

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

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>157645</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/25/2021</b>
NAME OF PROVIDER OR SUPPLIER <b>PURE HOME HEALTH CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1531 W OAK STREET, ZIONSVILLE, Indiana, 46077</b>		
(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 visit was for a Federal Post Condition revisit and a follow-up to a State Relicensure survey of a Medicare and Medicaid Home Health Provider that was conducted on 7/14/21.</p> <p>Survey Dates: 10/18/21 to 10/25/21.</p> <p>Facility # 012680</p> <p>Provider/CCN: 157645</p> <p>Medicaid#: 201083120</p> <p>During this survey, 6 Condition level deficiencies were corrected; no Condition level deficiencies were recited; 37 standard level deficiencies were corrected; 2 standard level deficiencies were recited.</p> <p>Based on the Condition-level deficiencies during the 07/14/2021 survey, your HHA was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on 07/14/2021. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency continues to be precluded from operating or being the site of a home health aide training, skills competency and/or competency evaluation programs for a period of two years beginning 07/14/2021 and continuing through 07/13/2023.</p> <p>The deficiencies cited in this survey are reflected in findings cited pursuant to 410 IAC 17.</p> <p>Quality Review Completed on 11/05/2021 by Area 3</p>	G0000		
G0682	Infection Prevention	G0682		09/30/2021

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	<p>Continued from page 1</p> <p>CFR(s): 484.70(a)</p> <p>Standard: Infection Prevention.</p> <p>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the agency failed to ensure staff followed agency policies regarding the use of standard precautions, proper bag technique, and prevention of the transmission of infection and communicable diseases in 1 of 2 home visit observations. (Employee F)</p> <p>Findings include:</p> <p>1. Review of an agency policy, number 6-013.2, with a revised date of April 2021 titled, "Bag Technique" indicated, "Policy: As part of the infection/exposure control plan, ...personnel will consistently implement principles to maximize efficient use of the patient's care supply bag when used in caring for patients". "...Bag Technique...3. After hand washing, the supplies and/or equipment needed for the visit will be removed from the bag.</p> <p>2. Review of an agency policy, number 6-006.1, with a revised date of April 2021 titled, "Hand Hygiene" indicated, "Policy: Personnel providing care in the home setting will regularly wash their hands, per the most recently published CDC regulations and guidelines for hand hygiene in healthcare settings." "...3. Hand decontamination using an alcohol-based hand rub should be performed: ...C. After contact with a patient's intact skin (when taking a pulse, blood pressure or lifting a patient), ...F. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.</p> <p>3. Centers for Disease Control last updated January 2021. When to Perform Hand Hygiene. Retrieved from cdc.gov/hand hygiene/providers/index.html indicated "Use an Alcohol-Based Hand Sanitizer: Immediately before touching a patient. Before performing an aseptic task [e.g., placing an indwelling device] or</p>	G0682		

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G0682	<p>Continued from page 2</p> <p>handling invasive medical devices. Before moving from work on a soiled body site to a clean body site on the same patient. After touching a patient or the patient's immediate environment. After contact with blood, body fluids, or contaminated surfaces. Immediately after glove removal. When using alcohol-based hand sanitizer: Put the product on hands and rub hands together. Cover all surfaces until hands feel dry. This should take around 20 seconds. ...</p> <p>4. On 10/20/21 at 8:30 AM a home visit was conducted with patient #1. Employee F, a physical therapist entered the home, placed barriers on the couch, placed their bag on the barrier, performing hand hygiene, removed the sphygmomanometer (blood pressure cuff) and stethoscope to obtain the patient's blood pressure, took blood pressure, then reached into their bag without using hand hygiene to retrieve their pulse oximeter (an oximeter sensor that measures the proportion of oxygenated hemoglobin in the blood in pulsating vessels, especially the capillaries of the finger or ear) to test the patient's oxygen level.</p> <p>Employee F placed the thermometer under the patient's armpit while waiting for the temperature to be taken, employee F reached into their bag without using hand hygiene to retrieve their IPAD so they could begin documenting the patient's vital signs.</p> <p>5. An interview with contracted employee B, Director of Nursing on 10/25/2021 at 9:55 AM, stating that employees are to use hand hygiene prior to entering their bag.</p> <p>Employee F failed to follow the agency's bag technique and hand hygiene policies.</p> <p>410 IAC 17-12-1(m)</p>	G0682		
G0948	<p>Responsible for all day-to-day operations</p> <p>CFR(s): 484.105(b)(1)(ii)</p> <p>(ii) Be responsible for all day-to-day operations of the HHA;</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on policy review and interview, the agency failed to ensure administrator was responsible for day-to-day operations of the HHA, including telecommunications, by failing to ensure that a</p>	G0948		

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G0948	<p>Continued from page 3</p> <p>reliable mode of communication is in place on-call/after-hours that allows patients/family to reach agency staff in the event of a change in condition, questions and/or concerns, outside of operating hours.</p> <p>1. Review of policy 10/22/21 titled 'On-Call/Weekend Staffing – Policy No. 4-015.1' states, "Patient care needs are highest priority.....there will be on-call staff available after-hours Monday through Friday, and 24 hours a day on weekends. Staff on-call will be: 1. Administrative call by senior management staff member. 2. Clinical call by a registered nurse". Procedure #1 of this policy states, "On admission, each patient will be made aware of the organization's 24-hour availability". Procedure #3 states, "The on-call staff can be reached by calling the home health number. After hours, this number will be forwarded to the answering service and on-call staff". Procedure #6 states, "Clinical Staff must respond to a page within 15 minutes and be able to reach a patient within one (1) hour".</p> <p>2. On 10/21/21 at 6:42 pm, this surveyor attempted to reach the agency by calling the phone number listed on page 3 of the patient admission packet, titled, 'Patient Rights and Responsibilities'. The call rang a few times then went to voicemail, outgoing message identifies the agency and instructs the caller to leave a message with the callback number so that agency may return the call. No return call was received by this surveyor.</p> <p>3. On 10/21/21 at 8:05 pm, a second call was made. The administrator answered, "Hello?". Surveyor asked whom she had reached. The administrator identified herself as, "Jordan" and did not identify herself as representative of the agency. Surveyor identified herself and asked the Administrator to detail what steps would be taken if this call had been a patient with clinical concern. The administrator indicated that he/she would take down the patient's name and information and the nature of their concern and immediately contact the clinician on-call if clinical in nature and inform the nurse will call them within 15 minutes, and indicated the clinician is also aware they need to respond within 15 minutes. The administrator states that he/she also instructs patients to call back in 15 minutes if they have not heard back from anyone. The administrator indicated he/she themselves also reach outpatient</p>	G0948		

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G0948	<p>Continued from page 4</p> <p>and clinicians to ensure the contact was made.</p> <p>4. In an interview on 10/22/21 at 11:27 am, the surveyor queried the Administrator as to whether after-hours call logs are reviewed daily. The administrator informs the agency does not have a third-party answering service, but that all incoming calls to the agency are forwarded to his/her cell phone. When queried as to whether missed calls also appear on his/her cell phone, the Administrator indicated that all incoming calls should roll over to his/her cell phone and that if he/she should miss a call, an email is received regarding same. Surveyor informs that two calls were made to the agency the previous evening. The administrator indicates that he/she recalls receiving and answering call that came in at 8:05 pm but was unaware of a call placed at 6:42 pm. The administrator explains that the agency has been having phone issues since July of this year. When queried further Administrator indicated that this issue is not actively being resolved with the carrier or service provider. The administrator indicates that the caller can leave a message and that the call will be returned by agency staff in 15 minutes. Surveyor states that a message was in fact left on the agency's voicemail complete with Surveyor name, date, time of call, and callback number and that there was not a return call received in 15 minutes, in fact, there was no contact with the agency until surveyor made the second call to the agency at 8:05 pm. The administrator pulls up a list of received calls on his/her phone, but no incoming calls appear for the time in question, and when queried further, neither are there any corresponding emails. When queried as to whether there was a daily call log or some method of tracking is reviewed daily, the Administrator, gesturing to her device, indicates that all calls can be reviewed on her cell phone's own call log and emails. When queried further Administrator indicated that there is no backup or contingency plan in place and indicated they, "probably need to get a contingency plan in place".</p> <p>The agency failed to follow policy on providing a contact number for after-hours/on-call. The agency is unable to account for missed incoming calls and is thereby unaware of potential attempts from patients/family to contact the agency for needs or assistance, outside of operating hours. Agency has been aware of phone issues since July of 2021 without resolution.</p>	G0948		

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