete the HHA Blitz on the scheduled date and any aide unable to attend will have 7 days to make up the required education or be removed from the patient schedules until compliance is met. HR will give the Administrator a report of all aides and compliance with the HHA Blitz by 8/9/19 to ensure agency employees have met education requirements.	

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	During an interview on 6/25/19 at 10:23 AM, Employee B, alternate administrator stated, " My conclusion, we believe the newer wounds were not reported."			
N 0000 Bldg. 00		N 0000		
	This was a revisit for a Home Health Care State Licensure Survey completed on February 19, 2019. Facility #: 012928 Provider #: 15K094 Medicaid #: 201091400 Survey Dates: June 24, 25; 2019 Skilled Services: 1 Home Health Aide only: 81 Personal Service only patients: 2 Total Current Census: 84 Record reviews with home visit: 2 Record review without home visits: 1 Discharged record reviews: 1 Total clinical records reviewed: 3 During this revisit survey, 9 deficiecies has been corrected, 2 were recited, and 1 new deficiecy was written. Quality Review Completed 7/1/19			
N 0470	410 IAC 17-12-1(m) Home health agency			

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Bldg. 00	administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws. Citation Text for Tag 0682, Regulation D101 Hughes, Sonya Based on observation, record review and interview, the agency failed to ensure all staff followed infection control policies and standard precautions for 1 of 2 home visits observed (#2). Findings include: An agency policy titled, "Infection Control" dated as reviewed 01/14/19 stated, "... 7. Gloves should be changed between patient contact and procedures ...." During a home visit observation on 6/25/19 at 8:00 AM, with patient #2, Employee E home health aide (HHA), was observed providing personal care. Employee E gathered supplies for the patient shower performed hand hygiene and donned clean gloves. The employee assisted the patient with the shower at intervals as requested by the patient. Employee E washed back, legs, feet and buttocks and discarded wash cloth. After shower was completed, and without changing gloves, Employee E applied lotion to the patient's back, torso, arms and legs and followed by patting the skin dry on back, torso, arms, legs, personal area and buttocks. Further, without changing gloves, Employee E assisted the patient to to dress and followed by brushing patient's hair. Without changing gloves, Employee E then removed a	N 0470	The agency will complete the annual mandatory Home Health Aide Blitz and include a personal care station to review proper handwashing and glove procedures to ensure gloves are changed between patient contact and all procedures during visits. This station will be overseen by the RN Case Managers and home health aides will demonstrate proper handwashing and glove procedures for RN to show compliance. The Administrator will oversee the HHA Blitz to ensure this process is completed. The date of the HHA Blitz is 8/2/19 which will take the place of the required monthly continuing education for all home health aides to keep their license current. The agency policy states the monthly in service date is mandatory for the first Friday of the month and will stay consistent with this policy. Proof of completion by the HHA will be in the employee file for each agency aide. All agency home health aides will be scheduled to complete the HHA Blitz on the scheduled date and any aide unable to attend will have 7 days to make up the required education	08/02/2019

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	clean wash cloth from the stored linen area and sprayed cleanser to shower area, sink and on the toilet. Without changing gloves, the employee then wiped down the shower area and the sink, toilet area and scrubbed the toilet bowl. The employee continued with the same gloves, sprayed the bathroom mirror and wiped with paper towel. Finally, the employee wiped the fluids from the floor in front of the toilet with a clean towel and discarded the towel and wash cloth in the linen basket and removed her gloves. Employee E failed to change gloves between patient contact and procedures. During an interview on 6/25/19 at 9:30 AM, the Administrator and Alternate Administrator indicated gloves should be changed between patient tasks.		or be removed from the patient schedules until compliance is met. HR will give the Administrator a report of all aides and compliance with the HHA Blitz by 8/9/19 to ensure agency employees have met education requirements.	
N 0524 Bldg. 00	410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect			

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	against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. Based on record review and interview, the agency failed to provide orders for home health aide services on the plan of care for 1 of 3 records reviewed (#2). Findings include: The clinical record of patient #2 was reviewed on 06/25/19 and indicated a start of care date of 06/12/18. The record contained a plan of care (POC) for the certification period of 06/07/19 - 08/05/19. Further, the plan of care contained a 60 day summary that stated, "... Pt [patient] continues to have a need for a HHA for assistance with bathing, foot care, transfers, and light housekeeping ...." The home health aide services were provided in the last cert period as well. The dates the HHA provided care without an order were as follows: The home health aide provided services on June 4, 5, 6, 7, 10, 11, 12, 13, 14, 17, 18, 19, 20, 21, 24 and 25 of 2019. The plan of care failed to evidence physician orders for continuing home health aide services (HHA). During an interview on 6/25/19 at 9:30 AM, when asked about the plan of care lacking home HHA orders, the Administrator stated, "It's [documentation system] generated automatically so it has to be in there." The administrator then	N 0524	The agency contacted Riversoft Office software company on 6/27/19 which is the company that supplies the medical charting for the agency. The agency investigated why the HHA orders were not carried over on the plan of care for patient #2. The company stated they were unsure why following a system analysis of the agency's software by the IT department. The administrator reviewed the process with Riversoft Office to ensure the agency fully comprehended the proper way to carry the orders over to each plan of care. No changes were found. The Administrator will ensure each plan of care has the correct and current orders for HHA through the admission/recertification auditing process. Each plan of care will be audited before printing and sending to MD for signature. The ACM or her delegate will audit each plan of care using the Admission/Recertification audit form. Once the plan of care has been audited and no errors found, the plan of care will be printed by the ACM or her delegate and faxed to the MD for signature. Any corrections needed will be	06/27/2019

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	reviewed the plan of care and then stated, "It progresses you through and automatically puts orders in unless something changes. It asks you if you want to use the last POC orders, then we tweak." At 9:41 AM, the Administrator stated, "I wonder if it's a system error; I don't have an answer on why it's not there."		returned to the CM for correction. The Administrator will ensure this policy is being followed by reviewing the completed audit forms at the weekly nurse meeting. A record of all completed audit forms are to be kept in a binder in the medical chart room at all times titled Admission/Recertification Audits	
N 0604 Bldg. 00	410 IAC 17-14-1(m) Scope of Services Rule 14 Sec. 1(m) The home health aide must report any changes observed in the patient's conditions and needs to the supervisory nurse or therapist. Based on observation, record review, and interview, the home health aide failed to report changes in a patient's condition to the registered nurse for 1 of 2 patients observed who received home health aide services (#2). Findings include: An agency policy titled, "Home Health Aide Supervision, Training and Education" dated reviewed 1/14/19, stated, " .. The home health aide must communicate to nursing supervisor any changes observed in the patient's conditions and needs as they arise ...." During a home visit observation on 6/25/19 at 8:00 AM, with patient #2, Employee E, home health aide (HHA) and Employee C, RN (Registered Nurse) in attendance, Employee E was observed providing personal care. After patient #2 had disrobed, three wounds to the right leg and foot and one area to right great toe were observed. At	N 0604	The agency will complete the annual mandatory Home Health Aide Blitz and include a station to review reporting patient changes to RN. This station will be overseen by the RN Case Managers and each home health aides will demonstrate how to report changes based on scenarios given by the RN. The Administrator will oversee the HHA Blitz to ensure this process is completed. The date of the HHA Blitz is 8/2/19 which will take the place of the required monthly continuing education for all home health aides to keep their license current. The agency policy states the monthly in service date is mandatory for the first Friday of the month and will stay consistent with this policy. Proof of completion by the HHA will be in	08/02/2019

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SCOTT'S HOME HEALTHCARE LLC	1817 DOGWOOD CT KOKOMO, IN 46902

(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
	8:35 AM during the observation, Employee C asked Employee E if the areas to the right leg were new. Employee E indicated they were not new. The clinical record of patient #2 was reviewed on 06/25/19 and indicated a start of care date of 06/12/18. The record contained a plan of care (POC) for the certification period of 06/07/19 - 08/05/19. The comprehensive assessment recertification dated 06/04/19 indicated, "... Skin is pink, warm, dry and intact with no open areas noted or reported ...." An agency document titled, "... Request for Physician's Follow Up Orders" dated 6/6/19, stated "...HHA reported patient has fluid filled blister on lower right shin .... " A Physician office note dated 6/17/19 stated, "... Today, [patient #2] presents with a new 2 x 2 cm superficial anterior tibial ulceration that does appear venous in nature to me ...." Agency documents titled, "Visit Note [agency documentation system] Clinical Note" dated, 6/4, 6/5, 6/11, 6/13, 6/14, 6/17, 6/18, 6/20, and 6/24, by Employee E, documentation failed to indicate the RN was notified regarding patient leg wounds. During an interview on 6/25/19 at 10:23 AM, Employee B, alternate administrator stated, " My conclusion, we believe the newer wounds were not reported."		the employee file for each agency aide. All agency home health aides will be scheduled to complete the HHA Blitz on the scheduled date and any aide unable to attend will have 7 days to make up the required education or be removed from the patient schedules until compliance is met. HR will give the Administrator a report of all aides and compliance with the HHA Blitz by 8/9/19 to ensure agency employees have met education requirements.	