

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: 200853200	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2022	
NAME OF PROVIDER OR SUPPLIER ABLE HANDS HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3802 SOUTH ADAMS STREET, MARION, IN, 46953		
(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
E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Date: 6/29, 6/30, and 7/1/22</p> <p>Facility Number: IN011316</p> <p>Census = 57</p> <p>At this Emergency Preparedness survey, Able Hands Homecare, was found to be in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 484.102.</p>	E0000		2022-07-29

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G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification and State Re-licensure survey of a Home Health Care Agency.</p> <p>Survey Dates: 6/29, 6/30, and 7/01/22</p> <p>Partially Extended Survey Announced 6/30/2022 at 2:10PM.</p> <p>Extended survey was announced on 7/1/2022 at 10:30AM.</p> <p>Facility Number: IN011316</p> <p>Census: 57</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 17.</p>	G0000		2022-07-29

	QA: A2 7/18/22			
G0446	<p>Contact info Federal/State-funded entities</p> <p>484.50(c)(10)(i,ii,iii,iv,v)</p> <p>Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides:</p> <p>(i) Agency on Aging</p> <p>(ii) Center for Independent Living</p> <p>(iii) Protection and Advocacy Agency,</p> <p>(iv) Aging and Disability Resource Center; and</p> <p>(v) Quality Improvement Organization.</p> <p>Based on document review and interview, the agency failed to ensure it provided all patients with the name, address, and telephone number of the QIO (Quality Improvement Organization that manages all beneficiary complaints and quality of care reviews) for 1 of 1 agency, with the potential to affect all patients of the agency.</p> <p>Findings include:</p> <p>Review of an undated agency document titled Client Orientation to Agency Homecare included Section III. Your Rights and Responsibilities as a Health Care Client that indicated & the client has the right to be advised of federally funded & entities that serve the area where the client resides & Quality Improvement Organization &.</p>	G0446	<p>THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND AGENCY POLICY 484.50 (C) (10) (i,ii, iii, iv, v) BE ADVISED OF THE NAMES AND ADDRESSES AND TELEPHONE NUMBERS OF THE FOLLOWING FEDERALLY-FUNDED AND STATE FUNDED ENTITIES THAT SURVE THE AREA WHERE THE PATIENT RESIDES.</p> <p>CORRECTION MADE TO THE CLIENT ORIENTATION TO ABLE HANDS HOMECARE BOOKLET UNDER SECTION III. YOUR RIGHTS AND RESPONSIBILITIES AS A HEALTH CARE CLIENT TO SHOW UPDATED QUALITY IMPROVEMENT ORGANIZATION-LIVANTA: HELPLINE 1-888-524-9900 TTY:1-888-985-8775 FAX: 1-855-236-2423. ADMINISTRATOR AND DIRECTOR OF NURSING HAVE INSERVICED ALL NURSING STAFF AS OF 7-25-2022 ON THE CORRECTION.</p> <p>A REVISED ADDITION HAS BEEN MAILED TO ACTIVE CLIENTS AND THE ADMISSION BOOKLET HAS BEEN UPDATED FOR ALL FUTURE ADMISSIONS.</p> <p>THE ADMINISTRATOR WILL BE RESPONSIBLE FOR ENSURING ALL INFORMATION IN THE CLIENT ADMISSION HANDBOOK STAYS UP TO DATE FORTH GOING. THIS DEFICIENCY HAS BEEN CORRECTED AND IS COMPLIANT WITH STATE AND FEDERAL REGULATIONS AND AGENCY POLICY.</p>	2022-07-29

	During an interview on 6/29/22 at 10:50AM, the director of nursing indicated the agency no longer provided information regarding the QIO because they no longer provided Medicare services.			
G0528	<p>Health, psychosocial, functional, cognition</p> <p>484.55(c)(1)</p> <p>The patient's current health, psychosocial, functional, and cognitive status;</p> <p>Based on record review and interview, the agency failed to ensure the comprehensive assessment accurately reflected the patient's current psychosocial and functional status for 1 of 2 active records reviewed that received skilled nursing services (Patient #5).</p> <p>Findings include:</p> <p>1. Review of an undated agency policy C-145, titled, Comprehensive Patient Assessment, indicated & comprehensive and accurate assessment, consistent with the patients immediate needs will be completed for all patients &.</p>	G0528	<p>THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY FOR G0528 COMPREHENSIVE ASSESSMENT MUST ACCURATELY REFLECT PATIENTS CURRENT HEALTH, PSYCHOSOCIAL AND FUNCTIONAL STATUS.</p> <p>THE ADMINISTER AND DIRECTOR OF NURSING HAVE INSERVICED/EDUCATED AND PROVIDED COPIES OF ABLE HANDS POLICY C-145 COMPREHENSIVE PATIENT ASSESSMENT AND CONDITION OF PARTICIPATION G TAG 528 INTERPRETIVE GUIDELINES TO ALL NURSING STAFF AS OF 7/05/2022.</p> <p>REVIEWED DIET ORDER AND RECEIVED CLARIFICATION ORDER OF DIET FOR PLEASURE FEEDINGS FROM PRIMARY CARE PROVIDER FOR PATIENT #5 ON 7/01/2022.</p> <p>THE DIRECTOR OF NURSING WILL REVIEW 10% OF ALL CLINICAL RECORDS MONTHLY X 6 MONTHS TO ENSURE DOCUMENTATION REFLECTS THE ACCURATE HEALTH, PSYCHOSOCIAL AND FUNCTIONAL STATUS OF ACTIVE PATIENTS TO ENSURE THIS DEFICIENCY IS CORRECTED.</p>	2022-07-29

	<p>2. Record review for Patient #5, included a plan of care for certification period 5/19/22-7/17/22 with a diagnosis, but not limited to, cerebral palsy (group of disorders that affect movement and muscle tone or posture). The plan of care indicated & nutritional req [requirement] & DAT (diet as tolerated) &.</p> <p>A. Review of the comprehensive assessment, dated 5/18/2022, documented & nutritional status comments & NPO (takes nothing by mouth) g-tube (tube inserted through the abdomen that brings nutrition directly to the stomach) feeding & Assessment Summary & patient is NPO and receives all meds and nutrition via G-tube &.</p> <p>B. Review of documents titled Nursing Visit Record, dated 05/31/2022, 06/04/2022, and 06/14/2022, indicated Patient #5 ate food by mouth for dinner during the visit.</p> <p>3. During an interview on 7/01/22 at 2:35PM, the director of nursing indicated Patient # 5 has a g-tube and had aspirated (something enters the airway or lungs by accident) and did not know that Patient #5 was eating by mouth.</p>			
G0764	<p>HH aide training program topics</p> <p>484.80(b)(3)</p> <p>A home health aide training program must</p>	G0764	<p>THE ADMINSTRATOR, DIRECTOR OF NURSING AND HUMAN RESOURCE DEPARTMENT HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY 484.80 (B) (3) A HOME HEALTH AIDE TRAINING PROGRAM.</p> <p>THE HUMAN RESOURCE DEPARTMENT</p>	2022-07-29

	<p>address each of the following subject areas:</p> <p>(i) Communication skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff.</p> <p>(ii) Observation, reporting, and documentation of patient status and the care or service furnished.</p> <p>(iii) Reading and recording temperature, pulse, and respiration.</p> <p>(iv) Basic infection prevention and control procedures.</p> <p>(v) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.</p> <p>(vi) Maintenance of a clean, safe, and healthy environment.</p> <p>(vii) Recognizing emergencies and the knowledge of instituting emergency procedures and their application.</p> <p>(viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy, and his or her property.</p> <p>(ix) Appropriate and safe techniques in performing personal hygiene and grooming tasks that include --</p> <p>(A) Bed bath;</p> <p>(B) Sponge, tub, and shower bath;</p> <p>(C) Hair shampooing in sink, tub, and bed;</p> <p>(D) Nail and skin care;</p> <p>(E) Oral hygiene;</p> <p>(F) Toileting and elimination;</p> <p>(x) Safe transfer techniques and ambulation;</p> <p>(xi) Normal range of motion and positioning;</p> <p>(xii) Adequate nutrition and fluid intake;</p>		<p>OBTAINED AN UPDATED HOME HEALTH AIDE/COMPETENCY CHECKLIST FROM THE INDIANA ASSOCIATION FOR HOME AND HOSPICE CARE. THE CHECKLIST HAS ELABORATED AREAS FOR EVALUATION OF ADEQUATE NUTRITION, INTAKE AND SPECIAL DIETS THAT WILL BE USED FOR ALL HOME HEALTH AIDE COMPETENCY CHECKS ON 7-25-2022 AND FORTH GOING.</p> <p>THE DIRECTOR OF NURSING HAS INSERVICED NURSING STAFF AND ALL HOME HEALTH AIDES ON ADEQUATE NUTRITION INTAKE AND SPECIAL DIETS. THIS TRAINING WILL BE DONE UPON HIRE AND ANNUALLY TO REMAIN COMPLIANT WITH FEDERAL, STATE AND COMPANY POLICY.</p> <p>THE DIRECTOR OF NURSING AND HUMAN RESOURCES WILL MONITOR THE ISDH WEBSITE QUARTERLY FOR UPDATES AND REVISIONS TO THE HHA TRAINING AND COMPETENCY PROGRAM IN ORDER TO PREVENT ANY FURTHER DEFICIENCIES FROM OCCURRING.</p> <p>THE DIRECTOR OF NURSING WILL AUDIT COMPETENCY CHECKLISTS MONTHLY X 6 MONTHS TO ENSURE THIS DEFICIENCY IS CORRECTED AND COMPLIANCE IS MAINTAINED.</p>	
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	<p>(xiii) Recognizing and reporting changes in skin condition; and</p> <p>(xiv) Any other task that the HHA may choose to have an aide perform as permitted under state law.</p> <p>(xv) The HHA is responsible for training home health aides, as needed, for skills not covered in the basic checklist, as described in paragraph (b)(3)(ix) of this section.</p> <p>Based on record review and interview, the agency's home health aide (HHA) training program failed to include training regarding adequate nutrition intake, with the potential to harm all patients receiving HHA services, for 1 of 1 agency.</p> <p>Findings include:</p> <p>An agency document titled, Certified Home Health/Hospice Aide Checklist, undated and reviewed on 7/1/22, failed to evidence evaluation of knowledge of adequate nutrition intake.</p> <p>During an interview on 7/1/22 starting at 2:35 p.m., the director of nursing relayed they could not produce evidence of the agency's HHA training program included education and testing regarding adequate nutrition and intake.</p>			
G0798	<p>Home health aide assignments and duties</p> <p>484.80(g)(1)</p> <p>Standard: Home health aide assignments and duties.</p> <p>Home health aides are assigned to a specific patient by a registered nurse or other appropriate skilled professional, with written patient care instructions for a home health aide prepared by that registered nurse or</p>	G0798	<p>THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY 484.80 (G) (1) HOME HEALTH AIDE ASSIGNMENT OF DUTIES: HOME HEALTH AIDES ARE ASSIGNED TO A SPECIFIC PATIENT BY A REGISTERED NURSE OR OTHER SKILLED PROFESSIONAL, WITH WRITTEN PATIENT CARE INSTRUCTIONS FOR HOME HEALTH AIDE PREPARED BY REGISTERED NURSE OR OTHER APPROPRIATE SKILLED PROFESSIONAL.</p> <p>DEFICIENCIES HAVE BEEN CORRECTED FOR</p>	2022-07-29

other appropriate skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist).

Based on record review and interview, the agency failed to ensure the home health aide (HHA) care plan was specific to the needs of the patient for 3 of 4 active record reviews with orders for HHA services (Patient #3, 6, and 7).

Findings include:

1. Review of an undated agency job description C-140, copyright Briggs Corporation titled Position: Home Health Aide indicated & provides personal care services under the direction of the Registered Nurse &.

2. Record review for Patient #3, contained a plan of care for certification period 5/22/22 - 7/20/22, included patient diagnosis of cognitive impairment and orders for HHA services for 1-2 hours, 4-5 days a week with HHA interventions that included to assist [patient] with personal care and ADL s (daily self-care activities); bathing, skin care & and other tasks as outlined in HHA care plan &.

Review of a document titled HHA Agency Homecare Care plan , dated 7/21/21, with review date of 5/17/22, indicated & sponge / bed bath & bath tub / shower & assist bath / shower & skin care / peri care &. Each task was marked for completion 7 days of the week. The document failed to provide specific directions to the HHA regarding the frequency to provide the tasks and failed to specify the task to be completed.

PATIENTS #3, #6 AND #7. AS OF 7-5-2022.

THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE INSERVICED ALL NURSING STAFF THAT CARE PLANS ARE TO BE SPECIFIC TO PATIENT NEEDS, ALL CARE PLANS HAVE BEEN REVIEWED AND REVISED AS NEEDED TO INDICATE DAYS OF THE WEEK TASKS ARE TO BE COMPLETE AS OF 7-29-2022.

THE DIRECTOR OF NURSING HAS INSERVICED ALL HOME HEALTH AIDES ON FOLLOWING THE CARE PLAN AND TO NOTIFY THE AGENCY IF THE PATIENT WANTS A TASK PERFORMED NOT LISTED ON THE CARE PLAN AS OF 7-29-2022.

THE AGENCY IS TRANSITIONING TO ELECTRONIC HEALTH RECORDS THAT WILL ENSURE CARE PLANS ARE SPECIFIC TO PATIENTS NEEDS AND HOME HEALTH AIDES ARE FOLLOWING THE CARE PLAN.

THE DIRECTOR OF NURSING WILL REVIEW 10% OF PATIENT CARE PLANS MONTHLY X 6 MONTHS TO ENSURE COMPLIANCE AND NO FURTHER DEFICIENCIES ARE MADE.

3. Record review for Patient #6, contained a plan of care for certification period 5/30/22 - 7/28/22 with order for HHA services 1-2 hours, 3-5 days a week with HHA interventions that indicated assist with personal care, ADL s, bathing, skin care and other tasks as outlined in the HHA care plan &.

Review of a document titled HHA Agency Homecare Care plan dated 11/30/2021, with review date of 05/27/2022, indicated & sponge / bed bath & bath tub / shower & assist bath / shower & skin care / peri care &. Each task was marked to be completed 7 days of the week. The document failed to provide specific directions to the HHA regarding the frequency to provide the tasks and failed to specify the task to be completed.

4. Record review for Patient #7, contained a plan of care for certification period 6/09/22 - 8/07/22 with diagnoses that included, but not limited to, post polio syndrome, anxiety disorder, functional limitations included paralysis, endurance, and ambulation, dyspnea on exertion, wheelchair for mobility, orders for HHA services for 4 hours a day, 7 days a week with HHA interventions that indicated (sic) & assist with ADLs / personal care and other tasks as outlined in in the Home Health Aide care plan &.

Review of a document titled HHA Agency Homecare Care plan dated 6/09/22, indicated & sponge / bed bath & bath tub / shower & assist bath / shower & skin care / peri care &. The document failed to provide specific directions to the HHA regarding the specific task to be completed.

	<p>5. During an interview on 06/30/2022 at 3:30PM, the director of nursing [DON] relayed that multiple bathing tasks were on the aide care plans and as to be completed daily because the patients directed the care and were to relay to their aide which task was to be completed, each day. When asked, the DON relayed that a tub bath and shower were different tasks.</p>			
G0800	<p>Services provided by HH aide</p> <p>484.80(g)(2)</p> <p>A home health aide provides services that are:</p> <p>(i) Ordered by the physician or allowed practitioner;</p> <p>(ii) Included in the plan of care;</p> <p>(iii) Permitted to be performed under state law; and</p> <p>(iv) Consistent with the home health aide training.</p> <p>Based on record review and interview, the agency failed to ensure the home health aide (HHA) followed the plan of care for 1 of 2 non-skilled active records reviewed with orders for home health aide services only (Patient #7).</p> <p>Findings include:</p> <p>1. Review of an undated agency job description C-140, copyright Briggs Corporation titled Position: Home Health Aide indicated & provides personal care services under the direction of the Registered Nurse & Documents care provided &.</p>	G0800	<p>THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY 484.80 (G) (2) A HOME HEALTH AIDE PROVIDES SERVICES THAT ARE: ORDERED BY THE PHYSICIAN OR ALLOWED PRACTITIONER, INCLUDED IN THE PLAN OF CARE, PERMITTED TO BE PERFORMED UNDER STATE LAW AND CONSISTENT WITH THE HOME HEALTH AIDE TRAINING.</p> <p>DEFICIENCIES HAVE BEEN CORRECTED FOR PATIENTS #3, #6 AND #7. AS OF 7-5-2022.</p> <p>THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE INSERVICED ALL NURSING STAFF THAT CARE PLANS ARE TO BE SPECIFIC TO PATIENT NEEDS, ALL CARE PLANS HAVE BEEN REVIEWED AND REVISED AS NEEDED TO INDICATE DAYS OF THE WEEK TASKS ARE TO BE COMPLETE AS OF 7-29-2022.</p> <p>THE DIRECTOR OF NURSING HAS INSERVICED ALL HOME HEALTH AIDES ON FOLLOWING THE CARE PLAN AND TO NOTIFY THE AGENCY IF THE PATIENT WANTS A TASK PERFORMED NOT LISTED ON THE CARE PLAN AS OF 7-29-2022.</p> <p>THE AGENCY IS TRANSITIONING TO ELECTRONIC HEALTH RECORDS THAT WILL ENSURE CARE PLANS ARE SPECIFIC TO PATIENTS NEEDS AND HOME HEALTH AIDES ARE FOLLOWING THE CARE PLAN.</p>	2022-07-29

	<p>2. A home visit was conducted on 06/30/2022 at 9:45AM, with Patient #7 who relayed HHA #2 applied an ace wrap (elastic bandage) to their left leg, every morning.</p> <p>Record review for Patient #7, contained a document titled HHA Agency Homecare Care plan , dated 06/09/2022. The HHA care plan failed to evidence an intervention for the application of an ace wrap to patient's leg.</p> <p>3. During an interview on 06/30/2022 at 3:30PM, the director of nursing indicated the HHA was not to perform tasks that were not on the aide care plan and should notify the office if patient / caregiver requests tasks that are not on the care plan.</p>		<p>THE DIRECTOR OF NURSING WILL REVIEW 10% OF PATIENT CARE PLANS MONTHLY X 6 MONTHS TO ENSURE COMPLIANCE AND NO FURTHER DEFICIENCIES ARE MADE.</p>	
G1030	<p>Retrieval of records</p> <p>484.110(e)</p> <p>Standard: Retrieval of clinical records.</p> <p>A patient's clinical record (whether hard copy or electronic form) must be made available to a patient, free of charge, upon request at the next home visit, or within 4 business days (whichever comes first).</p> <p>Based on record review and interview, the agency failed to ensure patient s clinical records would be made available to the patient, free of charge, upon request, at the next home visit or within 4 business days (whichever came first) for 1 of 1 agency.</p>	G1030	<p>THE ADMINISTRATOR AND DIRECTOR OF NURSING HAVE REVIEWED FEDERAL, STATE AND COMPANY POLICY 484.110 (E) RETRIEVAL OF CLINICAL RECORDS. A PATIENTS CLINICAL RECORD MUST BE MADE AVAILABLE TO A PATIENT FREE OF CHARGE, UPON REQUEST AT THE NEXT HOME VISIT OR WITHIN 4 BUSINESS DAYS (WHICHEVER COMES FIRST).</p> <p>THE ADMINISTRATOR HAS REVISED THE CLIENT ORIENTATION HANDBOOK TO ABLE HANDS HOMECARE TO REFLECT REGULATION 484.110 (E) RETRIEVAL OF CLINICAL RECORDS ON 7-25-2022.</p> <p>THE ADMINSTRATOR AND DIRECTOR OF NURSING HAVE INSERVICED NURSING STAFF ON RETRIEVAL OF MEDICAL RECORDS, THAT THEY ARE FREE OF CHARGE TO THE PATIENT AND ARE TO MADE AVAILABLE UPON REQUEST AT THE NEXT HOME VISIT OR WITHIN 4 BUSINESS DAYS (WHICHEVER</p>	2022-07-29

Findings include:

Review of an undated agency document titled Client Orientation to Agency Homecare included a section titled Privacy Notice , dated 10/04/2006, that indicated & right to inspect and copy & the fee for making and providing copies of medical records is a fifteen dollar (\$15) retrieval fee for the first ten pages and twenty-five cents & page thereafter and any postage costs & we will act on your request within thirty (30) calendar days after we receive your request &.

During an interview on 6/29/22 at 10:50AM, the director of nursing indicated that when a patient or patient representative request a copy of the clinical record, the agency provided copies within a few days and charged a fee per page.

COMES FIRST) ON 7-25-2022.

THE ADMINSTRATOR AND DIRECTOR OF NURSING HAVE MAILED OR HAND DELIVERED LETTERS TO ACTIVE CLIENTS UPDATING THE PRIVACY NOTICE TO REFLECT ACCURATE INFORMATION OF RETRIEVAL OF RECORDS AS OF 7-29-2022.

THE ADMINSTRATOR WILL REVIEW THE CLIENT HANDBOOK QUARTERLY TO ENSURE ALL INFORMATION IS ACCURATE AND THE ISDH WEBSITE QUARTERLY TO ENURE INFORMATION GIVEN TO PATIENTS IS ACCURATE AND UP TO DATE AND NO FURTHER DEFICIENCIES ARE MADE.

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