OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER: 15K137		IA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY CO A. BUILDING 11/22/2021 B. WING		Y COMPLETED		
	NAME OF PROVIDER OR SUPPLIER THE MASTER'S TOUCH HOME CARE LLC			TREET ADDRESS, CITY, STATE, ZIP COD 447 WATERFRONT PARKWAY E DR STE diana, 46214		5 ,
(X4) ID PREFIX TAG	SUMMARY STATEMENT C (EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTI	PRECEDED BY FULL F	ID PREFII TAG	,	I SHOULD BE TO THE	(X5) COMPLETION DATE
G0000	INITIAL COMMENTS This visit was for a Federal Recer State Licensure Survey of a Medi Provider. A partially extended sur announced on 11/19/2021 at 3:15 Survey dates: 11/16/2021 to 11/2 Facility ID: 013677 Provider #: 15K139 Medicaid #: 701323570A Census: 44 These deficiencies reflect State Faccordance with 410 IAC 17. Quality Review Completed on 12/2	rtification and icaid Home Health vey was 5 PM. 2/2021	30000			
G0682	Infection Prevention CFR(s): 484.70(a) Standard: Infection Prevention. The HHA must follow accepted st practice, including the use of star precautions, to prevent the transminfections and communicable disc. This STANDARD is NOT MET as Based on observation and record failed to ensure clinicians follow a standards of practice, including the standard precautions, to prevent infections and communicable disc failed to follow infection prevention of 3 home visits conducted. (Patrindings include: In an undated policy titled 'Hand Interpretation of the standard p	tandards of indard inission of eases. evidenced by: I review, the agency accepted ine use of transmission of eases. Agency in measures in tient #5) Hygiene Policy	30682	stitution may be excused from correcting p		and those others

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

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

TITLE

(X6) DATE

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G0682	Continued from page 1 No. 7-009' states, "Personnel provide home setting will regularly waper the most recently published C Disease Control) regulations and hand hygiene in healthcare settinare visibly dirty, contaminated with material, or are visibly soiled with other body fluids, they should be either a non-antimicrobial or antinand water. When hands are not vishould be washed using an alcohor routinely decontaminating han alternative to use of an alcohol-bato wash hands with an antimicrob water." The policy further specifie decontamination should be perfect contact with patients F. Af with inanimate objects (including equipment) in the immediate vicin patient." On 11/17/21 at 12:00 pm, a home #5 and home health aide D evide infection control. During bathing, was seated in a shower chair in a requested employee D to, "fix" the Employee D obliged and picked u suctioned bathmat which was on shower stall to readjust and straig as at it had become bunched up the seated patient. Employee D trapply gloves and continued wash patient, failing to perform hand hy touching mat, nor before continuin hands-on care to patient. The findings of concern were revi Administrator and Clinical Manage.	viding care in sh their hands, CDC (Centers for guidelines for gs. When hands h proteinaceous blood or washed with nicrobial soap isibly soiled, they sol-based hand rub ids. An ased hand rub is sial soap and s that "3. Hand formed: A. Before fer contact medical nity of the se visit with patient mode a breach in patient #5 who is shower stall, is bathmat. In the edge of a the floor of the ghten out mat, under the feet of men proceeded to ing and rinsing regiene after and to provide sewed with the	G0682				
	3:15 pm. No further information o provided. 410 IAC 17-12-1(m)	r explanation was					
G0706	Interdisciplinary assessment of th	ne patient	G0706				
3.30	CFR(s): 484.75(b)(1)	- 1	23.00				
	Ongoing interdisciplinary assessr patient;	nent of the					
	This ELEMENT is NOT MET as e	evidenced by:					
	Based on record review and inter failed to ensure the RN case man						

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G0706	Continued from page 2 patients when a change in condit in regards to a patient with a new wheezing/ new medication order had fallen and obtained a fracture active records reviewed. (Patients Findings include: 1. A review of an undated agency "Ongoing Assessments" Policy N "Purpose, to provide guidelines for the patient during ongoing care. UProcedure 3. Re-assessments sh B. Changes in patient condition Capatient diagnoses"2. During a h 11/17/21 at 12:00 PM with patient discovered that on 11/16/21, the prescribed a new medication call bromide/albuterol sulfate by her Physician for new-onset symptom Patient #5 indicated employee D, aide, was aware and had assister setting up the nebulizer for the paself-administer. The clinical record for patient #5 11/17/21. The clinical record cont care for the certification period of through 1/4/22, with patient diagr but are not limited to, Chronic Ob Pulmonary Disease (a type of prodisease characterized by long-ter symptoms and airflow limitation), Failure (a chronic condition in who cannot pump {systolic} or fill {diastic adequately}. The plan of care revisits to assess the patient when discovered that the patient had a wheezing and new medication. During an interview on 11/18/21 and Employee G, RN was queried as been made aware by the home hemedication in the home related to complaint of wheezing on 11/16/26 stated the aide did not make he until approximately 3 PM on 11/11 surveyor's visit to the home. Emp she does not normally make a vispatient's home after changes in medication if a nurse would be making patient of a nurse would be making patient.	ion was identified onset of and a patient who a for 2 of 5 is #3 and 5) If policy titled on 1-017 revealed or assessments of Juder subtitle would focus on: in it was patient had been eed ipratropium primary Care on of wheezing. It home health do the patient in attent to was reviewed on a fained a plan of 11/5/21 in oses, included structive organization of the heart stolic) ealed Patient #5 vices 2-4 hours clinical record ovided any it was new onset of the work of a new of a new patient and of a new of a new patient the property of the work of a new of a new patient the property of the property	G0706			

Facility ID: 013677

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G0706	Continued from page 3 relation to reported change in corwheezing, the nurse indicated shon 11/2/21 for the Recertification patient's lungs were clear, "no redistress", and "O2 [oxygen] sats of Employee G indicated she would if he/she felt the patient was having breathing or had low O2 saturation reminded that the recertification of several days ago and wheezing is patient, Employee G stated she halp plans for visiting or assessing the stating the patient did not have on nursing services.3. The clinical re #3 was reviewed on 11/17/2021. Contained a recertification assess 09/13/2021 that indicated the patient the home, with Employee E, the and had sustained a fractured lef 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021. During a phone interview with patemployee E on 11/17/2021 at 12 did confirm they had fallen on 08/19/2021.	e saw the patient visit and the spiratory were good". visit the patient ng difficulty on readings. When visit was s new for the had no upcoming e patient, rders for fecord of patient The clinical record sment on ient had fallen e Hha, present, t wrist on tient #3 and 148 PM, patient #3 19/2021 at the reason they d patient #3 had bintment at 10 AM I. The patient stated unassisted by Hha hen they fell, hall over." e fall, asked if haid"no, I am e getting ready to he fall occurred, ent #3 stated of the alarm (medical efficiency for patient #3 cal technicians) the hospital by hospital did an I scan of the a splint or ould have to dicical the brace, instructions. Ince that a lone to the ell and after eassess the	G0706			

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G0706	Continued from page 4 interview on 11/19/2021 at 11:30 since the patient had been seen emergency room, the nursing staup with the patient. 410 IAC 17-12-2(g)	Employee B stated in the hospital	G0706					
G0804	Aides are members of interdiscip CFR(s): 484.80(g)(4) Home health aides must be meminterdisciplinary team, must reporpatient's condition to a registered appropriate skilled professional, a complete appropriate records in the HHA's policies and procedure. This ELEMENT is NOT MET as a Based on observation, record revinterview, the home health aide for their case manager or clinical manager of symptoms and new medinate of their case manager or clinical manager. Findings include: Review of a document titled 'Job Home Health Aide', page 2 detail "notifying nursing supervisor of clunusual conditions." Additional di "Monitor patients and report on condition." During a home visit or 12:00 PM, Patient #5 indicated the prescribed a new medication call bromide/albuterol by their Primar for a complaint of new onset whe Patient #5 indicated Employee D, was also aware and had assisted nebulizer for the patient to self-active medication. The clinical record for Patient #5 11/17/21. The clinical record conticare for the certification period of through 1/4/22 with orders for hot services 2-4 hours per day, 3-5 d. A review of the clinical record and note on 11/16/21 failed to evident reported the change in condition medication to the case manager manager.	abers of the rt changes in the I nurse or other and must compliance with es. evidenced by: view, and ailed to notify anager of a new dication for 1 of 3 es. Description': Is aide duties, hanging or uties include, their an 11/17/21 at ney were ed ipratropium by Care Physician ezing on 11/16/21. In home health aide, I in setting up a diminister the laide and the new in the aide and the new	G0804					

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G0804	Continued from page 5 During an interview on 11/18/21 a queried as to whether she had be the home health aide of a new m home related to a new patient co wheezing on 11/16/21 Employee aide did not make her aware of the approximately 3:00 PM on 11/17/ surveyor visited the home.	at 9:10 AM, when een made aware by edication in the mplaint of G, RN, stated the nis until	G0804					
G0966	Assure patient needs are continued CFR(s): 484.105(c)(4) Assuring that patient needs are coassessed, and This ELEMENT is NOT MET as a Based on observation, record revinterviews, the agency failed to a patients needs are continually as of 5 patients. (Patients #3 and #5 Findings include: 1. A review of an undated agency Assessments Policy No. 1-017 re provide guidelines for assessment during ongoing care. Under subting Re-assessments should focus or patient condition C. Changes inpatiagnoses"	evidenced by: view, and soure the sessed of 2 out viewpolicy Ongoing vealed "Purpose, to not so f patients the Procedure 3. in the B. Changes in actient	G0966					
	on 11/17/2021. The clinical record recertification assessment on 09/ indicated the patient had fallen in Employee E, the Hha, present, and fractured L wrist on 08/19/2021. I interview with patient #3 and Employee H, they had fallen on 08/19/2021 at 10:30 AM, stating the reason they because the Hha and patient #3 veterinarian appointment at 10 A home by 10:30 AM. The patient swalked into the kitchen unassisted glass of chocolate milk when they hit my head, and I hurt all over." If stated they heard the fall, asked it was OK, the patient said "no, I am E said they were getting ready to living room when the fall occurred.	d contained a (13/2021 that the home, with hid had sustained a During a phone ployee E on #3 did confirm approximately y know this is had returned from a M and was back tated they had d by Hha to fix a y fell, stating "I Employee E f the patient hurt." Employee vacuum in the						

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G0966	Continued from page 6 the kitchen and patient #3 stated Employee E to push the alarm (n button). Employee E was instruct emergency personnel on how to until the EMTs (emergency medi- arrived. The patient was taken to ambulance. Patient #3 stated the hospital did left wrist and did a CT scan of the didn't give the patient a splint or to wrist, stating they would have to following day to the medical profet to be given the brace, discharged written instructions. The clinical re evidence that a Registered Nurse to the patient's home after the pa- after the hospital emergency visit the patient's needs for home hea interview on 11/19/2021 at 11:30 since the patient had been seen emergency room, the nursing sta- up with the patient. 3. During a home visit on 11/17/2 with patient #5, it was discovered 11/16/21, the patient had been p medication called ipratropium bro sulfate by her Primary Care Phys new-onset symptom of wheezing indicated employee D, the home aware and had assisted the patient the nebulizer for the patient to self-administer. The clinical record was reviewed on 11/17/21. The co contained a plan of care for the co period of 11/5/21 through 1/4/22, diagnoses, included but are not li Chronic Obstructive Pulmonary E progressive lung disease charact long-term respiratory symptoms limitation), Congestive Heart Fail condition in which the heart cann {systolic} or fill {diastolic} adequa plan of care revealed Patient #5 i health aide services 2-4 hours pe per week. The clinical record faile	they needed nedical alert ed by the care for patient #3 cal technicians) the hospital by an x-ray of the e head, they crace for the return the return the ressional building to home, with record failed to reprovided had gone retient fell and to reassess the During an remployee B stated in the hospital reflection for the rescribed a new comide/albuterol rescribed a new comide/albuterol rescribed and restriction with patient #5 receiving up to the retired by and airflow received by and airflow received by and airflow receiving home receiving home received and services of the received r	30966	ATTROTRIALE BELLOI			

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G0966	Continued from page 7 medication in the home related to complaint of wheezing on 11/16/2 G stated the aide did not make he until approximately 3 PM on 11/1 surveyor visited the home. Emplo she does not normally visit the pafter changes in medication. Whe nurse would be visiting concerning change in condition, new wheezing indicated she saw the patient on Recertification visit and the patient clear, "no respiratory distress", and saturation readings. When remind recertification visit was several day wheezing is new for the patient, Eshe had no upcoming plans for viassessing the patient, stating the have orders for nursing services.	o a new patient 21, which Employee er aware of this 7/21 after this ryce G indicated atient's home en queried if a ag the reported ang, the nurse 11/2/21 for the ant's lungs were and "O2 [oxygen] licated she would coatient was low O2 ded that the ays ago and Employee G stated isiting or	G0966				