

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 200944890A	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/29/2022
NAME OF PROVIDER OR SUPPLIER UNITED HOME HEALTHCARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7212 N SHADELAND AVE STE 100, INDIANAPOLIS, IN, 46250		
(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
N0000	Initial Comments This visit was for a state Re-licensure survey of a Home Health Agency. Survey Dates: 4/27/22,4/28/22, and 4/29/22 Census 41 QR by Area on 5-6-2022	N0000	POC accepted on 6-6-2022 <i>Deborah Franco, RN</i>	2022-05-18
G0000	This visit was for a Federal Recertification and State Relicensure survey of a home health agency. Survey Dates: 4/27/22, 4/28/22, and 4/29/22. Census: 41 This deficiency report reflects State Findings in accordance with 410 IAC 17. Refer to State Form for additional state findings. QR by Area 3 on 5-6-2022	G0000		2022-05-18
E0000	An Emergency Preparedness survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102 for	E0000		2022-05-18

	<p>a Home Health Provider.</p> <p>Survey Date: 4/27/22,4/28/22, and 4/29/22</p> <p>Census: 41</p> <p>At this Emergency Preparedness survey, United Home Healthcare was found to have been in compliance with Conditions of Participation 42 CFR 484.102 Emergency Preparedness requirements for Medicare Participating Providers and Suppliers, including staffing and the implementation of staffing during a pandemic.</p> <p>QR by Area 3 on 5-6-2022</p>			
<p>N9999</p>	<p>Final Observations</p> <p>Based on record review and interview, the agency failed to maintain documentation of tuberculosis evaluations and/or for an annual risk assessment screening for tuberculosis (TB) in 4 out of 8 employee records reviewed (Employees C, E, G, and J).</p> <p>The findings included:</p> <p>1. A review of the Indiana Administrative Code 410 IAC 17-21-1(i)-6- revealed, The home health agency must maintain documentation of tuberculosis evaluations showing that any</p>	<p>N9999</p>	<p>1. UNITED HOME HEALTH CARE PLAN OFCORRECTION FOR STATE SURVEY FINDING CITED DURING A STATE LICENSURE SURVEYCONDUCTED ON 04/27/22 THR 04/29/22.</p> <p>The Agency Governing Body met andhas approved the following:</p> <p>a. Allagency staff members employed by the Agency will be required to complete TBtesting at time of hire and complete annual TB testing and screening on anongoing basis.</p> <p>b. The above information and test results will bemaintained in the employee’s health file. Any employee testing positive will be referred to their MD and suspendedfrom work with the agency till</p>	<p>2022-05-18</p>

person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months." A review of the policy for exemption by the Indiana State Department of Health revealed, To be exempt from 410 IAC 17-21-1(i), the agency must formally adopt a nationally recognized standard; implement and follow the standard as written &

2. A review of an undated agency policy titled, Health Screening, Policy# D- 240, revealed, &Special Instructions &5a &repeat skin testing shall be completed at least once a year &[sic tuberculosis]

3. A review of the personnel record of Employee C, RN (registered nurse) and Clinical Supervisor, revealed the date of the most recent tuberculosis (TB) test or screen was 1/4/21.

4. A review of the personnel record of Employee E, home health aide, revealed the date of the most recent TB test or screen was 4/12/21.

5. A review of the personnel record of Employee G, home

physician clearance can be provided.

1. HOW WAS THE DEFICIENCY CORRECTED?

a. All employees were educated on the annual testing requirements and all employees have completed the testing process. No employees tested positive for TB.

1. HOW WILL THE AGENCY PREVENT THE DEFICIENCY FROM RECURRING IN THE FUTURE?

a. The HR Director will track all employee healthfiles to ensure the annual testing requirement is met.

b. The HR Director will prepare a monthly report of employees tested for TB and the results. This report will be submitted to the Administrator monthly.

1. WHO IS THE RESPONSIBLE DISCIPLINE/INDIVIDUAL RESPONSIBLE FOR ENSURING ONGOING COMPLIANCE WITH N9999?

a. The Administrator and the HR Director are responsible for ensuring ongoing compliance

most recent TB test or screen was 7/14/20.

with N9999.

6. A review of the personnel record of Employee J, home health aide, revealed the date of the most recent TB test or screen was 3/1/21.

7. On 4/28/22 at 3:33 PM, Employee E, the Administrator, and Employee F, the Alternate Administrator, when queried about the above personnel files of current employees without documentation of any type of assessment for the risk of TB transmission, both confirmed a TB screen of any kind has not been performed nor have they adopted a nationally recognized standard for screening employees who have direct patient contact.

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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