STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K007	A. BUILDING B. WING	02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEED A NURSE, INC	2318 W FRANKLIN ST, EVANSVILLE, IN, 47712

(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
G0000	This survey was for a federal and state licensure survey. Survey Dates: February 22nd, 23rd, and 24th of 2022. 12-month unduplicated census: 40 These deficiencies reflect State findings cited in accordance with 410 IAC 17. Refer to state form for additional state findings. QR Completed 3/8/2022 A4	G0000	POC accepted on 3-30-2022 Deborah Franco	2022-03-25
G0414	HHA administrator contact information 484.50(a)(1)(ii) (ii) Contact information for the HHA administrator, including the administrator's name, business address, and business phone number in order to receive complaints. Based on record review and interview, the agency failed to provide contact information for the administrator to the patient and/or caregiver in 3 of 3 home visits observed. (Patient 1, 3, & 4) Findings Include: 1. A policy titled "Admission Process" dated December 1, 2018, revised November 2019 was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated, but was not limited to, "In advance to providing	G0414	G0414Has already been corrected by providing all patients with the name and phonenumber of the administrator upon admission. This is documented by a signature page of allpatients'/representatives/guardians. See attached. The admission packet liststhe phone number of the agency administrator in 4 places: on the cover of theadmission folder; on the inside cover of the folder; on the business card ofthe administrator inside the folder and on the pamphlet on the inside of thefolder. The folders could not be locatedby staff. There were no family membersavailable to locate the in home folders during the aforementioned visits. Signed documents of patients/family of receipt of all aforementioned materials is contained in the current medical record.Attached to this document are the signed documents stating what all a patientreceives when being admitted to NAN services. See attachments 1,2,3. In home folders were being replaced every 1-2years prior to the pandemic. The administrator is responsible for correctingall	2022-03-25

	Inc., Service Guide/Admission Packet." ... "Written information to go the Client/Caregiver:" ... "Name and contact information for director/clinical manager (educate that contact information will be listed on home folder in multiple locations)." 2. An undated document titled "Need A Nurse Patient's Bill of Rights," was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The document indicated but was not limited to, "You and/or your representative have the right to be informed of the agency's administrator Susan Hall, RN (registered nurse) (812)-421-2002 2318 W Franklin St. Evansville, IN 47712. The administrator is available to receive questions, complaints, concerns regarding any aspects of services or care." 3. An undated policy titled "Notice of Rights: Grievance Procedure" was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated but was not limited to, "Information on Need A Nurse's Administrator will also be given as an additional contact for grievances." 4. A January 17, 2022 policy titled "Mandatory COVID-19 Vaccine Policy and Procedure C.F.R. 484.60 (d)(2)/C.F.R 418.70 (d)(2) 1 was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated but was not limited to, "... "As a Medicare Certified [Home Health Agency...], Need A Nurse, Inc (the "Agency") is required to comply with all of the Medicare Conditions of Participation." 5. During a home visit on 2/23/2022 at 10:35 a.m. Patient 1, a pediatric patient, was observed receiving care from RN J. Patient 1's parents/guardians were not present in the home. RN J could not provide a copy of the admission packet that included the administrator's contact information. Indicated that the family recently moved and the admission packet may have been lost in the move. 6. During a home visit on 2/23/2022 at 11:25 a.m. Patient 4 was observed receiving care from LPN T. Patient 4's patients/guardians were not present in the home. LPN T indicated that Patient 4's mother usually works from home but had an appointment today. LPN T was unable to provide an admission packet that included the		deficiencies and reviews all admission (and recertification) paperwork after meeting with and assessing all newpatients to ensure deficiency will not recur. Communication has been sent to current patients to remind them of signed documentation kept on file of: Administrator name, number and how to contact, Pt Rights which include home health hotline number, verification of how and when to expect to receive thier schedules, the expectations of the pt to participate in the development of their plan of care, verification of written plans of care at SOC and with recertification including current medications schedules and service guidelines. Communicated the need to keep in home folders in a routine location,request new folders if needed or contact agency administrator for further questions or concerns.	

	administrator's contact information. 7. During a home visit on 2/23/2022 at 10:30 a.m. RN (registered nurse) L indicated he/she did not know where patient 3's admit packet was that contained patient rights, visit frequency, state hotline number, medication list, plan of care, agency contact information, transfer/discharge information, and federal / state funded entities. The parent of patient 3 was not at home during the visit. RN L provided a binder patient 3's parent made up that included the Administrator's name and phone number, list of chores, and which medications the nurse was to give. 8. During an interview on 2/24/2022 at 11:35 a.m. the Administrator indicated the admit packet that contained patient rights, visit frequency, state hotline number, medication list, plan of care, agency contact information, transfer/discharge information, and federal / state funded entities that was not found in the patient's homes were "extraneous information that serves no purpose". The Administrator indicated Person B said the agency was a Medicaid agency and the home admit packet information was not required due to the size of the agency. The Administrator indicated patient's have moved and the agency tried to ensure			

	the information was in the home but found that it was a financial burden to keep replacing the admit packet back in the patient's home. 17-12-3(3)(e)			
G0444	State toll free HH telephone hotline 484.50(c)(9) Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs. Based on record review and interview, the agency failed to provide a written copy advising the patients/caregivers of the state's toll-free home health hotline in 3 of 3 home visits observed. (Patient 1, 3, & 4) Findings Include: 1. A policy titled "Notice of Rights: Grievance Procedure" was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated but was not limited to, "The client and/or representative shall be advised verbally and in writing (Notice of Rights) of their right to voice grievances and the method of contacting NAN (Need A Nurse) if dissatisfied. This shall include information about the Home Health Hotline (established by the state), including its contact information, hours of operation and that the purpose of the hotline is to receive questions or complaints about local home health agencies. Information on Need A Nurse's Administrator will also be given as an additional contact for grievances." 2. A January 17, 2022 policy titled "Mandatory COVID-19 Vaccine Policy and Procedure C.F.R. 484.60 (d)(2)/C.F.R 418.70 (d)(2) 1 was provided by the Alternate Administrator on 2/24/2022 at 9:45	G0444	G0444 Hasalready been corrected by providing all patients with the home health hotlinenumber. This is documented by a signature page of allpatients'/representatives/guardians. See attached. The admission packet lists homehealth hotline number inside the patients rights handout contained in theadmission packet. See attachments 1,2,3. During the home visits, the folders could not be located by staff. There were no family members available tolocate the in home folders during the aforementioned visits. Signed documents of patients/family of receipt of all aforementioned materials is contained in the current medical record.Attached to thisdocument are the signed documents stating what all a patient receives whenbeing admitted to NAN services which includes patients rights and the homehealth hotline number. In home folders were being replaced every 1-2 yearsprior to the pandemic. The administrator	2022-03-25

	limited to, "... "As a Medicare Certified [Home Health Agency...], Need A Nurse, Inc (the "Agency") is required to comply with all of the Medicare Conditions of Participation." 3. During a home visit on 2/23/2022 at 10:35 a.m. Patient 1, a pediatric patient, was observed receiving care from RN J. Patient 1's parents/guardians were not present in the home. RN J could not provide a copy of the admission packet that included the state's toll-free home health hotline. 4. During a home visit on 2/23/2022 at 11:25 a.m. Patient 4 was observed receiving care from LPN T. Patient 4's patients/guardians were not present in the home. LPN T indicated that Patient 4's mother usually works from home but had an appointment today. LPN T unable to provide an admission packet that included the state's toll-free home health hotline. 5. During an interview on 2/23/2022 at 4:01 p.m. the administrator was advised that admission packets containing the state's home health hotline information was not found in the home. The administrator stated that the patients observed in the home by surveyors recently moved and indicated that this information may have been misplaced in the move. Indicated that this information was not important. 17-12-3 (C) 6. During a home visit on 2/23/2022 at 10:30 a.m. RN (registered nurse) L indicated he/she did not know where patient 3's admit packet was that contained the state hotline number. The parent of patient 3 was not at home during the visit. RN L provided a binder patient 3's parent made up but did not include the state hotline number. 7. During an interview on 2/24/2022 at 11:35 a.m. the Administrator indicated the admit packet that contained patient rights, visit frequency, state hotline number, medication list, plan of care, agency contact information, transfer/discharge information, advanced directives, and federal / state funded entities that		is responsible for correcting alldeficiencies and reviews all admission paperwork after meeting with all newpatients to ensure deficiency will not recur. Surveyors did not ask for any further documentation on how this information listed above is documented that pt has received required information. It is important to note that all theinformation contained in the in-home folders is given to all new patients andhad been replaced every 1-2 years prior to COVID. We started the practice ofhaving patients documenting the receipt of all these materials because there isso much ‘extraneous information’ contained in the admit packet, most patientsdo not keep them. Packets serve no purpose to staff since all information isshared electronically. Communication has been sent to current patients to remind them of signeddocumentation kept on file of: Administrator name, number and how tocontact, Pt Rights which include home health hotline number, verification ofhow and when to expect to receive their schedules, the expectations of the ptto participate in the development of their plan of care, verification ofwritten plans of care at SOC and with recertification including currentmedications schedules and service guidelines.	

	"extraneous information that serves no purpose". The Administrator indicated Person B said the agency was a Medicaid agency and the home admit packet information was not required due to the size of the agency. The Administrator indicated patient's have moved and the agency tried to ensure the information was in the home but found that it was a financial burden to keep replacing the admit packet back in the patient's home.		Communicated the need tokeep in home folders in a routine location, request new folders if needed orcontact agency administrator for further questions or concerns	
G0612	Written instructions to patient include: 484.60(e) Standard: Written information to the patient. The HHA must provide the patient and caregiver with a copy of written instructions outlining: Based on record review and interview, the agency failed to provide a copy of written instructions to the patient and caregiver for 3 of 3 home visit observations (Patient 1, 3, & 4), with the potential to affect all patients. Findings Include: 1. A policy titled "Admission Process" dated December 1, 2018, revised November 2019 was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated, but was not limited to, "Written information to go to the Client/Caregiver:" ... "Plan of Care, Medication schedule/instructions (in plain language, avoiding the use of medical abbreviations). Information on any treatments to be administered by the agency staff. Any other pertinent instruction related to the client's care and treatment-specific to the client's needs. Visit schedule, including frequency of visits for all NAN (Need A Nurse) personnel. Name and contact information for director/clinical manager..." 2. A January 17, 2022 policy titled "Mandatory COVID-19 Vaccine Policy and Procedure C.F.R. 484.60 (d)(2)/C.F.R 418.70 (d)(2) 1 was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated but was not limited to, "... "As a Medicare Certified [Home Health Agency...], Need A	G0612	G0612 Hasalready been corrected by providing all patients with the admission packet uponadmission to NAN services This is evidenced by and documented with a signaturepage of all patients'/representatives/guardians. See attachments 1,2,3.. There were no family members available tolocate the in home folders during the aforementioned visits. Attached to thisdocument are the signed documents stating what all a patient receives whenbeing admitted to NAN services. In home folders were being replaced every 1-2years prior to the pandemic. Plans of care were also mailed to the patients atadmission and upon recert prior to the pandemic. Due to the nature of our patient population,the family and patient relay medication and plan of care changes to staff vsNAN sending POC to pt. POC will be distributed to patients and families at thetime of recert. Signed documents of patients/family of receiptof all aforementioned materials is	2022-03-25

	Nurse, Inc (the "Agency") is required to comply with all of the Medicare Conditions of Participation." 3. During a home visit on 2/23/2022 at 10:35 a.m. for Patient 1, RN (registered nurse) J was unable to locate the patient's admission packet including the most recent plan of care. RN J indicated that patient and family recently moved to new home and did not know where this information was. 4. During a home visit on 2/23/2022 at 11:25 a.m. for Patient 4, LPN (Licensed Practical Nurse) T was unable to provide an admission packet including the most recent plan of care. LPN T indicated that mother typically works from home but is not home today due to an appointment. 5. During an interview with the Administrator on 2/23/2022 at 4:01 p.m., the administrator indicated that a written copy of the plan of care, initial and revised (minimum of every 60 days), advising patient of services, were no longer being mailed to the patients due to patient complaints of receiving in the mail and due to lack of staff because of the COVID-19 pandemic. This practice of mailing the plan of care to each patient stopped in March of 2020. 6. During a home visit on 2/23/2022 at 10:30 a.m. RN L was unable to locate Patient 3's admission packet or a copy of the current plan of care and medication list with instructions. RN L indicated Patient 3's parent typed up his/her own information that included a list of contacts, medications, and chores. 7. During an interview on 2/24/2022 at 11:35 a.m. the Administrator indicated the admission packet that contained patient rights, visit frequency, state hotline number, medication list, plan of care, agency contact information, transfer/discharge information, advance directives, and federal / state funded entities that was not found in the patient's homes were "extraneous information that serves no purpose". The Administrator indicated Person B said the agency was a Medicaid agency and the home admit packet information was not required due to the size of the agency. The Administrator indicated patient's have moved and the agency tried to ensure the information was in the home		contained in the current medical record.The administrator is responsible for correcting all deficienciesand reviews all recertification paperwork to ensure deficiency will not recur. Communication has been sent to current patients to remind themof signed documentation kept on file of: Administrator name, number andhow to contact, Pt Rights which include home health hotline number,verification of how and when to expect to receive their schedules, theexpectations of the pt to participate in the development of their plan ofcare, verification of written plans of care at SOC and withrecertification including current medications schedules and service guidelines.Communicated the need to keep in home folders in a routine location,request new folders if needed or contact agency administrator for furtherquestions or concerns.	

	replacing the admit packet back in the patient's home. 17-12-3(3)(d)(e)			
G0614	Visit schedule 484.60(e)(1) Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA. Based on record review and interview, the agency failed to ensure patients received a visit schedule, including the frequency of visits, during observations in 2 of 3 home visits observed. (Patient 1 & 4) Findings Include: 1. A policy titled "Admission Process" dated December 1, 2018, revised November 2019 was provided by the Alternate Administrator on 2/24/2022 at 9:34 a.m. The policy indicated but was not limited to, "Written information to go to the Client/Caregiver:" ... "Visit schedule, including frequency of visits for all NAN (Need A Nurse) personnel." 2. A policy titled "Care Plans" dated December 1, 2017, was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated but was not limited to, "A written plan of care (POC) that conforms with the physician's orders shall be developed for each home care patient and shall include the following:" ..."4. The frequency and duration of visits to be made." 3. An undated document titled "Patient's Bill of Rights" was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated but was not limited to, " Patient has the right to the following:" ... "Participate in, be informed about, and consent or refuse treatment of care that is or fails to be furnished based on the comprehensive assessment, establishing and revision the plan of care, the disciplines that will furnish care, the frequency of the visits..."	G0614	G0614 Hasalready been corrected by providing all patients with a patient scheduleincluding frequency of visits by NAN personnel and personnel acting on behalfof the agency. This is included in the admission packet upon admission to NANservices This is evidenced by and documented with a signature page of allpatients'/representatives/guardians. See attachments 1,2,3. There were no family members available tolocate the in home folders during the aforementioned visits. Attached to thisdocument are the signed documents stating what all a patient receives whenbeing admitted to NAN services including a visit schedule: i.e "I receive myvisit schedule every two weeks (HHA and Attendant) monthly (nursing). In homefolders were being replaced every 1-2 years prior to the pandemic. Signed documents of patients/family of receipt of all aforementioned materials is contained in the current medical record. Theadministrator is responsible for correcting all deficiencies and reviews all schedulesand communicates with personell, patients and families to ensure deficiencywill	2022-03-25

	4. A January 17, 2022 policy titled "Mandatory COVID-19 Vaccine Policy and Procedure C.F.R. 484.60 (d)(2)/C.F.R 418.70 (d)(2) 1 was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated but was not limited to, "... "As a Medicare Certified [Home Health Agency...], Need A Nurse, Inc (the "Agency") is required to comply with all of the Medicare Conditions of Participation." 5. During a home visit on 2/23/2022 at 10:35 a.m. of Patient 1, RN J was unable to provide the admission packet detailing the visit schedule, including frequency. RN J indicated that Patient 1 recently moved and was not sure where this packet/information could be found. 6. During a home visit on 2/23/2022 at 11:25 a.m. of Patient 4, LPN T indicated that parent/caregiver usually works in the home but is not here at this time due to an appointment. Unable to provide admission packet containing this information. 7. During an interview on 2/23/2022 at 4:01 p.m., the Administrator indicated the patients observed had recently moved and may have contributed to the missing admission packets.		not recur. Surveyors did not ask for any further documentation on how this information listed above is documented that pt has received required information. Communication has been sent to current patients to remind themof signed documentation kept on file of: Administrator name, number andhow to contact, Pt Rights which include home health hotline number,verification of how and when to expect to receive their schedules, theexpectations of the pt to participate in the development of their plan ofcare, verification of written plans of care at SOC and withrecertification including current medications schedules and service guidelines.Communicated the need to keep in home folders in a routine location,request new folders if needed or contact agency administrator for furtherquestions or concerns.	
G0616	Patient medication schedule/instructions 484.60(e)(2) Patient medication schedule/instructions, including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA. Based on record review and interview, the agency failed to ensure patients received written information regarding the patient's medication regimen in plain language which also identified who was responsible for giving each medication	G0616	G0616 Hasalready been corrected by providing all patients with a medicationreconciliation upon admission and at recert This is evidenced by and documentedwith a signature page of all patients'/representatives/guardians. See attached. "Received a	2022-03-25

	for 3 of 3 home visits observed, with the potential to affect all patients. (Patient 1, 3, & 4) Findings Include: 1. A policy titled "Admission Process" dated December 1, 2018, revised November 2019 was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated, but was not limited to, "Written information to go to the client/caregiver:" ... "Medication schedule/instructions (in plain language, avoiding the use of medical abbreviations)." 2. A January 17, 2022 policy titled "Mandatory COVID-19 Vaccine Policy and Procedure C.F.R. 484.60 (d)(2)/C.F.R 418.70 (d)(2) 1 was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated but was not limited to, "... "As a Medicare Certified [Home Health Agency...], Need A Nurse, Inc (the "Agency") is required to comply with all of the Medicare Conditions of Participation." 3. During a home visit on 2/23/2022 at 10:35 a.m. with Patient 1, RN J was asked if the admission packet could be reviewed to ensure all required information was present, including the medication list/schedule. RN J indicated that the family had recently moved and was unsure where this information was. The patient's parents/guardians were unavailable and not present in the home during the home visit. 4. During a home visit on 2/23/2022 at 11:25 a.m. with Patient 4. LPN T was unaware of where the admission packet was. Indicated that Patient 4's mother typically works from home but had left to go to an appointment. 5. An interview with the administrator was completed on 2/23/2022 at 4:01 p.m. The administrator was advised of medication schedules/instructions were not found in the homes of visits completed by surveyors. The administrator indicated that they do not provide		current medication profile” Therewere no family members available to locate the in home folders during theaforementioned visits. Attached to this document are the signed documentsstating what all a patient receives when being admitted to NAN servicesincluding medication profile. Thesurveyors were told how meds were reconciled for adverse reactions, duplicatetherapy and side effects. Teaching is done with the primary caregiver if any ofthese are revealed during the admission or recert process. MD is also notifiedand is documented on the medication profile. This was not asked to bedemonstrated during survey just stated what the procedure was. Surveyors did not ask for any further documentation on how this information listed above is documented that pt has received required information. Signed documents of patients/family of receiptof all aforementioned materials is contained in the current medical record. Theadministrator is responsible for correcting all deficiencies and reviews all medicationsand communicates with personnel, patients and families to ensure deficiencywill not recur. Communication has been sent to current patients to remind them of signeddocumentation kept on file of: Administrator name,	

	clients/representatives, the medication instructions/schedules are provided to the agency from the patients via medication prescription bottles and hospital discharge summaries. Indicated that an updated plan of care used to be mailed to each patient's home, which included the medication list, but due to patient complaints of receiving this information via mail and and lack of staff due to the COVID-19 pandemic, this practice was eliminated in March of 2020. 6. During a home visit on 2/23/2022 at 10:30 a.m. RN (registered nurse) L indicated he/she did not know where patient 3's admit packet was that contained the medication list / instructions and the plan of care. RN L provided a binder patient 3's parent made up that included which medications the nurse was to give. 7. During an interview on 2/24/2022 at 11:35 a.m. the Administrator indicated the admit packet that was not found in the patient's homes were "extraneous information that serves no purpose". The Administrator indicated patient's have moved and the agency tried to ensure the information was in the home but found that it was a financial burden to keep replacing the admit packet back in the patient's home.		number and how tocontact, Pt Rights which include home health hotline number, verification ofhow and when to expect to receive their schedules, the expectations of the ptto participate in the development of their plan of care, verification ofwritten plans of care at SOC and with recertification including currentmedications schedules and service guidelines. Communicated the need tokeep in home folders in a routine location, request new folders if needed orcontact agency administrator for further questions or concerns	
G0687	COVID-19 Vaccination of Home Health Agency staff 484.70 (d)-(d)(3)(i-x) § 484.70 Condition of Participation: Infection Prevention and Control. (d) Standard: COVID-19 Vaccination of Home Health Agency staff. The home health agency (HHA) must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following HHA staff, who provide any care, treatment, or other services for the HHA and/or its patients:	G0687	G0687 Hasbeen corrected by meeting **all** the COVID 19 requirements as described in484.70. All processes were followed rigorously with constant communication viaHIPPA compliant application text messaging, written materials, videos andmessages on log in page of EMR. Only 3 staff have been granted religiousexemptions. Tracking and compliance withCDC guidelines has been intense and diligent with all staff and patients’health and safety being the utmost concern. All staff have been educated ongoingly that regardless of vaccinationstatus	2022-03-23

	(i) HHA employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the HHA and/or its patients, under contract or by other arrangement. (2) The policies and procedures of this section do not apply to the following HHA staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the settings where home health services are directly provided to patients and who do not have any direct contact with patients, families, and caregivers, and other staff specified in paragraph (d)(1) of this section; and (ii) Staff who provide support services for the HHA that are performed exclusively outside of the settings where home health services are directly provided to patients and who do not have any direct contact with patients, families, and caregivers, and other staff specified in paragraph (d)(1) of this section. (3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (d)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the HHA and/or its patients;		or current mandates, they must continue to wear well fitted surgicalmasks while providing direct patient care. They also must report any symptomsof themselves, family, patients or families or any possible exposure. The staffwho have been granted exemptions will now be required to KN95 or KNIOSH whileproviding patient care unless their health or age prevents the use of a KN95 orKNIOSH. In this event, they will be asked to wear 2 well-fitting surgical masksas described in the CDC guidelines. All staff were educated on the type of masks that must be worn: well,fitted surgical masks for routine care per CDC guidelines; KN95 if symptoms exhibited by pt orstaff. Testing has not been done on aroutine basis for the exempt staff due to test kit shortages announced by theGovernor’s office. Due to the size of the agency, testing was not a requirementfor a CMS agency the size of NAN. The administrator is responsible forcorrecting this and all deficiencies and reviews all patient care provided bystaff to ensure this deficiency will not recur.	

(ii) A process for ensuring that all staff specified in paragraph (d)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;

(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;

(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (d)(1) of this section;

(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;

(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;

(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the HHA has granted, an exemption from the staff COVID-19 vaccination requirements;

(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains

(A) All information specifying which of the

contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and

(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the HHA's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;

(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and

(x) Contingency plans for staff who are not fully vaccinated for COVID-19.

Based on observation, record review, and interview, the agency failed to ensure additional precautions were implemented to mitigate the spread of COVID-19 for unvaccinated staff that provide direct patient care and aerosol (suspension of liquid droplets in the air) procedures for 1 of 1 home visit observation. (RN L)

Findings include:

A January 17, 2022 policy titled Mandatory COVID-19 Vaccine Policy and Procedure 42 C.F.R. 484.60 (d)(2)/418 C.F.R. 418.70 (d)(2)1 was provided by the Alternate Administrator on 2/24/2022 at 9:45 a.m. The policy indicated, but was not limited to, " ... As a Medicare Certified [Home Health Agency ...], Need a Nurse, Inc (the "Agency") is required to comply with all of the Medicare Conditions of Participation. ... 2

	On Friday, January 14, 2022, CMS issued Memorandum QSO-22-09-ALL which announced enforcement deadlines for the states that had, prior to the Supreme Court Ruling been subject to the injunction issued by the Federal Court ... 7. Additional Precautions for Exempt Staff ... 7.1.2 Weekly COVID-19 Testing. [NOTE: CMS suggests that weekly testing for unvaccinated HCP [health care professionals] is a measure for agencies to consider ... 7. Additional Precautions for Exempt Staff ... When in the presence of other staff or patients, the Covered Staff Member will wear either: ... or (iii) a well fitting surgical mask. ... 32 ... CMS states that providers should consider requiring staff who are not fully vaccinated to wear NIOSH approved N-95 masks. CDC only requires N-95 masks for HCP when they are involved in aerosol generating procedures ..." Review of the agency employee COVID Vaccine log indicated three religious exemptions that included RN L. During a home visit on 2/23/2022 at 10:30 a.m. RN L was asked what precautions were taught to prevent the spread of COVID-19 while providing care for Patient 3. RN L indicated he/she wears a			

	ears while in the home and does hand hygiene. RN L indicated he/she would inform the office immediately if experiencing signs or symptoms of COVID-19. RN L indicated he/she does not have an N-95 mask. RN L was asked if he/she tests for COVID-19 weekly, performs self-screening, or any additional precautions to prevent the spread of COVID-19 to which he/she responded "no". At that time, RN L indicated he/she administers patient 3's nebulizer breathing treatments. The agency failed to implement additional precautions such as wearing an N-95 mask while administering a nebulizer treatment and weekly COVID testing for unvaccinated staff providing direct patient care. The complete clinical record for patient 3 was reviewed on 2/23/2022, start of care date 10/23/07, for the certification period of 1/3/2022 to 3/3/2022, with orders for respite nursing services 4-12 times a month for 2 months. The Plan of Care indicated "SN [skilled nurse] Respiratory Interventions: Administer nebulizer treatments per med [medication] profile." Review of the Medication Profile indicated "Albuterol Sulfate [medication for shortness of breath] (2.5 mg/ML) 0.083% ml [milliliters] inhalation 1 tube three times a day." Patient 3's diagnoses included respiratory failure with unspecified hypoxia			

	(low oxygen level in tissue) or hypercapnia (too much carbon dioxide in the blood that causes difficulty breathing). Review of the nurse visit notes dated 1/3/22, 1/10/22, 1/17/22, 1/24/22, 1/31/22, 2/7/22, 2/14/22 indicated RN L administered nebulizer (breathing machine used to deliver medication in the form of a mist into the lungs) treatments according to the medication profile. During an interview on 2/23/2022 at 4:01 p.m. the Administrator was asked how the agency mitigates the spread of COVID-19 infections regarding unvaccinated employees that provide direct patient care. The Administrator indicated unvaccinated employees do not perform additional precautions. The Administrator indicated that staff are to follow CDC guidelines but do not test weekly for Covid-19, do not wear N-95 masks, nor work remotely. The Administrator indicated Person B (non-employee) informed him/her that unvaccinated staff could wear the regular blue mask while providing patient care. During an interview on 2/24/2022 at 11:35 a.m. the Administrator indicated Person B wrote the agency Mandatory COVID-19 Vaccine Policy and Procedure dated January 17, 2022 based on the QSO 22-07 memorandum			

	and indicated it was okay to use regular masks, no additional precautions were needed for unvaccinated staff, and everyone was treated the same. The Administrator did not provide additional information as to how the blue surgical mask meets the guideline for a well-fitted mask such as an N-95 mask. The Administrator indicated Person B wrote the COVID-19 policy and was not a member of the governing body when asked and did not state the governing body adopted the policy. 17-12-1(m)			
G0944	Administrator must: 484.105(b)(1) Standard: Administrator. The administrator must: Based on record review and interview, the administrator failed to ensure the agency met all rules and regulations for recertification for 1 of 1 home health agency. Findings include: A January 17, 2022 policy titled "Mandatory COVID-19 Vaccine Policy and Procedure C.F.R. 484.60 (d)(2)/C.F.R 418.70 (d)(2)	G0944	**G0944** **G0414** Has already been corrected by providing allpatients with the name and phone number of the administrator uponadmission. This is documented by asignature page of all patients'/representatives/guardians. See attached. Theadmission packet lists the phone number of the agency administrator in 4places: on the cover of the admission folder; on the inside cover of thefolder; on the business card of the administrator inside the folder and on thepamphlet on the inside of the folder. The folders could	2022-03-25

	Administrator on 2/24/2022 at 9:45 a.m. The policy indicated, but was not limited to, " ... Need A Nurse, Inc (the "Agency") is required to comply with all of the Medicare Conditions of Participation." The agency Administrator failed to provide contact information for the administrator was provided to the patient and/or caregiver. (see tag G414) The agency Administrator failed to provide a written copy advising the patients/caregivers of the state's toll-free home health hotline. (see tag G444) The agency Administrator failed to provide a copy of written instructions to the patient and caregiver. (see tag G612) The agency Administrator failed to ensure patients received a visit schedule, including the frequency of visits. (see tag G614) The agency Administrator failed to ensure that patients received written information regarding the patient's medication regimen in plain language that also identified who was responsible for giving each medication. (see		not be located by staff. There were no family members available tolocate the in home folders during the aforementioned visits. Attached to thisdocument are the signed documents stating what all a patient receives when beingadmitted to NAN services. In home folders were being replaced every 1-2 yearsprior to the pandemic. The administrator is responsible for correcting alldeficiencies and reviews all admission paperwork after meeting with all newpatients to ensure deficiency will not recur. **G0444** Has already been corrected by providing allpatients with the home health hotline number. This is documented by a signaturepage of all patients'/representatives/guardia ns. See attached. The admissionpacket lists home health hotline number inside the patients rights handoutcontained in the admission packet. See attached. During the home visits, the folders couldnot be located by staff. There were nofamily members available to locate the in home folders during theaforementioned visits. Attached to this document are the signed documentsstating what all a patient receives when being admitted to NAN services whichincludes patients rights and the home health hotline number. In home folderswere being replaced every 1-2 years prior to	

	tag G616) The agency Administrator failed to ensure additional precautions were implemented to mitigate the spread of COVID-19 for unvaccinated staff that provide direct patient care and aerosol (suspension of liquid droplets in the air) procedures. (see tag G687) During an interview on 2/24/2022 at 11:35 a.m. the Administrator indicated the admit packet that contained patient rights, visit frequency, state hotline number, medication list, plan of care, agency contact information, transfer/discharge information, advanced directives, and federal / state funded entities that was not found in the patients homes was "extraneous information that serves no purpose". The Administrator indicated Person B (non-employee) said the agency was a Medicaid agency and the home admit packet information was not required due to the size of the agency. The Administrator indicated patients have moved and the agency tried to ensure the information was in the home but found that it was a financial burden to keep replacing the admit packet back in the patient's home. During an interview on 2/24/2022		the pandemic. The administrator isresponsible for correcting all deficiencies and reviews all admission paperworkafter meeting with all new patients to ensure deficiency will not recur. **G0612** Has already been corrected by providing allpatients with the admission packet upon admission to NAN services This isevidenced by and documented with a signature page of allpatients'/representatives/guardians. See attached. There were no family members available tolocate the in home folders during the aforementioned visits. Attached to thisdocument are the signed documents stating what all a patient receives whenbeing admitted to NAN services. In home folders were being replaced every 1-2years prior to the pandemic. Plans of care were also mailed to the patients atadmission and upon recert prior to the pandemic. Due to the nature of our patient population,the family and patient relay medication and plan of care changes to staff vsNAN sending POC to pt. POC will be distributed to patients and families at thetime of recert. The administrator is responsible for correcting alldeficiencies and reviews all recertification paperwork to ensure	

	indicated Person B wrote the agency Mandatory COVID-19 Vaccine Policy and Procedure dated January 17, 2022 based on the QSO 22-07 memorandum and indicated it was okay to use regular masks, no additional precautions were needed for unvaccinated staff and everyone was treated the same. The Administrator did not provide additional information as to how the blue surgical mask meets the guideline for a well-fitted mask such as an N-95 mask. The Administrator indicated Person B wrote the COVID-19 policy and was not a member of the governing body when asked and did not state the governing body adopted the policy. 17-12-3(b)(2)(C) 17-12-3(d) 17-12-3(e) 17-12-1(m) 17-12-3(a)(1) & (2)		deficiencywill not recur. **G0614** Has already been corrected by providing allpatients with a patient schedule including frequency of visits by NAN personneland personnel acting on behalf of the agency. This is included in the admissionpacket upon admission to NAN services This is evidenced by and documented witha signature page of all patients'/representatives/guardians. See attached. There were no family members available tolocate the in home folders during the aforementioned visits. Attached to thisdocument are the signed documents stating what all a patient receives whenbeing admitted to NAN services including a visit schedule: i.e "I receive myvisit schedule every two weeks (HHA and Attendant) monthly (nursing). In homefolders were being replaced every 1-2 years prior to the pandemic. Theadministrator is responsible for correcting all deficiencies and reviews allschedules and communicates with personell, patients and families to ensuredeficiency will not recur. **G0616** Has already been corrected by doing a completemedication reconciliation with all meds upon	

			admission and new medsongoing. Teaching and providingpatient/family information is done on as needed basis as the uniquepatient/family population NAN serves, typically conveys medications changes toNAN staff and has already received education from the prescriber of such meds.Teaching of new meds is documented in the medication profile. The method ofdetermining adverse reactions, duplications of meds etc was demonstrated tosurveyors. See attached. This is also included in the admission andrecertification process as evidenced and documented by the attacheddocumentation stating patients/families will receive a current medicationprofile. Policies do reflect if there isan adverse reaction or duplicate med, patients will be educated, and themedication profile will be provided containing this information. This isevidenced by and documented with a signature page of allpatients'/representatives/guardians. See attached. There were no family members available tolocate the in home folders during the aforementioned visits to confirm receipt ofmedications. Medication administrationis done in accordance to directions of the prescriptions and based on thepatient/family member requested schedule. Medications times are determined by family	

			and most patients are unableto receive information regarding meds due to their age or intellectualdeficits. When meds are administered, this is directed by the guardianaccording to prescriptions verified by MD. The administrator is responsible for correcting all deficiencies andreviews all medication profiles at admission and recert patients to ensuredeficiency will not recur. Communication has been sent to current patients to remind themof signed documentation kept on file of: Administrator name, number andhow to contact, Pt Rights which include home health hotline number,verification of how and when to expect to receive their schedules, theexpectations of the pt to participate in the development of their plan ofcare, verification of written plans of care at SOC and withrecertification including current medications schedules and service guidelines.Communicated the need to keep in home folders in a routine location,request new folders if needed or contact agency administrator for furtherquestions or concerns. **G0687** Has been corrected by meeting **all** theCOVID 19	

			484.70. All processes were followedrigorously with constant communication via HIPPA compliant application textmessaging, written materials, videos and messages on log in page of EMR. Only 3staff have been granted religious exemptions. Tracking and compliance with CDC guidelines has been intense anddiligent with all staff and patients' health and safety being the utmostconcern. All staff have been educatedongoingly that regardless of vaccination status or current mandates, they mustcontinue to wear well fitted surgical masks while providing direct patientcare. They also must report any symptoms of themselves, family, patients or familiesor any possible exposure. The staff who have been granted exemptions will nowbe required to KN95 or KNIOSH while providing patient care unless their healthor age prevents the use of a KN95 or KNIOSH. In this event, they will be askedto wear 2 well-fitting surgical masks as described in the CDC guidelines. The current staff were educated on the typeof masks that must be worn: well, fitted surgical masks for routine care; KN95if symptoms exhibited by pt or staff. Testing has not been done on a routine basis for the exempt staff due totest kit shortages announced by the Governor's office. Due to the size of theagency, testing was not a	

			requirement for a CMS agency the size of NAN. Theadministrator is responsible for correcting this and all deficiencies andreviews all patient care provided by staff to ensure this deficiency will notrecur. It is important to note that all theinformation contained in the in-home folders is given to all new patients andhad been replaced every 1-2 years prior to COVID. We started the practice ofhaving patients documenting the receipt of all these materials because there isso much 'extraneous information' contained in the admit packet, most patientsdo not keep them. Packets serve no purpose to staff since all information isshared electronically. It is also important to note that onpage 16 of 16 it is stated the administrator stated that the agency was aMedicaid agency and the home admit packet information was not required due tothe size of the agency. This was never stated. This statement wasreferenced when asked if the agency had an Emergency Preparedness plan. Theadministrator replied we do but because we are Medicaid only it was not arequirement	

			the additional precautions to beimplemented for non-vaccinated staff assumed well fitted surgical masks wouldno longer be a requirement for staff. Nowhere in the CDC guidelines does it require anything less than a well fittedsurgical mask for an agency our size. Itonly states additional precautions be put into place. Because we did not removethe well fitted surgical masks for staff, we are now being penalizedfor not doing ***additional precautions. Our additional precautions are much higher than most and due to theextended care we provide we have gone above and beyond to mitigate all patientsand staff exposure to the COVID virus or its variants. This is exceptionallychallenging when you staff patients who need care 40-60h per week vstraditional home care who have much less volume of care or caregiver to patientratio.***	

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