STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	157635	A. BUILDING B. WING	09/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Select Home Health Services LLC	121 PENN STREET, WESTFIELD, IN, 46074

(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 Deemed Home Health provider. Survey dates: 8/25/22, 8/26/22, 8/29/22, 8/30/22, 8/31/22 and 9/1/22. The survey exit date was extended to 9/8/22 for receipt of outside information requested during the survey. Census (unduplicated, last 12 months): 1,954 Select Home Health Services, LLC was found to be out of compliance with 410 IAC 17 in regard to a State Re-licensure survey. QR by Area 3 on 9-13-2022	N0000	POC approved on 9-29-2022 Deborah Franco, RN	2022-10-05
N0400	Licensure 410 IAC 17-10-1(a)	N0400	1. Corrective action: The Administrator mailed a letter to the Indiana Department of Health and an updated CMS form 855A to Palmetto GBA on August 25, 2022 notifying of the address changes of Select Home Health Services parent location from 121 Penn Street, Westfield, IN 46074 to 650 E Carmel Drive, Ste	2022-09-28

	Rule 10 Sec. 1(a) No home health agency shall: (1) be opened; (2) be operated; (3) be managed; (4) be maintained; or (5) otherwise conduct business; without a license issued by the department. Based on observation and interview the agency failed to notify the Indiana Department of Health contemporaneously when the agency parent and branch offices operated from changed locations. Findings include: On 8/25/22 at 10:00 AM, the 2 surveyors arrived at 121 Penn Street, Westfield, IN 46074 to perform an unannounced state re-licensure survey. There was no answer at the door. A phone number posted on the door was called and was spoke to the Administrator who reported the agency had moved on 8/1/22, to 650 East Carmel Drive, Suite 400, Carmel, IN 46032. On 8/25/22 at 10:52 AM, while		400, Carmel, IN 46032, and branch location from 1459 E Brunswick Avenue, Indianapolis, IN 46227 to 4124 Shelby Street, Indianapolis, IN 46227. In response to the Indiana Department of Health request, the Administrator then mailed a completed Home Health Agency branch questionnaire to the Indiana Department of Health on August 31, 2022, and in response to the follow up request from Palmetto GBA the Administrator confirmed the updated addresses and old addresses via telephone on September 28, 2022. The Palmetto GBA Provider Enrollment Analyst confirmed that the address changes would be updated for Select Home Health Services. Thus, this deficiency was corrected September 28, 2022. 2. Steps to ensure the alleged deficient practice does not recur: The Indiana Department of Health will be notified contemporaneously when the parent or branch offices operate from changed locations. 3. Corrective action will be monitored to ensure the alleged deficient practice will not recur: The Administrator will be responsible for notifying the Indiana Department of Health of any agency address changes to ensure that this deficiency is corrected and will not recur.	

	Community Based Care Division's Area 3 Supervisor, on the phone, the Administrator declared a new address for the home office and the south office. The south office address had been 1459 E Brunswick Ave, Indianapolis, and had been moved to 4124 Shelby St, Indianapolis. On 8/25/22 at 3:30 PM (end of the day conference) the Clinical Manager stated they had a meeting the prior week at the old office, and moved to the Carmel address on 8/23/22. The Administrator indicated believing the agency now had 30 days to fill out the 855 with the change of address and indicated not having already informed the Indiana Department of Health of the changed addresses.			
N0470	Home health agency administration/management 410 IAC 17-12-1(m)	N0470	1. Corrective action for the patients affected by the alleged deficient practice: The medical records for Patient #2, Patient #7 and Patient #5 were assessed for complications and found to have no negative outcomes. P.T. #2, R.N. #3 and R.N. #4 were made aware of their specific deficiencies during their site visit and	2022-10-05

	Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws. Based on record review, observation, and interview, the agency failed to ensure field staff followed appropriate infection control practices per agency policy while providing patient care in 3 (Patients 2, 5, and 7) of 7 home visits conducted. Findings include: 4. A review of clinical record #5 revealed a 'Home Health Certification and Plan of Care', for the certification period of 7/2/22 to 8/30/22, which included diagnoses but not limited to Venous Insufficiency (Chronic)(Peripheral) (occurs when the walls and/or valves in the veins are not working effectively, making it difficult for blood to return to the heart) and Polyneuropathy (the simultaneous malfunction of many peripheral nerves throughout the body). Pt 5 was to receive SN (skilled nursing)		re-educated with return demonstrations on overall Infection Control policy and procedures on September 29, 2022. 2. Corrective action taken for those patients having the potential to be affected by the alleged deficient practice: All patients have the potential to be affected. All active patient charts were reviewed for infection control events. Those patients with infection control events within the last 30 days were reviewed for treating clinician connections and correlation of symptoms if the same clinician(s) were involved in their care. No additional findings were noted. This has been completed by September 29, 2022 by DON/designee. 3. Measures/systemic changes put in place to ensure the alleged deficient practice does not recur: All clinicians will be inserviced on P & P of Handwashing & Infection Control with return demonstration/understanding by October 5, 2022 by DON/designee and then every 6 months. 4. Corrective action will be monitored to ensure the alleged deficient practice will not recur: Infection Control & Handwashing inservices will occur again in 6 months via Medbridge for all clinicians. DON/designee will observe one random clinician per week x4 weeks to ensure proper hand washing/hand hygiene and Infection Control practices are being maintained in the field. Weekly monitoring will continue until four consecutive weeks of zero negative findings are achieved. Then, one random clinician will be observed per month until six months of zero negative findings are achieved. Review of audits will be completed at monthly QAPI meetings for any further review or recommendations.	

	visits 2 times a week for 8 weeks for wound care to BLE (bilateral lower extremities). During an observatory home visit with RN 3 on 8/26/22 at 3 PM at Pt 5's, RN 3 set up a workspace, by placing barriers on the floor for their nursing bag, and placed a barrier under Pt 5's feet. RN 3 performed hand hygiene and completed Pt 5's vital signs, as RN 3 cleaned their equipment, and placed each item immediately into the nursing bag. RN 3 began cutting away dressings from BLE and RN 3 sprayed BLE with wound wash. RN 3 doffed gloves performed hand hygiene and donned a clean pair of gloves. Using a separate gauze for each leg, wiped BLE. RN 3 took a 3rd gauze pad, rolled it up, and began drying between each toe on both feet. RN 3 doffed gloves and donned a clean pair of gloves, put a gloved hand into a container with ointment/cream, removed a fair amount with the gloved hand, applied some ointment/cream to the left lower leg, then using both gloved hands began massaging the ointment/cream onto the right lower leg, when completed			

	with the right leg, RN 3 began massaging the rest onto the left lower leg. RN 3 doffed gloves, donned a clean pair of gloves, and began wrapping the left lower leg first, then the right lower leg as ordered. RN 3 applied a clean pair of socks to bilateral feet, doffed gloves, performed hand hygiene, donned a clean pair of gloves, and cleaned the container that contained the ointment/cream, spray bottle, and scissors. RN 3 then put shoes on Pt 5. Placed all patient supplies on the kitchen table. RN 3 doffed gloves, and performed hand hygiene. RN 3 failed to perform hand hygiene and change gloves at appropriate times during wound care. 5. During an interview on 8/26/22 at 4:00 PM with RN 3, they stated they hadn't realized they should perform hand hygiene and change gloves going between different wounds on the same patient. During an interview on 8/30/22 at 11:15 AM, the DON stated they would have expected more hand hygiene and changing their gloves.			

	1. A review of an undated agency document titled 'Category: Safety/Infection Control, Number: 7.005.1, Subject: Handwashing,' stated, "Applies to: All Staff... Purpose: To cleanse the hands of germs and prevent contamination between patients/clients and home care personnel. Policy: A. All personnel will wash their hands: a. Upon arrival to work b. Before and after EACH contact with patient/client c. after handling ... contaminated items or surfaces d. Before and after gloves are used...B. Waterless hand washing products may be used and is the preferred method except when your hands are visibly dirty or contaminated. Otherwise hand wash with water and soap and a disposable towel. Procedure: A. Hand washing Without Water a. Using an approved alcohol-based hand cleanser (foam or gel): b. Use the solution according to the instructions. c. Rub hands together covering all areas until dry, paying close attention to fingertips and fingernails. d. Use enough cleanser to require at least 20 seconds to dry. B. Hand washing with Water a. Wet hands with water. b. Apply soap.			

	c. Rub hands together for at least 20 seconds covering all areas and focusing on fingertips and fingernails. d. Rinse under water and dry with a disposable towel. e. Use the towel to turn off the faucet." A review of an undated agency document titled 'Category: Safety/Infection Control, Number: 7.004.1, Subject: Personal Protective Equipment,' stated, "Applies to: All Staff...Purpose: To define what personal protective equipment is necessary for the prevention of infection and under what circumstances it should be used in the home care setting. Policy: Personal protective equipment...reduce the incidence of contamination of hands...The type of protective equipment selected should be appropriate for the task being performed ... Procedure: Personal Protective Equipment...D. Gloves will be worn when it can be reasonably anticipated that personnel may have contact with blood or other potentially infectious materials ... and when handling or touching contaminated items or surfaces...Disposable gloves will be removed and discarded			

after contact with each person, fluid item, surface, if torn or punctured, or when the ability to function as a barrier is compromised. A new set of gloves will be used for each person.

2. During a home visit on 8/26/22 at 1:35 PM with Patient 2, the physical therapist (P.T.)2 was observed bending down and reaching under the patient's left foot, with a bare hand, to feel the rubberized underside of the patient's sock. P.T. 2 then touched the outside of his/her surgical mask with the same bare hand, then provided stand-by and contact assistance for the patient as they ambulated around the home with Patient 2's walker. P.T. 2 later assessed Patient 2 for strength and balance, and placed hands on the patient in order to provide resistance during activities. Hand hygiene did not occur after touching the sock, after touching the surgical mask, or before touching the patient.

During a home visit on 8/29/22 at 11:30 AM with Patient 7, Registered Nurse (R.N.) 4, was

	used/soiled dressing from the wound site, studying the soiled dressing, then disposed of it. RN 4 failed to dispose of gloves and perform hand hygiene after contact with the soiled dressing, and then cleansed and redressed the wound with the same gloves. 3. In an interview on 8/30/22 at approximately 11:00 AM, the Clinical Manager stated that RN 4 had reached out to her after the visit with Patient 7 and informed her of the breach in infection control and identified that he/she had failed to change gloves during the procedure. In the same interview, when asked about what the expectation would have been during the visit with P.T. for Patient 2, the Administrator and Alternate Administrator both stated they would have expected the clinician to either use, "gloves or sanitizer" while working with patients.			
N0522	Patient Care 410 IAC 17-13-1(a)	N0522	1. Corrective action for the patients affected by the alleged deficient practice: Medical Records for Patient #s 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17 were reviewed. All 485s were reviewed and noted to have an MD signature prior to billing claims.	2022-09-29

Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:

Based on record review and interview the agency failed to ensure the admitting clinician collaborated with the ordering provider after home health admission visits or recertifications were performed, to ensure the plan of care was established with the ordering provider in 16 (Patients 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,14, 15, 16, and 17) of 17 closed and active clinical records reviewed.

Findings include:

13. A review of the clinical record for Pt #3 revealed a 'Home Health Certification and Plan of Care' for the certification period of 7/25/22 to 9/22/22, indicated that a verbal order for the Plan of Care was received on 7/25/22 at 10:42 AM with no contact name provided.

14. A review of the clinical record for Pt #4 revealed a 'Home Health Certification and

2. Corrective action taken for those patients having the potential to be affected by the alleged deficient practice: All patients have the potential to be affected. All admitting clinicians were inserviced by September 29, 2022 on calling the PCP at completion of SOC, evaluations or any other change in the Plan of Care to notify the MD of the admission/evaluation findings and where to appropriately document that communication.

3. Measures/systemic changes put in place to ensure the alleged deficient practice does not recur: A written statement was added to each individual admission email as a visual reminder of the expected process by September 29, 2022. Training materials were updated to clearly state the expected procedure and redistributed by September 29, 2022. An inservice regarding this process was provided to all admitting clinicians on September 29, 2022. This will continue annually moving forward.

4. Corrective action will be monitored to ensure the alleged deficient practice will not recur: The DON/designee will complete a review of 100% of new admissions (minimum of 25 charts per week) until results of the audits reach zero findings. Audits will begin on September 29, 2022. Review of the chart must support documentation of the verbal order/notification to the MD. If zero deficiencies are noted by the end of 2 weeks then the process will transition to a random 10% review of new admissions per month. If audit results continue with deficiencies then a 100% review will continue until 2 consecutive weeks pass with zero deficiencies. Audit results will be reviewed at monthly QAPI for further recommendations or updates.

Plan of Care', for the certification period of 8/19/22 to 10/17/22, indicated that a verbal order for the Plan of Care was received on 8/19/22 at 2:26 PM with no contact name provided.

15. A review of the clinical record for Pt #5 revealed a 'Home Health Certification and Plan of Care', for the certification period of 7/2/22 to 8/30/22, indicated that a verbal order for the Plan of Care was received on 7/1/22 at 9:00 AM, with no contact name provided.

16. A review of the clinical record for Pt #6 revealed a 'Home Health Certification and Plan of Care', for the certification period of 8/19/22 to 10/17/22, indicated that a verbal order for the Plan of Care was received on 8/19/22 at 11:20 AM with no contact name provided.

17. A review of the clinical record for Pt #9 revealed a 'Home Health Certification and Plan of Care', for the certification period of 6/8/22 to 8/10/22, indicated that a verbal order for the Plan of Care was

with no contact name provided.

18. A review of the clinical record for Pt #10 revealed a 'Home Health Certification and Plan of Care', for the certification period of 5/9/22 to 7/7/22, indicated that a verbal order for the Plan of Care was received on 5/9/22 at 11:56 AM with no contact name provided.

19. A review of the clinical record for Pt #11 revealed a 'Home Health Certification and Plan of Care', for the certification period of 4/29/22 to 6/27/22, indicated that a verbal order for the Plan of Care was received on 4/28/22 at 2:59 PM with no contact name provided.

20. A review of the clinical record for Pt #13 revealed a 'Home Health Certification and Plan of Care', for the certification period of 2/4/22 to 3/28/22, indicated that a verbal order for the Plan of Care was received on 1/31/22 at 3 PM with no contact name provided.

21. A review of the clinical record for Pt #14 revealed a 'Home Health Certification and Plan of Care', for the

to 9/17/22, indicated that a verbal order for the Plan of Care was received on 7/18/22 at 3:46 PM with no contact name provided.

22. A review of the clinical record for Pt #15 revealed a 'Home Health Certification and Plan of Care', for the certification period of 7/7/22 to 9/4/22, indicated that a verbal order for the Plan of Care was received on 7/7/22 at 10:50 AM with no contact name provided.

23. During a phone interview on 9/8/22 at 4:17 PM, with other #20 at Entity #21 for Pt #3, they stated faxed orders were faxed to the agency on 7/18/22 and then again on 7/20/22. They further stated that Entity #21 has not received any phone calls from the agency. Other #20 from Entity #21 called again on 9/8/22 at 4:35 PM, stated that they wanted to make sure they hadn't missed anything, so they double-checked their system, and they had not received any phone calls from the agency.

24. During a phone interview on 8/31/22 at 1:28 PM with Other #9, an LPN at Other #8,

the ordering physician's office for Pt #11, stated they get faxed orders for the physician to sign.

25. During a phone interview on 9/1/22 at 5:05 PM, Other #4, a triage nurse from Entity 5, the ordering physician for Pt's #5, 6, and 15, stated the agency does not call for orders, they fax orders to be signed by the physician.

26. During a phone interview on 9/1/22 at 12:45 PM, Other 6 of the Call Center at Entity 7, the ordering physician for Pt #15 stated that they did not see any calls that could have been verbal orders, they fax orders to the physician.

1. Review of the clinical record for Patient 1 with a Start of Care dated 10/27/21 and a care period of 8/23/22 to 10/21/22 revealed an agency document dated 8/22/22, titled 'Home Health Certificate and Plan of Care' indicated that a verbal order for the Plan of Care was received on 8/22/22 at 9:29 AM, no contact name was given.

2. Review of the clinical record for Patient 7 with a Start of Care

dated 8/18/22 and a care period of 8/18/22 to 10/16/22 revealed an agency document dated 8/18/22, titled 'Home Health Certificate and Plan of Care' indicated that a verbal order for the Plan of Care was received on 8/18/22 at 3:15 PM, no contact name was given.

3. Review of the clinical record for Patient 8 with a Start of Care dated 4/11/22 and a care period of 8/9/22 to 10/7/22 revealed an agency document dated 8/4/22, titled 'Home Health Certificate and Plan of Care' indicated that a verbal order for the Plan of Care was received on 8/4/22 at 11:12 AM, no contact name was given.

4. Review of the closed clinical record for Patient 12 with a Start of Care dated 3/21/21 and a care period of 3/21/22 to 4/5/22 revealed an agency document dated 3/21/22, titled 'Home Health Certificate and Plan of Care' indicated that a verbal order for the Plan of Care was received on 3/21/22 at 3:11 PM, no contact name was given.

5. Review of the clinical record for Patient 16 with a Start of Care dated 7/19/22 and a care

period of 7/19/22 to 9/16/22 revealed an agency document dated 7/19/22, titled 'Home Health Certificate and Plan of Care' indicated that a verbal order for the Plan of Care was received on 7/19/22 at 11:00 AM, no contact name was given.

6. Review of the closed clinical record for Patient 17 with a Start of Care dated 3/25/21 and a care period of 7/18/22 to 9/15/22 revealed an agency document dated 7/14/22, titled 'Home Health Certificate and Plan of Care' indicated that a verbal order for the Plan of Care was received on 7/14/22 at 7:54 AM, no contact name was given.

7. In an interview on 9/1/22, agency Registered Nurse (R.N.) 5 indicated that after an admission visit, the plan of care is completed and then sent to the signing provider via fax for signature. RN 5 indicated that he/she was not involved in contacting the physician to obtain verbal orders for the plan of care, but will call the physician directly for orders when there is a change in

labs, etc.

8. In an interview on 9/1/22 at 10:11 AM, agency R.N. 6 indicated that he/she will call the physician if there is an issue with a patient and will call to reconcile medications, but that no call is made to the physician for verbal orders for the plan of care during or after an admission visit is done. R.N. 6 further indicated that he/she performs "the most admissions in the company".

9. In an interview on 9/1/22 at 10:30 AM, Triage Nurse 11, with Dr. 10, indicated there was no record of Select Home Health reaching out for verbal orders for Patient 16's plan of care, on or after 7/19/22.

10. In an interview on 9/1/22 at 1:12 PM, Triage Nurse 17, with Dr. 16, indicated there was no record of Select Home Health reaching out for verbal orders for Patient 8's plan of care, on or after 8/4/22.

11. In an interview on 9/1/22 at 4:04 PM, Office Nurse 19, with Dr. 18, indicated there was no record of Select Home Health reaching out for verbal orders for Patient 1's plan of care on or

	after 8/22/22. 12. In an interview on 9/1/22 at 1:20 PM the Clinical Manager when queried as to why the admitting clinicians did not attempt to reach the physician for verbal orders for the Plan of Care either at admission or at recertification, indicated this task "had not been presented to staff that way". The agency had decided to relieve the field staff of this task, thereby assisting in reducing their workload, and had essentially given this task to the clinical managers to perform.			

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