| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | | A. BUILDING<br>B. WING | 10/05/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GREATLAND HOME HEALTH | 2631 45TH STREET, HIGHLAND, IN, 46322 |

| (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 |
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| N0000 | Initial Comments<br><br>This visit was for a State Re-licensure Survey of a Home Health provider.<br><br>Survey Dates: 9/29/2022 to 10/5/2022<br><br>Census: 1<br><br>Facility ID: 013891<br><br>Quality Review Completed 10/24/2022 | N0000 | Plan of correction completed as of 11/2/2022. | 2022-11-02 |
| N0458 | Home health agency administration/management<br><br>410 IAC 17-12-1(f) | N0458 | The annual performance evaluation for PT#1 and the annual performance evaluation for PT#2 has been completed as of 11/2/2022. | 2022-11-02 |

Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:

(1) Receipt of job description.

(2) Qualifications.

(3) A copy of limited criminal history pursuant to IC 16-27-2.

(4) A copy of current license, certification, or registration.

(5) Annual performance evaluations.

Based on record review and interview the home health agency failed to include documentation of job description, orientation, and annual performance evaluation in 2 of 3 therapist records reviewed. (PT [physical therapist] #1, PT #2).

Findings include:

1. Record review evidenced an undated agency policy received 10/05/2022, titled, "Human Resources," Subject, "Personnel Records," which indicated personnel records will include job description, field evaluation, and proof of orientation.

The agency shall obtain the contracted employee's annual performance evaluations in a timely and annual bases from the contracted agency.

The agency shall use a tracking list of all contracted employees and the personnel records that shall be needed.

The responsible employee shall be the Clinical Director.

The plan of correction has been completed as of 11/2/2022.

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| | 2. Record review evidenced an undated agency policy received 10/05/2022, titled, "Human Resources," Subject, "Orientation and Staff Development", which indicated all employees including contracted personnel are required to be presented with the agency's general orientation program by the administrator or clinical manager.<br><br>3. Record review evidenced an updated agency policy received 10/05/2022, titled, "Human Resources," Subject, "Performance Evaluation," which indicated each employee will have an annual performance evaluation.<br><br>4. Personnel record review for PT #1 completed on 09/30/2022, start date 11/01/2019, first patient contact 01/09/2020, evidenced an agency document titled, "Clinical Competency Checklist-Physical Therapist," dated 12/06/2019. This document failed to evidence an annual performance evaluation.<br><br>5. Record review for PT #2 completed on 09/30/2022, start | | | |

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| | contact 11/02/2020, failed to evidence an annual performance evaluation, signed job description or orientation.<br><br>6. During an interview on 09/30/22 at 2:45 PM, the administrator indicated the annual performance evaluation and orientation was completed by the contracting company. | | | |
| N0462 | Home health agency administration/management<br><br>410 IAC 17-12-1(h)<br><br>Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.<br><br>Based on record review and interview the home health agency | N0462 | The physical screening exam form shall state free ofcommunicable diseases for every physical exam form.<br><br>The agency has contacted the clinic that is providing thephysical exams for the agency's employees stating that all physical exam formsshall state free of communicable diseases.<br><br>The providing clinic has demonstrated that by providing the agency's new employees with the updated physical form | 2022-11-02 |

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| | failed to include a physical exam documenting the employee will not spread communicable diseases in 2 of 3 therapist records reviewed. (PT [physical therapist] #1, OT [occupational therapist] #2).<br><br>Findings include:<br><br>1. Record review evidenced an undated agency policy received 10/05/2022, titled, "Human Resources," Subject, "Personnel Records," which indicated the personnel records will include a health exam.<br><br>2. Personnel record review on 09/30/2022, for PT #1, first patient contact 01/09/2020, evidenced a document titled, "Physical Exam Determination," dated 11/13/2019. This document failed to evidence the employee was free of communicable diseases.<br><br>3. Personnel record review on 09/30/2022 for OT #2, first patient contact 07/18/2022, evidenced a document titled, "Health Provider Screening Form," dated 02/24/2022. This document failed to evidence the employee was free of communicable diseases.<br><br>During an interview on 09/30/2022, at 4:00 PM, the | | stating free of communicable diseases..<br><br>The responsible employee shall be the Clinical Director.<br><br>The correction has been completed as of 11/2/2022. | |

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| | administrator indicated physical exams should be included in the personnel record indicating employee was free of communicable diseases. The administrator indicated he had contacted the clinic providing physical exams to update the form to indicate the employee was free of communicable diseases. | | | |
| N0470 | Home health agency administration/management<br><br>410 IAC 17-12-1(m)<br><br>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.<br><br>Based on observation, record review, and interview, the home health agency failed to ensure all employees followed standard precautions and infection control practices in 1 of 1 home visits conducted (#7).<br><br>The findings include:<br><br>An undated policy received 10/5/2022 titled "Universal Body Substance Precautions" indicated handwashing should be performed (but not limited | N0470 | The agency shall follow the universal body substance precautionsand bag techniques of the current policy and procedures that are written andimplemented for the control of communicable diseases in compliance with federaland state laws.<br><br>The agency had performed in-service on 11/1/2022 on theuniversal body substance precautions and bag techniques to correct the deficiency.<br><br>The employee had been educated on where to place bag withbarrier on doorknob, chair or table. Theemployee had been educated on to perform handwashing and infection control. | 2022-11-02 |

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| | to) before and after patient contact, before and after using gloves, and after contact with contaminated items.<br><br>An undated policy received 10/5/2022 titled "Therapy Bag Technique" indicated the clinician's bag should not be placed on the floor.<br><br>Observation of a home visit for patient #7 was conducted on 10/3/2022 at 12:00 PM. After entering the home, the clinical supervisor was observed putting her bag on a barrier on the floor of the patient's bedroom. Several insects were observed on the walls and floor of the home. At 12:35 PM after assessing the patient, the clinical supervisor removed her gloves and began using her tablet. The clinical supervisor failed to perform hand hygiene after removing gloves and before using other equipment. At 12:50 PM, the clinical supervisor was observed entering the patient's living room to perform a blood draw. The clinical supervisor placed her bag on a barrier on the floor of the living room.<br><br>During an interview on | | The agency shall provide an employee supervisory visit quarterlyto ensure compliance of in-services for universal body substance precautionsand bag techniques.<br><br>The Clinical Director conducted the in-service training.<br><br>The Clinical Director shall ensure the continued compliance.<br><br>The correction has been completed as of 11/2/2022. | |

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| | 10/5/2022 at 3:10 PM, the administrator indicated hand hygiene should be performed before and after using gloves, and before touching clean equipment. The administrator indicated clinicians should put their bag on a barrier on a table or hang it from a doorknob while in a patient's home.<br><br>On 10/5/2022 at 3:12 PM, when informed of the findings, the clinical supervisor indicated she had placed a barrier on the floor. When informed the agency's own policy indicated the floor should not be used, the clinical supervisor was silent. | | | |
| N0472 | Q A and performance improvement<br><br>410 IAC 17-12-2(a)<br><br>Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures. | N0472 | The agency shall print out the evidence of performance improvementplans, how they are monitored, frequency of activities, methods of datacollection, acceptable limits for findings and attach to QAPI binder.<br><br>The agency had been utilizing electronic data storage andreview of data electronically, however moving forward shall be printed andattached to QAPI binder. | 2022-11-02 |

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| | Based on record review and interview, the agency failed to implement, maintain, and evaluate a quality assessment and performance improvement (QAPI) program.<br><br>The findings include:<br><br>An undated policy received 10/5/2022, titled "Quality Assessment & Performance Improvement Plan" stated, " ... The governing body shall establish and maintain an ongoing Quality Assessment and Performance Improvement Program comprised of a system of measures that captures significant outcomes that are essential to optimal care, and are used in the care planning and coordination of services and events ... The QAPI Committee will review the plan at least quarterly within a calendar year ... Each performance improvement activity / study includes the following items: A description of indicator(s) to be monitored / activities to be conducted ... Frequency of activities ... Designation of who is responsible for conducting the | | The current quarter and last quarter due data collectionacceptable limits, threshold findings shall be printed and attached to QAPIbinder for data collection.<br><br>The responsible employee shall be the Administrator forcontinued compliance.<br><br>The correction completed as of 11/2/2022. | |

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| | activities ... Methods of data collection ... Acceptable limits for findings ... Written plan of correction when thresholds are not met ... Plans to re-evaluate if findings fail to meet acceptable limits in addition to any other activities required under state or federal laws or regulations...."<br><br>An undated policy received 10/5/2022, titled "Performance Improvement Plan" which indicated each performance improvement activity shall include indicators to be monitored, frequency of activities, methods of data collection, acceptable limits for findings, who will receive the reports, and plans to re-evaluate. The policy indicated this information shall be maintained on a document to track monthly activities completed and maintained in a binder.<br><br>Review of the agency's QAPI binder on 10/3/2022 failed to evidence what the performance improvement plans were, how they were being monitored, frequency of activities, methods of data collection, acceptable | | | |

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| | receive reports, and plans to re-evaluate.<br><br>On 10/3/2022 at 5:06 PM, when queried, the administrator indicated the QAPI binder failed to evidence documented performance improvement plan information since 2019. | | | |
| N0480 | Q A and performance improvement<br><br>410 IAC 17-12-2(e)<br><br>Rule 12 Sec. 2(e) Services furnished under arrangements are subject to a written contract conforming with the requirements specified in subsection (d) of this rule.<br><br>Based on record review and interview, the agency failed to follow procedures as written in their contract in 1 of 2 therapy contracts reviewed (therapy service #3).<br><br>The findings include:<br><br>Record review evidenced an undated policy received 10/3/2022 titled, "Services Provided under Contract", which stated, " ... Agency will maintain complete control over all contract personnel, including | N0480 | The agency provided orientation to the contract company andcontract company provide the orientation to their staff.<br><br>The completed orientation form and performance evaluationhad been provided by the contract company as of 10/25/2022.<br><br>The agency shall continue to use the new developed personneltracking list to ensure all personnel records are obtained.<br><br>The responsible employee shall be Administrator forcontinued compliance.<br><br>The correction completed as of 10/25/2022. | 2022-10-25 |

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| | documentation of such care delivery, billing procedures to the third party payers, and administrative procedures, such as personnel files, evaluations, etc. ….”<br><br>Review of the agency’s contract with therapy service #3, dated 1/1/2022, indicated Greatland Home Health was responsible for overall administration and management as well as staff orientation to Greatland Home Health.<br><br>Personnel record review on 9/30/2022 failed to evidence an orientation to the agency, performance evaluation, and signed job descriptions for contracted employees OT [occupational therapist] #2, first patient contact 07/18/2022, and PT [physical therapist]#2, first patient contact 06/28/2018.<br><br>During an interview on 9/30/2022 at 2:45 PM, the administrator indicated therapy service #3 was responsible for providing orientation to Greatland Home Health as well as performance evaluations for contracted staff. No further documentation was received. | | | |

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| N0522 | Patient Care<br><br>410 IAC 17-13-1(a)<br><br>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:<br><br>Based on record review and interview the home health agency failed to follow a written medical plan of care that was established by the physician in 5 of 6 discharged clinical records reviewed. (#1,#2,#3,#4,#5)<br><br>The findings include:<br><br>7. Clinical record review on 10/3/2022 for patient #2, start of care 8/25/2022, failed to evidence a plan of care for certification period 8/25/2022 to 9/23/2022, that was signed by the physician. Clinical record review evidenced a document identified by the administrator as the Occupational Therapy Plan of Care, dated 8/26/2022, which failed to evidence a physician's signature. Clinical | N0522 | The agency had performed in-service for employees on missedvisit policy, physician orders/plan of care policy, physician notifications on11/1/2022.<br><br>The employees had been educated on how to correctly documentmissed visits and to reschedule all missed visits until the end of Medicarecalendar week. The employees had beeneducated on physician notifications of plan of care and lab results. The employee had been educated on all ordersto be provided through physician orders.<br><br>The Clinical Director shall review the charts on a weekly basis for all patients for the next 3 months.<br><br>The office manager shall continue to follow up withphysician with orders that are not signed with in 30 days and document.<br><br>The responsible employee shall be the Clinical Director.<br><br>The correction completed as of 11/1/2022. | 2022-11-01 |

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| | record review evidenced a document identified by the administrator as the Physical Therapy Plan of Care, dated 8/31/2022, which failed to evidence a physician's signature.<br><br>During an interview on 10/5/2022 at 11:23 AM, the administrator indicated all orders should be faxed to the physician, signed, sent back, and entered in the clinical record. When informed of the findings, the administrator indicated he would look for the signed general, occupational therapy, and physical therapy plans of care. By the end of the survey, no further documentation was received.<br><br>Review of the plan of care for certification period 8/25/2022 to 9/23/2022, indicated the agency was to provide skilled nursing visits as follows: once a week for one week (from 8/25/2022 to 8/27/2022), then twice a week for 2 weeks (8/28/2022 to 9/3/2022 and 9/4/2022 to 9/10/2022), then once a week for 6 weeks (from 9/11/2022 to 10/22/2022). Clinical record review evidenced | | | |

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| | each week 8/28/2022 to 9/3/2022, and 9/4/2022 to 9/10/2022.<br><br>During an interview on 10/5/2022 at 11:26 AM, the administrator indicated the frequency of visits should follow the plan of care. When informed of the findings, the administrator indicated if a visit was missed, the clinician should attempt to reschedule it in order to maintain the ordered frequency of visits. After reviewing the clinical record, the administrator indicated it failed to evidence clinician attempts to reschedule missed visits.<br><br>Review of the plan of care for certification period 8/25/2022 to 9/23/2022 indicated the nurse was to report lab results to the physician. Review of a nurse's note dated 8/29/2022, indicated registered nurse 1 drew the patient's blood and delivered it to laboratory 1. Review of the nurse's visit notes and communication notes failed to evidence the physician was notified of the lab results.<br><br>During an interview on 10/5/2022 at 11:51 AM, the administrator indicated when a | | | |

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| | lab blood test was ordered, the nurse should draw the blood and take it to the lab. The lab should send results to the agency, who should fax them to the physician. When queried, the administrator indicated the clinical record failed to evidence the physician was sent the lab results. | | | |

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| | 8. Clinical record review on 10/4/2022 for patient #4, start of care 6/23/2022, evidenced a plan of care for certification period 6/23/2022 to 8/21/2022, which indicated the agency was to provide skilled nursing visits as follows: once a week for one week (from 6/23/2022 to 6/25/2022), then twice a week for 2 weeks (6/26/2022 to 7/2/2022 and 7/3/2022 to 7/9/2022), then once a week for six weeks(from 7/9/2022 to 8/21/2022). Clinical record review evidenced only one skilled nursing visit was made per week for the weeks of 7/3/2022 to 7/9/2022, and 7/10/2022 to 8/21/2011. Clinical record review failed to evidence any skilled nursing visits were made for the week of 7/17/2022 to 7/23/2022.<br><br>During an interview on 10/5/2022 at 11:26 AM, the administrator indicated the frequency of visits should follow the plan of care. When informed of the findings, the administrator indicated if a visit was missed, the clinician should attempt to reschedule it in order to maintain the ordered frequency of visits. After reviewing the clinical record, the | | | |

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| | administrator indicated it failed to evidence clinician attempts to reschedule missed visits.<br><br>Review of the plan of care for certification period 6/23/2022 to 8/21/2022 indicated the nurse would perform / teach incision care and drain care (ileal conduit-a pathway surgically created to drain urine from the bladder) as well as evaluate the genitourinary (related to the genitals and urinary organs) system.<br><br>Review of all nurse visit notes from certification period 6/23/2022 to 8/21/2022, failed to evidence any wound care performed or taught. Review of all nurse visit notes from certification period 6/23/2022 to 8/21/2022 failed to evidence assessment of the ileal conduit site and an assessment of the urine.<br><br>During an interview on 10/5/2022 at 3:05 PM, the administrator indicated the nurse should assess the ileal conduit and urine at each visit and document the assessment in the visit notes. When queried, the administrator indicated the patient's wound | | | |

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| | was probably closed, and the wound care would be to assess the wound. When asked if the plan of care indicated the wound care was to assess the wound, the administrator stated, "No".<br><br>1. Record review evidenced an undated agency policy received 10/05/2022 titled, "Patient Information," with a Subject titled, "Physician Order/Plan of Care." This policy indicated the physician shall establish and review a plan of treatment for the patient which includes but is not limited to medications, treatments, and frequency and type of service. The policy indicated if a signed physician order was not received within thirty days, the agency would contact the physician's office to obtain the signed document.<br><br>2. Record review evidenced an undated agency policy received 10/05/2022 titled, "Clinical," with a Subject titled, "Care Planning." This policy indicated the plan of care should include all treatments.<br><br>3. Clinical record review for patient #1, start of care 08/10/2022, evidenced an | | | |

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| | agency document titled, "Home Health Certification and Plan of Care," for certification period 08/10/2022 to 10/08/2022. This plan of care indicated a skilled nurse visit frequency of twice per week for seven weeks.<br><br>Clinical record review evidenced a missed skilled nurse visit for the week of 09/04/2022-09/10/2022. The clinical record review failed to evidence the RN (registered nurse) rescheduled the missed visit or notified the primary care physician.<br><br>During an interview on 10/05/2022, at 11:30 AM, the administrator indicated the physician should be notified and the clinician should attempt to reschedule a missed visit. The administrator indicated the documentation by the clinician may not be adequate.<br><br>The plan of care indicated patient #1 had an urostomy (surgical opening in the abdominal wall for urine to pass), and evidenced orders for the skilled nurse to instruct on urostomy management, stoma care each visit and PRN (as needed). | | | |

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| | Agency record review evidenced agency documents dated, 08/13/22 and 08/23/22, titled, "Visit Note Report," which indicated the genitourinary system assessment was "urostomy." The clinical records failed to evidence the nurse assessed the genitourinary system or stoma site.<br><br>During interview on 10/05/2022 at 12:00 PM the clinical supervisor indicated the plan of care should include urostomy education, appliance type and use, genitourinary and stoma (opening in abdominal wall) assessment instructions.<br><br>4. Clinical record review for patient #3, start of care 07/06/2022, evidenced an agency document titled, “Home Health Certification and Plan of Care,” for certification period 07/06/2022 to 09/03/2022. This plan of care indicated lab results will be reported to the physician. Clinical record review failed to evidence the physician was notified of the INR lab results (clotting time blood test) performed on 07/06/2022, 07/12/2022, and 07/19/2022.<br><br>During an interview on | | | |

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| | 10/05/2022, at 11:30 AM, the administrator indicated clinicians are to notify and document in the coordination notes the physician orders regarding blood test results.<br><br>5. Clinical record review for patient #5, start of care 06/29/2022, evidenced an agency document titled, "Home Health Certification and Plan of Care," for certification period 06/29/2022 to 08/27/2022. This plan of care indicated occupational therapy one time per week for one week for evaluation.<br><br>An agency document titled, "Add On Discipline," identified by the administrator as the occupational therapy plan of care, stated occupational therapy effective 06/29/2022 once a week for one week, and twice a week for three weeks. Clinical record review evidenced a missed occupational therapy visit for the week of 07/17/2022 to 07/23/2022. The clinical record failed to evidence the occupational therapist attempted to reschedule the missed visit or notify the primary care physician. | | | |

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| | During an interview on 10/05/2022 at 11:30 AM, the administrator indicated the physician should be notified and clinician should attempt to reschedule a missed visit. | | | |
| N0524 | Patient Care<br><br>410 IAC 17-13-1(a)(1)<br><br>Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:<br>(A) Be developed in consultation with the home health agency staff.<br>(B) Include all services to be provided if a skilled service is being provided.<br>(B) Cover all pertinent diagnoses.<br>(C) Include the following:<br>(i) Mental status.<br>(ii) Types of services and equipment required.<br>(iii) Frequency and duration of visits.<br>(iv) Prognosis.<br>(v) Rehabilitation potential.<br>(vi) Functional limitations.<br>(vii) Activities permitted.<br>(viii) Nutritional requirements.<br>(ix) Medications and treatments.<br>(x) Any safety measures to protect against injury. | N0524 | The agency performed in-services on 11/1/2022 for employeeson medication profiles, sharp safety policy, plan of care with treatments, andordering supplies based on plan of care requests.<br><br>The employees had been educated on medication frequency, labmonitoring, drug level monitoring, patient medication education and PRNmedications need an indication of use and frequency. The employees had in-service on supplies andsafety measures with sharps safety and proper disposal of hazardous waste includingequipment and supplies needed in the plan of care.<br><br>The Clinical Director shall review charts on a weekly basis forall patients for the next 3 months | 2022-11-01 |

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| | (xi) Instructions for timely discharge or referral.<br><br>(xii) Therapy modalities specifying length of treatment.<br><br>(xiii) Any other appropriate items.<br><br>Based on record review and interview, the home health agency failed to ensure the plan of care was complete in 4 of 6 discharged clinical records reviewed. (#1, #3, #4, #5)<br><br>The findings include:<br><br>10. Clinical record review on 10/4/2022 for patient #4, start of care 6/23/2022, evidenced a plan of care for certification period 6/23/2022 to 8/21/2022. This plan of care indicated the skilled nurse was to perform / teach incision and drain care. Review of the plan of care failed to evidence what the incision and drain care was (how to be cleansed, products to be used, frequency of care, any other instructions).<br><br>During an interview on 10/5/2022 at 3:05 PM, the administrator indicated the plan of care should include all treatments provided by the nurse including frequency of | | educate employeeson any corrections.<br><br>The responsible employee shall be the Clinical Director.<br><br>The correction plan has been completed as of 11/1/2022. | |

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| | care and how the care was to be performed. When queried, the administrator indicated the patient's wound was probably closed, and the wound care would be to assess the wound. When asked if the plan of care indicated the wound care was to assess the wound, the administrator stated, "No".<br><br>Review of the plan of care indicated the patient was taking Enoxaparin daily, but failed to evidence sharps safety / disposal.<br><br>During an interview on 10/5/2022 at 12:02 PM, the administrator indicated if a patient was taking an injectable medication, sharps safety / disposal should be included in the plan of care.<br><br>Review of the plan of care evidenced a subsection titled "Medications", which stated, "ALBUTEROL SULFATE [an inhaled medication to help breathing] ... 1-2 puff DAILY / PRN ....". The plan of care failed to evidence an indication for use of the medication.<br><br>During an interview on 10/5/2022 at 12:02 PM, the administrator indicated orders | | | |

for all PRN medications should include an indication for their use.

1. Record review evidenced an undated agency policy, received 10/05/22 titled, "Clinical," with a Subject titled, "Care Planning," which indicated the plan of care should include supplies required and safety measures to prevent injury.

2. Record review evidenced an undated agency policy, received 10/05/2022 titled, "Clinical," with a Subject titled, "Patient Education," which indicated all patient will be educated with topics including disposal of hazardous waste and plan of care should include equipment and supply needs.

3. Record review evidenced an undated agency policy, received 10/05/2022 titled, "Patient Information," with a Subject titled, "Medication Profile," which indicated the medication profile should include frequency of medication and the need for lab monitoring or drug level and patient medication education.

4. Record review evidenced an undated agency policy received

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| | 10/05/2022 titled, "Clinical," with a Subject titled, "Care Planning." This policy indicated the plan of care should include all treatments.<br><br>5. Clinical record review for patient #1, start of care 08/10/2022, evidenced an agency document titled, "Home Health Certification and Plan of Care," certification period 08/10/2022-09/20/2022. A subsection of this document titled, "Medications," stated "...alprazolam (anxiety medication) 0.25mg[milligrams] tablet per instructions every [sic] needed ... compazine (nausea medication) 10mg tablet as needed/PRN (as needed) ... and ondansetron (nausea medication) 8mg 1 tablet as needed/PRN...." Record review failed to evidence the indication for the PRN medications and the frequency of the medications. | | | |

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| | During an interview on 10/05/2022 at 11:30 AM the administrator indicated medication orders on the plan of care should include the dose, route, frequency, and a PRN medication should include an indication.<br><br>Clinical record review for patient #1, start of care 08/10/2022, evidenced an agency document titled, Home Health Certification and Plan of Care," for certification period 08/10/2022-09/20/22. This document evidenced a subsection titled, "Medications," which indicated Enoxaparin (blood thinning medication) syringe subcutaneous (injection). The plan of care failed to reveal evidence of sharps safety.<br><br>During an interview on 10/05/2022 at 11:30 AM, the administrator indicated injectable medication safety should be included in patient education on the plan of care and documented. The administrator indicated the education should include disposal of sharps (needles and syringes). | | | |

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| | 6. Clinical record review for patient #3, start of care 07/06/2022, evidenced an agency document titled, "Home Health Certification and Plan of Care," for certification period 07/06/2022 to 09/03/2022. This plan of care indicated the patient was taking coumadin (a blood thinning medication) and the nurse would obtain an INR (clotting time blood test) by fingerstick. The plan of care failed to evidence frequency of the INR, physician managing blood level, or instructions for nurse regarding coumadin.<br><br>During an interview on 10/05/2022 at 11:30 AM, the administrator indicated the clinician should send the lab results to the physician and document orders received. The administrator indicated the plan of care should include all instructions for how to report INR level.<br><br>During an interview on 10/05/2022 at 2:00 PM, the administrator indicated the plan of care for coumadin/warfarin should include safety measures, bleeding precautions, coumadin dose, anticoagulation teaching, | | | |

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| | The administrator indicated after the first INR level the physician should be notified to receive orders for coumadin dose and next INR blood draw.<br><br>7. Clinical record review for patient #5, start of care 06/29/2022, evidenced an agency document titled, "Home Health Certification and Plan of Care," for certification period 06/29/2022 to 08/27/2022. This document evidenced a subsection titled, "Medications," which indicated Lantus subcutaneous pen (insulin injected into skin). The plan of care failed to reveal evidence of sharps (needles and syringes) safety.<br><br>During an interview on 10/05/2022 at 11:30 AM, the administrator indicated injectable medication safety should be included in patient education on the plan of care and documented. The administrator indicated the education should include disposal of sharps (needles and syringes).<br><br>Clinical record review for patient #5 evidenced an agency document titled, "Home Health | | | |

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| | Certification and Plan of Care," for certification period 06/29/2022-08/27/2022. This document evidenced a subsection titled, "Medication/Doses," which indicated hydromorphone (pain medication) intravenous PCA (patient-controlled analgesia) syringe every 4 hours/PRN. The plan of care failed to indicate how the patient was receiving the PCA, intravenous access, site care, instructions for administration, patient education, nurse instructions for care of the PCA and instructions for assessment.<br><br>During an interview on 10/05/2022 at 11:30 AM, the administrator indicated the PCA information and education should be included in the plan of care. | | | |
| N0527 | Patient Care<br><br>410 IAC 17-13-1(a)(2)<br><br>Rule 13 Sec. 1.(a)(2) The health care professional staff of the home health agency shall promptly alert the person responsible for the medical component of the patient's care to any changes that suggest a need to alter the medical plan of care. | N0527 | The agency performed focused in-service on 11/1/2022, on physiciannotification with major drug interactions in the plan of care. In Home Care Home Base, the adverse drugreview section cannot be printed, however moving forward the physiciannotification of drug interaction will be documented | 2022-11-01 |

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| | Based on record review and interview, the home health agency failed to notify the physician of major drug interactions in the plan of care in (2 of 6) discharged clinical records reviewed. (#1, #6)<br><br>Findings include:<br><br>1. Record review evidenced an undated agency policy, received 10/05/2022, titled, "Patient Information," with a Subject titled, "Adverse Drug Reactions," which indicated the agency checks the medication profile for interactions, and drug to drug reactions listed as moderate to severe are reported to the prescribing physician.<br><br>2. An undated agency policy, received 10/05/2022, titled, "Patient Information" with a Subject titled, "Medication Profile," indicated upon admission to the agency nursing staff checks all patient medication to identify possible drug interactions and promptly | | in the coordination notes.<br><br>The employees had been educated on when and where todocument major drug interactions with notification of physician documentation.<br><br>The Clinical Director shall review charts on a weekly basis forall patients for the next 3 months to ensure compliance and educate employeeson any corrections.<br><br>The responsible employee shall be the Clinical Director.<br><br>The correction plan completed as of 11/1/2022. | |

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| | reports any problems to the physician.<br><br>3. Clinical record review for patient #1, start of care 08/10/2022, evidenced an agency document titled, "Client Coordination Note Report," dated 08/11/2022, that stated citalopram (antidepressant) interacts with ondansetron (medication to treat nausea and vomiting). This document evidenced severe interaction with possible QT prolongation (abnormal heart rhythm). This coordination note failed to evidence the physician was notified of the severe drug interaction.<br><br>4. Clinical record review for patient #6, start of care 06/27/2022, evidenced an agency document titled, "Client Coordination Note Report," dated 06/29/2022, that stated dofetilide (medication for irregular heartbeat) interacts with metoprolol succinate/hydrochlorathiazide (blood pressure medication). This document indicated the drug combination was contraindicated and should not be dispensed to the same patient. Review of a website | | | |

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| | titled "drugs.com" accessed on 10/05/2022 at (https://www.drugs.com) indicated a major interaction between dofetilide and metoprolol succinate/hydrochlorathiazide that could affect the heart rhythm. This document failed to evidence the physician was notified of the major drug interactions.<br><br>During an interview on 10/05/2022 at 11:30 AM, the administrator indicated the nurse should notify the physician and document the drug interactions in the coordination notes. When informed of the findings the clinical supervisor indicated the documentation of the physician notification may be in home care home base (electronic medical record). | | | |
| N0543 | Scope of Services<br><br>410 IAC 17-14-1(a)(1)(D)<br><br>Rule 14 Sec. 1(a) (1)(D) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: | N0543 | The agency shall follow appropriate preventive andrehabilitative nursing procedures during all home health setting visits.<br><br>The agency had performed in-service on 11/1/2022 on | 2022-11-01 |

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| | (D) Initiate appropriate preventive and rehabilitative nursing procedures.<br><br>Based on observation, record review, and interview, the nurse failed to initiate appropriate preventative and rehabilitative nursing procedures in 1 of 1 active patient records reviewed (#7).<br><br>The findings include:<br><br>An undated policy received on 10/5/2022, titled "Comprehensive Assessment of Patients (OASIS)" indicated a comprehensive assessment includes, but was not limited to: Head to Toe Assessment, Identification of additional health problems or pertinent health history, Review of medications.<br><br>An undated policy received on 10/5/2022, titled "Registered Nurse" indicated the nurse shall perform an initial assessment prior to care, initiate preventative and rehabilitative nursing procedures, and ensure the prevention of infection, accident, and injury.<br><br>An undated policy received on 10/5/2022, titled, "Medication Profile" indicated the clinician | | ComprehensiveAssessment of Patients, indication of patient hospitalized dates withdiagnosis, medication reconciliation including over-the-counter medications,and providing assessment per diagnosed disease process.<br><br>The employee had been educated on policy of performingcomprehensive assessment including head to toe assessment with identifying additionalhealth concerns or health history with all medication review including over thecounter medications.<br><br>The agency shall provide an employee supervisory visit monthlyand as needed for the next 3 months to ensure compliance of performing comprehensiveassessment of patients, medication reconciliation including over the countermedications, review all start of care documentation.<br><br>The Clinical Director conducted the in-service training.<br><br>The Clinical Director shall ensure the continued compliance. | |

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| | shall record all medications the patient was currently taking at the time of admission.<br><br>Observation of a start of care visit for patient #7 was conducted on 10/3/2022, at 12:00 PM. At 12:04 PM, the clinical supervisor was observed reviewing medications with the patient and their family member. The clinical supervisor reviewed each medication in a plastic bag handed to her by the family member. A large bottle of Fish Oil pills was observed on the patient's bed. At least 8 other bottles of over-the-counter medications were observed around the patient's bedroom. The clinical supervisor failed to ask the patient if they were taking any over-the-counter medications. At 12:14 PM, the clinical supervisor asked the patient if they had any sores or open areas on their skin. The clinical supervisor failed to move any of the patient's clothing to visualize their skin. Observation of the nurse's assessment failed to evidence weighing the patient and review of pertinent medical history.<br><br>Clinical record review evidenced | | The correction has been completed as of 11/1/2022. | |

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| | a document titled, "Home Health Care Discharge Note" from hospital 2, which indicated the patient had been hospitalized from 9/20/2022 to 9/29/2022, with decompensated heart failure (rapid onset of fluid volume overload caused by ineffective pumping of the heart) and stage 4 chronic kidney disease (severe kidney damage).<br><br>During an interview on 10/5/2022 at 3:16 PM, the administrator indicated the nurse's medication review should include all medications, including over-the-counter medications. When informed of the findings on the clinical supervisor indicated she did not see the over-the-counter medication bottles in the patient's home.<br><br>During an interview on 10/5/2022 at 3:12 PM, the administrator indicated a comprehensive assessment should include a head-to-toe assessment and review of pertinent medical history. When queried, the administrator indicated the nurse should visualize the skin to assess for possible | | | |

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| | breakdown.<br><br>During an interview on 10/5/2022 at 3:16 PM, the clinical supervisor indicated a patient diagnosed with heart failure and kidney disease should be weighed at start of care and daily. | | | |
| N0547 | Scope of Services<br><br>410 IAC 17-14-1(a)(1)(H)<br><br>Rule 14 Sec. 1(a) (1)(H) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:<br><br>(H) Accept and carry out physician, chiropractor, podiatrist, dentist and optometrist orders (oral and written).<br><br>Based on clinical record review and interview, the home health agency failed to ensure the skilled nurse carried out physician orders in 1 of 6 discharged records reviewed. (#3)<br><br>Findings include:<br><br>Record review evidenced an undated agency policy, received 10/05/2022, titled, "Clinical," with a Subject titled, "Registered Nurse," which | N0547 | The agency had performed in-services on 11/1/2022 on allclinical employees will accept and carry out physician orders with notification.<br><br>The employee had been educated on to accept and carry outall physician orders with documentation and coordinate other discipline serviceswith physician notification.<br><br>The Clinical Director shall review charts on a weekly basis forall patients for the next 3 months to ensure compliance and educate employeeson any corrections.<br><br>The employee responsible for continued compliance shall bethe Clinical Director.<br><br>This correction plan had been completed on 11/1/2022. | 2022-11-01 |

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| | nurse] was to assist in coordinating all services provided and accept and carry out physician orders both oral and written.<br><br>Clinical record review of patient #3, start of care 07/06/2022, evidenced an agency document titled, "Visit Note Report," dated 07/19/2022. This document evidenced a subsection titled, "Narrative," which stated, "Concerns voiced to primary care physician and plans to have MSW, (social worker with a master's level degree), come to assess situation".<br><br>An agency document titled, "Client Coordination Note Report," dated 07/27/2022, indicated the physician was notified of patient's discharge due to home unsafe. The clinical record failed to evidence the nurse wrote or entered the verbal order for the social worker prior to the patient's discharge.<br><br>During an interview on 10/05/2022 at 2:00 PM, the administrator indicated the clinical record failed to evidence the nurse implemented a physician order for a social | | | |

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| | worker. The administrator indicated the nurse should carry out physician orders and coordinate services. | | | |
| N0548 | Scope of Services<br><br>410 IAC 17-14-1(a)(1)(I)<br><br>Rule 14 Sec. 1(a) (1)(I) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:<br><br>(I) Assist the physician, chiropractor, podiatrist, dentist or optometrist in evaluating level of function.<br><br>Based on record review and interview, the nurse failed to document a clear assessment of the patient's level of function in 1 of 3 discharged records reviewed receiving occupational therapy services (#2).<br><br>The findings include:<br><br>An undated policy received 10/5/2022, titled "Registered Nurse" indicated the nurse shall perform comprehensive initial and ongoing periodic | N0548 | The agency had performed in-services on 11/1/2022 with afocus on initial comprehensive and ongoing periodic assessments includingevaluating of functional ability and equipment or supplies needed.<br><br>The employee had been educated on evaluating the functionalability of the patient with indication of equipment or supplies provided orrecommended for all at home health visits with documentation.<br><br>The Clinical Director shall review charts on a weekly basisfor all patients for the next 3 months to ensure compliance and educateemployees on any corrections.<br><br>The employee responsible for continued compliance shall bethe Clinical Director.<br><br>The correction plan had been | 2022-11-01 |

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| | assessments, including evaluating level of function.<br><br>Clinical record review on 10/3/2022 for patient #2 evidenced an agency document titled, "Visit Note Report ... RN [registered nurse] OASIS [Outcome and Assessment Information Set][a tool used to collect and report assessment data by home health agencies] ADMISSION", dated 8/25/2022 and signed by RN 1. A subsection of the assessment titled, "FUNCTIONAL" indicated the patient's musculoskeletal (related to the muscles and bones) system was normal, and the patient performed daily activities without human assistance or assistive device. A subsection of the assessment titled, "EQUIPMENT / SUPPLIES" indicated the patient had no equipment in the home, but a cane was recommended. A subsection of the assessment titled, "Instructions Provided" indicated the nurse instructed the patient on using a walker.<br><br>During an interview on 10/5/2022, the administrator indicated the nurse's documentation failed to evidence a clear assessment of | | completed on 11/1/2022. | |

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| | the patient's level of function. | | | |
| N0610 | Clinical Records<br><br>410 IAC 17-15-1(a)(7)<br><br>Rule 15 Sec. 1. (a)(7) All entries must be legible, clear, complete, and appropriately authenticated and dated. Authentication must include signatures or a secured computer entry.<br><br>Based on clinical record review and interview, the home health agency failed to ensure all verbal orders were authenticated by the physician in 1 of 6 discharged records reviewed. (#6)<br><br>Findings include:<br><br>Record review evidenced an undated agency policy received 10/05/2022, titled, "Patient Information," Subject titled, "Physician Order/Plan of Care," which indicated a physician verbal order must be signed by the physician.<br><br>Clinical record review on 10/03/22, of patient #6, start of care 06/27/2022, evidenced an agency document dated, | N0610 | The agency shall ensure all verbal and written orders are signedby a physician within 30 days or documented attempts in receiving physician signature.<br><br>The agency shall verify physician acceptance to sign homehealth orders prior to start of care during intake or referral period for allpatients with documentation.<br><br>The office manager shall continue to follow up withphysician with orders that are not signed within 30 days and document.<br><br>The Clinical Director shall review charts on a weekly basisfor all unsigned orders for the next 3 months to ensure completion or to assistin receiving physician signature.<br><br>The responsible employee shall be the Clinical Director.<br><br>The correction plan had been completed on 11/2/2022. | 2022-11-02 |

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| | from Agency." This document indicated a verbal order for discharge from the agency. This document failed to evidence a physician signature.<br><br>During an interview on 10/05/2022 at 12:30 PM, the administrator indicated verbal orders are written by clinician, faxed to the physician, and signed within 30 days. | | | |

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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| Jennifer Lacy Gomez | Clinical Director | 11/2/2022 3:13:13 PM |