

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K023	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/15/2022
NAME OF PROVIDER OR SUPPLIER HELP AT HOME SKILLED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6855 SHORE TERRACE SUITE 240, INDIANAPOLIS, IN, 46254		
(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	<p>INITIAL COMMENTS</p> <p>This was a Federal home health post-certification revisit to a complaint survey.</p> <p>Complaint Intake: 62349-Substantiated with Findings Complaint Intake: 62350-Substantiated with Findings</p> <p>Survey Dates: June 13th, 14th, & 15th of 2022</p> <p>Active Census: 2010</p> <p>Help at Home Skilled Care continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning March 21, 2022 to March 20, 2024.</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p> <p>QR Completed 6/16/2022 A4</p>	G0000		2022-07-01
G0752	Home health aide qualifications	G0752	1. Administrator educated all staff on 6/20/22 on 'Competency Assessment' policy which states all employees working home health aide	2022-07-01

484.80(a)

Based on record review and interview the agency failed to ensure all Home Health Aides providing care to patients were active and in good standing on the Indiana Home Health Aide Registry for 1 of 10 Home Health Aide Records Reviewed. (HHA 10)

Findings include:

Standard: Home health aide qualifications.

A document, last revised on 4/27/22, titled Competency Assessment, was provided by the alternate administrator on 6/14/22 at 11:48 a.m. The document indicated but was not limited to; Individuals working in the agency must be licensed, registered, or certified as required by law, policy, or standards of practice ... "

The complete personnel record for HHA 10 was reviewed on 6/15/2022 and failed to evidence a home health aide registry license for HHA 10.

Indiana's home health aide license Search and Verify website (<https://mylicense.in.gov/everification>) was accessed on 6/15/2022 and evidenced no active or inactive licenses for HHA 10.

A 6/14/2022 document titled "Schedule List for H_Indianapolis East" indicated the agency billed 84 hours of HHA service provided by HHA 10, without a license or certification, on 5/27, 6/03, 6/04, 6/05, 6/10, 6/11, and 6/12 of 2022.

During an interview on 6/15/2022 at 12:14 p.m., the administrator stated they were unable to locate a certificate for HHA 10 and that it was likely an oversight when HHA 10

shifts will be licensed, registered, or certified by law, policy, or standards of practice. This includes all personnel working as a home health aide under Medicaid Prior Authorization to be certified as a home health aide and placed on the Indiana Home Health Aide Registry. Administrator/designee to audit 100% of caregiver files by 7/1/22 to ensure all have completed requirements to work Medicaid Prior Authorization shifts. Any aide found with missing requirements will immediately be pulled from all scheduled shifts, and will be replaced with another staff member. Each employee needing to finish requirements will be scheduled to complete them all before resuming work 2. Administrator/designee will audit 100% of all personnel files until 100% compliant. Once 100% compliant, will drop to 50% until 100% compliant. Once threshold is met, 20% of all active personnel files will be audited on a quarterly basis. 3. Administrator/designee is responsible for monitoring, completion, and all corrective actions from this citation. 4. The date the deficiency is to be corrected is 7/1/22.

	got missed. 410 IAC 17-14-1(I)(1)(A)			
G0800	<p>Services provided by HH aide</p> <p>484.80(g)(2)</p> <p>Based on observation, record review, and interview, the agency failed to ensure a home health aide provided services according to the aide plan of care for 1 of 2 home health aide observations. (HHA 1)</p> <p>Findings include:</p> <p>A home health aide provides services that are:</p> <ul style="list-style-type: none"> (i) Ordered by the physician or allowed practitioner; (ii) Included in the plan of care; (iii) Permitted to be performed under state law; and (iv) Consistent with the home health aide training. <p>A 2022 signed Home Health Aide job description was provided by the Administrator on 6/14/2022 at 12:10 p.m. The job description indicated, but was not limited to, "An individual that provides a broad range of non-medical ... and any other task appropriate according to the patient's plan of care. Responsibilities: Follows a client's written Plan of Care and carries out duties as assigned by the supervisor ... accurately follow written and oral instructions ...".</p> <p>The complete clinical record for patient 2 was reviewed on 6/14/2022, start of care date 4/22/2022, for the certification period 4/22/2022 to 6/20/2022, that included orders for "fluocinonide [medication for itchy skin] 0.05% topical solution, take 1 application 2 times a day (BID) for Psoriasis. Use for 2 weeks during flare ups, then stop. Dated 4/22/2022". Review of the Medication Report indicated medications were reconciled on 5/20/2022 by RN (registered nurse) 8.</p>	G0800	<p>1. Administrator educated all RN Case Managers on 'Medication Management' policy which states 'The nurse will reconcile all medications taken by the client upon admission, with every home visit, and after inpatient facility stays, to include prescription and non-prescription medications the client may be taking.' Any orders received to be implemented immediately and plan of care and medication list updated.</p> <p>Administrator/designee educated all home health aides on scope of practice on 6/20/22 which does not include or allow any medication administration and only medication reminders as ordered on the plan of care and home health aide service plan. Administrator completed a full audit on patient #2, and any changes needed to be made were completed by the RNCM on 6/20/22. 2. Administrator/designee completed an orientation audit on 6/7/2022 on all branches to ensure home health aide scope of practice was being reviewed. An orientation checklist and Power Point to be shared in each orientation was created and sent out on 6/20/22. RN Case Managers will complete a home observation tool at 100% of visits which includes observation of personal care. RN Case Managers will also completed a full medication reconciliation at 100% of all visits and will sign the medication list in the patient's home as proof of completion. 3. Administrator/designee is responsible for monitoring, completion, and all corrective actions from this citation. 4. The date the deficiency will be corrected by 7/1/22.</p>	2022-07-01

	<p>During a home visit on 6/14/2022 at 11:10 a.m., HHA (home health aide) 1 applied several drops of prescribed fluocinonide to patient 2's scalp. HHA 1 proceeded to gently rub medication into patient 2's scalp and allowed to soak in. HHA 1 indicated he/she would wash patient 2's hair. At that time, HHA 1 indicated the medication was used daily for itching. Patient 2 informed the HHA the medication was to be applied after showers.</p> <p>Review of the aide Plan of Care Service Plan dated 4/25/2022 indicated patient 2 received a tub/shower 3 times a week. The Plan of Care did not indicate a HHA was allowed to apply prescribed fluocinonide medication for patient 2 at any time.</p> <p>During an interview on 6/14/2022 at 2:10 p.m. the Administrator indicated HHA 1 should not administer prescribed medication and should follow the aide plan of care.</p>			
<p>G0802</p>	<p>Duties of a HH aide</p> <p>484.80(g)(3)</p> <p>Based on observation, record review, and interview, the agency failed to ensure the home health aide only applied non-prescription topical creams for 1 of 2 home health aide observations. (HHA 1)</p> <p>Findings include:</p> <p>The duties of a home health aide include:</p> <ul style="list-style-type: none"> (i) The provision of hands-on personal care; (ii) The performance of simple procedures as an extension of therapy or nursing services; (iii) Assistance in ambulation or exercises; and (iv) Assistance in administering medications 	<p>G0802</p>	<p>1. Administrator/designee educated all home health aides on scope of practice on 6/20/22 which does not include or allow any medication administration and only medication reminders as ordered on the plan of care and home health aide service plan. Administrator completed a full audit on patient #2, and any changes needed to be made were completed by the RNCM on 6/20/22. The RN Case Manager overseeing patient #2 verbally educated the home health aide on the scope of practice in service that applied the medication to ensure she understood the information provided. She was also alerted to any changes made to the plan of care, medication list, or home health aide service plan. 2. Administrator/designee completed an orientation audit on 6/7/2022 on all branches to ensure home health aide scope of practice was being reviewed, which includes allowable activities with medication. An orientation checklist and Power Point to be shared in each orientation was created and sent out on 6/20/22. RN Case Managers will complete a home observation tool at 100% of visits which includes observation of personal care. RN Case Managers will also complete a full medication reconciliation at 100% of all visits and will sign the medication list in the patient's home as proof of completion. 3. Administrator/designee is responsible for monitoring, completion, and all corrective</p>	<p>2022-07-01</p>

	<p>ordinarily self-administered.</p> <p>410 IAC 17-14-1(h)(1)-(14)</p>		<p>actions from this citation. 4. The date the deficiency will be corrected by 7/1/22.</p>	
<p>G0802</p>	<p>Duties of a HH aide</p> <p>484.80(g)(3)</p> <p>Based on observation, record review, and interview, the agency failed to ensure the home health aide only applied non-prescription topical creams for 1 of 2 home health aide observations. (HHA 1)</p> <p>Findings include:</p> <p>The duties of a home health aide include:</p> <ul style="list-style-type: none"> (i) The provision of hands-on personal care; (ii) The performance of simple procedures as an extension of therapy or nursing services; (iii) Assistance in ambulation or exercises; and (iv) Assistance in administering medications ordinarily self-administered. <p>A 2021 signed Home Health Aide job description was provided by the Administrator on 6/14/2022 at 12:10 p.m. The job description indicated, but was not limited to, "Follow a client's written Plan of Care and carries out duties as assigned by the supervisor."</p> <p>During a home visit observation on 6/14/2022 at 11:10 a.m. HHA 1 applied prescribed fluocinonide to patient 2's scalp. The agency failed to ensure the HHA only applied non-prescription topical medication.</p> <p>During an interview on 6/14/2022 at 2:10 p.m. the Administrator indicated HHA 1 should not apply prescribed topical medication.</p>	<p>G0802</p>	<p>1. Administrator/designee educated all home health aides on scope of practice on 6/20/22 which does not include or allow any medication administration and only medication reminders as ordered on the plan of care and home health aide service plan. Administrator completed a full audit on patient #2, and any changes needed to be made were completed by the RNCM on 6/20/22. The RN Case Manager overseeing patient #2 verbally educated the home health aide on the scope of practice in service that applied the medication to ensure she understood the information provided. She was also alerted to any changes made to the plan of care, medication list, or home health aide service plan. 2. Administrator/designee completed an orientation audit on 6/7/2022 on all branches to ensure home health aide scope of practice was being reviewed, which includes allowable activities with medication. An orientation checklist and Power Point to be shared in each orientation was created and sent out on 6/20/22. RN Case Managers will complete a home observation tool at 100% of visits which includes observation of personal care. RN Case Managers will also complete a full medication reconciliation at 100% of all visits and will sign the medication list in the patient's home as proof of completion. 3. Administrator/designee is responsible for monitoring, completion, and all corrective actions from this citation. 4. The date the deficiency will be corrected by 7/1/22.</p>	<p>2022-07-01</p>

	410 IAC 17-14-1(h)(1)-(14)			
G1024	<p>Authentication</p> <p>484.110(b)</p> <p>Based on record review and interview, the agency failed to ensure all documents were properly authenticated with a date and time for 1 of 1 agency reviewed.</p> <p>Standard: Authentication.</p> <p>All entries must be legible, clear, complete, and appropriately authenticated, dated, and timed. Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and approved the entry.</p> <p>On 6/14/22 the administrator provided a copy of the meeting minutes for each individual branch.</p> <p>The meeting minutes for the parent location failed to evidence who authored the documents on weeks ending 5/7, 5/19, 6/6, and 6/18 and evidenced 2 additional weeks without dates.</p> <p>The meeting minutes for the Greenwood Branch failed to evidence who authored documents for weeks ending on 5/07, 5/14, 5/21, 5/28, 6/04, 6/11, and 6/18.</p>	G1024	<p>1. Administrator/designee educated all branch staff on meeting minute template to be used for in office meetings on a weekly basis on 6/23/22. The meeting minute template has a 'completed by' line in which the branch manager or designee is to write in his or her name as facilitator/author of the meeting. Administrator/designee to review all meetings minutes and track on log. Any missing or unclear items on the meeting minutes will be sent back to the Branch Manager for clarity and corrections if applicable. 2. Administrator/designee to continue to review all weekly meeting minutes on a weekly basis and track on a log for completeness. Any missing meeting minutes will be followed-up on with the Branch Manager. 3. The Administrator/designee is responsible for tracking, reviewing, and storing meeting minutes for review. 4. The deficiency was corrected on 6/23/22.</p>	2022-06-23

	<p>The meeting minutes for the Terre Haute Branch failed to evidence who authored documents for weeks ending on 5/07, 5/14, 5/21, 5/28, 6/04, and 6/18.</p> <p>During an interview on 6/14/22 at 4:15 p.m., the alternate administrator stated they were aware of the unauthored documents and have already started educating the branches about signing the attendance meetings and filling the documents out completely.</p>			
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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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