

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 201126900	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/27/2022
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET, BLOOMINGTON, IN, 47401	
(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>This visit was for a Federal and State complaint survey of a Home Health Agency Provider.</p> <p>Survey Date: 4/27/2022</p> <p>Complaint: 62329 - unsubstantiated, Federal and State deficiencies were not cited. Unrelated deficiencies were cited.</p> <p>Census: 379 active patients</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p> <p>QR Completed 5/10/2022 A4</p>	G0000		2022-06-01
G0687	<p>COVID-19 Vaccination of Home Health Agency staff</p> <p>484.70 (d)-(d)(3)(i-x)</p> <p>§ 484.70 Condition of Participation: Infection Prevention and Control.</p> <p>(d) Standard: COVID-19 Vaccination of Home Health Agency staff. The home health agency</p>	G0687	<p>G0687</p> <p>Elder's Journey Home Care's Mandatory Covid-19 Vaccine Policy and Procedure was modified with an effective date of 6/1/2022. Under section 7 (</p>	2022-06-01

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:

(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

Additional Precautions for Exempt Staff), 7.1.1 was changes to add "Daily self-screening for symptoms, **use of KN95 or N95 masks**, hand sanitizer and other PPE, social distancing (when possible), daily disinfecting of personal workspace, quarantining when exposed or symptomatic per CDC guidelines" **Exhibit A**

All employees were sent an in-service on 5/20/22 titled, 2nd QTR 2022 In-Service. This in-service included the new Mandatory Covid-19 Vaccine Policy and Procedure, reminder on Covid-19 reporting, compliance with daily Covid-19 screening, mask mandate and the additional requirements for exempt staff. This in-service was sent through ADP and the employees have until 6/1/2022 to read, acknowledge and sign and it implements on 6/1/2022.

Exhibit B

An additional letter was sent on 5/20/2022 to all Covid-19 exempt staff telling them the ISDH requirements and the need for compliance with the additional precautions needed which include the use of KN95 or N95 masks. **Exhibit C**

An email was sent to all the RN case managers that when they are doing visits to

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;

(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

client's homes, they are to make sure that caregiver's Home Health Aides and LPNs are wearing the appropriate mask and to report to office any non-compliance. This was sent out on 5/20/2022. **Exhibit D**

The above use of the RN case managers will help ensure this does not recur.

The Director of HR and the Director of Clinical Services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.

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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 authorized COVID-19 vaccines are clinically 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.

A January 17, 2022 policy titled Mandatory COVID-19 Vaccine Policy and Procedure was provided by the Administrator on 4/27/2022 at 12:40 p.m. The policy indicated, but was not limited to, "Additional Precautions for Vaccine Exempt Staff ... vaccination policy will be required to take the following steps as a reasonable accommodation in place of becoming Fully Vaccinated: Daily self-screening for symptoms, use of masks, hand sanitizer and other PPE, social distancing, when possible, daily disinfecting of personal work space, quarantining when exposed or symptomatic per CDC guidelines. Physical distancing from co-workers and patients, re-assignment or modification of duties, teleworking, or a combination of these actions."

Review of the agency Covid-19 vaccination

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exemption records indicated 67 religious exemptions and 0 medical exemptions.

During an interview on 4/27/2022 at 1:20 p.m. the Administrator indicated all unvaccinated staff are not required to wear N95 / K95 masks, weekly Covid testing, or additional measures outside of the CDC guidelines. The Administrator indicated unvaccinated staff are to self-screen for Covid-19, report signs and symptoms of Covid-19, self-distance, hand washing, and wear a regular surgical mask. The agency failed to ensure additional precautions to mitigate the spread of Covid-19 were developed and implemented within agency policy.

During an interview on 4/27/2022 at 2:09 p.m. Licensed Practical Nurse (LPN) H indicated he/she wore a regular standard hospital blue mask and self-screens for Covid-19 before providing direct patient care. LPN H indicated he/she does not wear a well-fitted mask such as an N95/K95 mask, test weekly for Covid-19 or perform additional precautions due to being exempt from the Covid-19 vaccination.

During an interview on 4/27/2022 at 2:16 p.m. Registered Nurse (RN) G indicated he/she wears a regular surgical mask on home visits. RN G indicated the agency had offered staff N95 masks but don't require exempt staff to wear it. RN G indicated he/she performed hand hygiene, self-screens for Covid-19, but does not do Covid testing due to being exempt from taking the vaccine.

During an interview on 4/27/2022 at 2:20 p.m. Home Health Aide (HHA) J indicated he/she wears a regular surgical mask and does a self-screen for Covid-19 as an additional precaution. HHA J indicated he/she does not wear a well-fitted mask such as a N95 / K95 mask or performed weekly Covid-19 testing due to being exempt from taking the vaccine.

During exit conference on 4/27/2022 at 5:40 p.m. the Administrator indicated if unvaccinated staff had signs or symptoms of Covid-19 they would be taken off the schedule. The Administrator indicated the literature on the additional precautions for exempt staff was optional.

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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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