

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K118	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER HOMETOWN HOME HEALTHCARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 302 E NORTH B STREET, GAS CITY, IN, 46933		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a second Post Condition Revisit of a Federal Recertification and State Re-licensure survey of a Provider.</p> <p>Survey Dates: February 16, 17, and 21, 2023</p> <p>Census: 19</p> <p>During this post condition revisit survey, one (1) standard-level deficiency was found corrected; one (1) condition-level deficiency and five (5) standard-level deficiencies were re-cited; three (3) condition-level deficiencies and six (6) standard level deficiencies were cited.</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p>	G0000	<p>Hometown Home Healthcare is submitting the following Plan of Correction in response to the 2567 issued by ISDH</p> <p>and/or CMS as it is required to do by applicable state and federal regulations. The submission of this Plan of Correction</p> <p>is not intended as an admission, does not constitute an admission by and should not be construed as an admission by</p> <p>Hometown Home Healthcare that the findings and allegations contained herein are accurate and true representations of</p> <p>the quality of care and services provided to patients of the Agency. Hometown Home Healthcare desires this Plan of</p> <p>Correction to be considered our Allegation of Compliance."</p> <p>Hometown Home Healthcare retained the services of a nurse consultant February 8, 2023.</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected</p> <p>and will not recur.</p>	2023-03-24

During this Federal Recertification Survey, Hometown Home Healthcare was found to be out of compliance with Conditions of Participation CFR 484.45 (G370) Reporting Oasis Information, 484.60 (G570) Care planning, coordination, quality of care, 484.65 (G640) Quality Assessment / Performance Improvement, and 484.80 (G750) Home Health Aide Service.

Based on the Condition-level deficiencies during the October 21, 2022, survey, the home health agency was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on October 18, 2022. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, the agency is precluded from operating or being the site of a home health aide training, skills competency and/or competency evaluation programs for a period of two years beginning October 21, 2022, and continuing through October 20, 2024.

QR: Area 2, 02/28/23

<p>G0370</p>	<p>Reporting OASIS information</p> <p>484.45</p> <p>Condition of participation: HHAs must electronically report all OASIS data collected in accordance with</p> <p>§484.55.</p> <p>Based on record review and interview, the home health agency failed to follow their own policy and failed to electronically report OASIS information collected for 4 of 4 adult patients that received skilled nursing services (Patient #1, 8, 9, and 17).</p> <p>4. During an interview conducted with the Clinical Manager on 02/21/2023 beginning at 2:45 PM, the Clinical Manager confirmed they could find no evidence OASIS assessments had been submitted since July 2022.</p> <p>1. Policy #1.40 "Encoding & Transmitting OASIS Data" indicated but not limited to "Policy: Hometown will establish systems and procedures to assure compliance with regulations... Purpose: To define the responsibilities of Hometown to encode and electronically transmit each</p>	<p>G0370</p>	<p>Director of Nursing will review all current skilled patients to ensure their OASIS have been submitted. Those that have not will be submitted. (03/22/23)</p> <p>Director of Nursing will ensure all OASIS completed since July 2022 for current and discharged patients are transmitted. (03/22/23)</p> <p>Director of Nursing will ensure OASIS for skilled patients are submitted within 30 days of completing assessment and review validation reports weekly. (On-going)</p> <p>Director of Nursing will instruct person transmitting OASIS to print copy of validation report and place in binder. (3/22/23)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	<p>2023-03-22</p>
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	<p>assessment to the IQIES system regarding each beneficiary... within 30 days of completing the assessment... All IQIES reports will be kept in a binder, for reference or correction if needed..."</p> <p>2. OASIS Activity Report for the dates 01/01/2022 – 12/31/2022 was obtained on 02/22/2023. The report failed to evidence any OASIS submissions after the 07/26/2022 submission for Patient #15.</p> <p>3. A list of active patients provided by the agency on 02/16/2023 indicated skilled nursing services were provided by the agency to Patients #1, 8, 9, and 17.</p>			
<p>G0490</p>	<p>Accessibility</p> <p>484.50(f)(1,2)</p> <p>Standard: Accessibility. Information must be provided to patients in plain language and in a manner that is accessible and timely to-</p> <p>(1) Persons with disabilities, including accessible web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.</p> <p>(2) Persons with limited English proficiency through the provision of language services at</p>	<p>G0490</p>	<p>Director of Nursing will in-service clinicians that patients who have limited English proficiency (LEP) must be informed of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. This must be documented in patient chart. (03/17/23)</p> <p>Director of Nursing will in-service staff that patient has right to determine if their family member or agency staff interpretand the only method to determine is to communicate in a language which they understand andin a safe environment where the patient is free to decline a friend or family member tointerpret. Agency will have an interpreter ask patient who they want to interpret</p>	<p>2023-03-17</p>

<p>no cost to the individual, including oral interpretation and written translations. Standard: Accessibility</p> <p>Information must be provided to patients in plain language and in a manner that is accessible and timely to-</p> <p>Based on record review and interview, the home health agency failed to ensure information provided to the patient was provided in a language the patient could understand and failed to ensure an outside interpreter was offered ,at no charge to the patient, for 1 of 1 patient with limited English proficiency (Patient #12.)</p> <p>5. On 02/21/23 at 3:305 PM, when asked, the clinical manager relayed the agency did not have a contract nor use a translation service, voluntary or paid service, in which to communicate with patients that are not fluent in the English language nor did the agency have documents written in a language other than English.</p> <p>Findings include:</p> <p>1. Policy #2.36 "Communication Barriers and Cultural Considerations" indicated but not limited to "...DON [Director of Nursing]... is responsible for... Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available... Some LEP [Limited English</p>		<p>(family/friend/independent interpreter) for them. (3/20/23)</p> <p>Director of Nursing will in-service staff that if patient prefers to use a family member or friend to interpret that must be documented in chart. Director of Nursing will determine if family member or friend is appropriate/competent to as interpreter. If person is not then agency will provide an appropriate interpreter. (03/17/23)</p> <p>Administrator/Director of Nursing will create a list with names and numbers of interpretive services that can utilized if needed for patient with limited English proficiency. (03/17/23)</p> <p>Administrator/Director of Nursing will utilize a language translation website to translate any written communication into the language patient understands when needed. (On-going)</p> <p>Administrator will in-service agency staff on website to use if needing to translate written communication into the language patient understands. (03/17/23)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	
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Proficiency] persons may prefer to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member... as an interpreter, issues of competency of interpretation confidentiality, privacy, and conflict of interest will be considered. If the family member... is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person... Hometown... will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand..."

2. Review of Patient #12's clinical record failed to evidence the patient was offered an

	<p>patient at no charge to the patient and failed to evidence written communication was provided to the patient in a language they could understand.</p> <p>3. During an interview on 02/16/2023 at 02:13PM, the Clinical Manager indicated HHA #9, who was also Patient #12's child, interpreted for the patient during nursing assessments.</p> <p>4. During an interview on 02/16/2023 at 03:15PM, HHA (Home Health Aide) #9 confirmed they provided HHA services for Patient #12 and confirmed Patient #12 was the parent of HHA #9.</p>			
<p>G0546</p>	<p>Last 5 days of every 60 days unless:</p> <p>484.55(d)(1)(i,ii,iii)</p> <p>The last 5 days of every 60 days beginning with the start-of-care date, unless there is a-</p> <p>(i) Beneficiary elected transfer;</p> <p>(ii) Significant change in condition; or</p> <p>(iii) Discharge and return to the same HHA during the 60-day episode.</p> <p>Based on record review and interview, the home health agency</p>	<p>G0546</p>	<p>Director of Nursing will in-service clinicians on requirement to complete a comprehensive assessment within the last 5 days of certification period. (03/17/23)</p> <p>Director of Nursing will monitor visit schedules weekly to ensure comprehensive assessments are scheduled and completed with the last 5 days of certification period. (On-going)</p> <p>Director of Nursing will audit all current patient charts to ensure there is a current comprehensive assessment present</p>	<p>2023-03-17</p>

	<p>failed to ensure the comprehensive assessment was updated within the last 5 days of the 60 day certification period for 2 of 2 records reviewed in which the certification period ended during the survey period (Patients #12, #15).</p> <p>On 02/21/23 at 3:05 PM, when asked, the clinical manager relayed she had no documentary evidence that a recertification assessment was completed of Patient #12 during the last 5 days of the previous certification nor since and had no evidence as of date of interview.</p> <p>Review of Patient #12's clinical record included a POC (Plan of Care) for certification period 12/23/2022 – 02/20/2023. The clinical record failed to evidence a comprehensive nursing assessment was completed during the last 5 days of the certification period.</p> <p>410 IAC 17-14-1(a)(1)(B)</p> <p>Findings include:</p> <p>1. Review of agency policy #2.05 titled "Comprehensive Assessment," created</p>		<p>for the current certification period. If there isn't one the clinician will be instructed to complete one. (03/17/23)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	
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	<p>comprehensive assessment should be updated and revised within "the last 5 days of every 60 days beginning with the [start of care] date"</p> <p>3. Review of the clinical record of Patient #15 (start of care 10/21/2022) included a plan of care for the recertification period 12/20/2022 – 02/17/2022. The record failed to evidence the patient's comprehensive assessment was updated within 5 days of the end of the certification period (02/17/2022).</p> <p>During an interview conducted on 02/21/2023 with the Clinical Manager beginning at 3:55 PM, the Clinical Manager confirmed there was no evidence in Patient #15's clinical record of the comprehensive assessment being updated within the last 5 days of the patient's certification period.</p>			
<p>G0570</p>	<p>Care planning, coordination, quality of care</p> <p>484.60</p> <p>Condition of participation: Care planning, coordination of services, and quality of care.</p> <p>Patients are accepted for treatment on the</p>	<p>G0570</p>	<p>See G574, G580, G590.</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	<p>2023-03-17</p>

reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with accepted standards of practice.

Based on observation, record review, and interview, the home health agency failed to include all medications and treatments in the plan of care (See G574); failed to ensure services were provided only as ordered by a physician (See G580); and failed to promptly alert the relevant physician to changes in the patient's condition (See G590).

The cumulative effect of these systemic problems resulted in the agency's inability to ensure patients received appropriate care and services which could result in the agency not providing quality health care, thus being out of compliance with Condition of Participation 42 CFR 484.60 Condition of participation: Care planning, coordination of services, and quality of care.

	410 IAC 17-13-1(a)			
G0574	<p>Plan of care must include the following</p> <p>484.60(a)(2)(i-xvi)</p> <p>The individualized plan of care must include the following:</p> <ul style="list-style-type: none"> (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors. (xiii) Patient and caregiver education and training to facilitate timely discharge; (xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient; (xv) Information related to any advanced directives; and (xvi) Any additional items the HHA or physician or allowed practitioner may choose to include. <p>Based on record review and</p>	G0574	<p>Director of Nursing will in-service clinicians on required elements of the plan of care (03/17/23)</p> <ul style="list-style-type: none"> (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vi) Functional limitations; (vii) Activities permitted; (viii) Nutritional requirements; (ix) All medications and treatments; (x) Safety measures to protect against injury; (xi) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors. (xii) Patient and caregiver education and training to facilitate timely discharge; (xiii) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient; (xiv) Information related to any advanced directives; and (xv) Any additional items the HHA or physician or allowed practitioner may choose to include. <p>Director of Nursing will review all current patient plans of care to ensure they contain required elements. Nurse will</p>	2023-03-17

<p>interview, the home health agency failed to ensure the individualized plan of care (POC)'s medication list included dosages for all active medications for 1 o4 active records reviewed (Patient #12) and failed to ensure the individualized plan of care indicated all services the patient received for 1 of 4 active records reviewed (Patient #15).</p> <p>On 02/21/23 at 1:30 PM, the clinical manager relayed that the medications listed on the plan of care for the certification period 12/23/22 to 02/20/23 for Patient #12 was not accurate, relayed Ozempic was discontinued, effective 12/22/22, and Patient's Novolog order included a sliding scale that was not included on the plan of care.</p> <p>Review of Patient #12's clinical record included a POC (Plan of Care) for certification period 12/23/2022 – 02/20/2023. The POC indicated a medication, Novolog Flexpen 100 units per milliliter injectable solution (an insulin medication used to help control blood sugar.) The POC failed to include the dose and blood sugar parameters for this</p>		<p>contact MD to obtain verbal order for any missing required elements. (03/17/23)</p> <p>Director of Nursing/designee will review all plans of care submitted weekly to ensure they contain required elements.</p> <p>Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected</p> <p>and will not recur.</p>	
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medication. The POC also indicated a medication, Ozempic 2milligrams per 1.5 milliliters subcutaneous solution (a medication used for the treatment of type 2 diabetes.) The POC failed to include the dose for this medication.

410 IAC 17-13-1(a)(1)(D)(ii, ix)

Findings include:

1. Review of agency policy #2.06 titled "Care Planning/485," created 12/11/2019, indicated the elements which must be incorporated into the individualized plan of care included but were not limited to "... 3. The types of services ... required ... 10. All medications and treatments"

3. Review of the clinical record of Patient #15 (start of care 10/21/2022) included a physician order, obtained and signed by the clinical manager on 12/19/2022, to continue the patient's home health aide service during the next certification period, beginning 12/20/2022, until the plan of

indicated the skilled nurse was to conduct supervisory and recertification visits per regulatory requirements. The order failed to evidence any further skilled nursing visits were ordered. The record included a plan of care for the recertification period 12/20/2022 – 02/17/2022. The plan of care included service orders for skilled nursing visits, in addition to supervisory and recertification visits, to be conducted every 30 days for medication reconciliation and set up. The record failed to evidence skilled nursing visits for medication reconciliation and set up were conducted during the reviewed certification period.

During an interview conducted on 02/21/2023 with the Clinical Manager starting at 1:16 PM, the Clinical Manager confirmed Patient #15's current plan of care indicated the patient was to receive skilled nursing visits for medication reconciliation and set up however the patient was not receiving this service. The Clinical Manager reported the skilled nursing service was discontinued due to the patient

	<p>set up. The Clinical Manager was unable to provide the date the service was stopped but did report the service was stopped prior to the patient being discharged then readmitted to the agency on 10/21/2022 (due to a change in the agency's electronic medical record).</p>			
<p>G0580</p>	<p>Only as ordered by a physician</p> <p>484.60(b)(1)</p> <p>Drugs, services, and treatments are administered only as ordered by a physician or allowed practitioner.</p> <p>Based on record review and interview, the home health agency failed to ensure orders to continue services were obtained prior to a new recertification period beginning for 2 of 2 records reviewed of patients with recertification periods beginning during the survey (Patients #12, 15).</p> <p>Findings include:</p> <p>4. Review of the clinical record of Patient #15 (start of care 10/21/2022) included a plan of care for the recertification period 12/20/2022 – 02/17/2023 which indicated the</p>	<p>G0580</p>	<p>Director of Nursing will audit all current patient charts to ensure there is an order, based on finding of therecertification comprehensive assessment, present to continue services prior to a new recertification period. (03/20/23)</p> <p>Director of Nursing will in-service clinicians on obtaining an order to continue services prior to new certification period based on finding of therecertification comprehensive assessment.</p> <p>(03/20/23)</p> <p>Director of Nursing/designee will audit all plans of care done weekly to ensure there is an order to continue services, based on finding of therecertification comprehensive assessment, prior to new certification period. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance</p> <p>is maintained. (On-going)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	<p>2023-03-20</p>

health aide services for 2 hours per day, 3 days per week. The record failed to evidence a physician order was obtained by agency staff, either in writing or verbally, to continue the patient's home health aide services for the recertification period beginning 02/18/2023. The record indicated Home Health Aide #2 provided home health aide services to Patient #15 on 02/20/2023 without a physician order.

During an interview conducted on 02/21/2023 with the Clinical Manager beginning at 3:55 PM, the Clinical Manager reported they were responsible for obtaining orders to continue Patient #15's home health services and creating/revising the plan of care. The Clinical Manager confirmed they had not obtained an order to continue services for Patient #15 for the recertification period beginning 02/18/2023.

1. Policy #2.20 "Physician Responsibilities" indicated but not limited to "All medications, treatments and services provided to patients must be ordered by a physician."

	<p>2. Policy #2.06 "Care Planning/ 485" indicated but not limited to "Drugs, services, and treatments are administered only as ordered by the doctor. The POC [Plan of Care] will direct the care given."</p> <p>03. Review of Patient #12's clinical record included a POC for certification period 12/23/2022 – 02/20/2023 with orders for HHA (home health aide) services 2-4 hours per day, 5-7 days per week. The record evidenced a HHA visit was performed for Patient #12 on 02/21/2023. The record failed to evidence a new POC or a verbal order to continue services past 02/20/2023.</p> <p>410 IAC 17-13-1(a)</p>			
<p>G0590</p>	<p>Promptly alert relevant physician of changes</p> <p>484.60(c)(1)</p> <p>The HHA must promptly alert the relevant physician(s) or allowed practitioner(s) to any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered.</p> <p>Based on observation, record</p>	<p>G0590</p>	<p>Director of Nursing will in-service aides on requirement to notify nurse/Director of Nursing of change in patient condition to include change in skin condition. Aide is to document on visit note name of nurse they notified regarding condition change. (03/16/23)</p> <p>Director of Nursing/designee will audit all aide visit notes submitted weekly to ensure if they is documentation of a</p>	<p>2023-03-16</p>

<p>review, and interview, the home health agency failed to follow their own policy and failed to notify the physician of changes in the patient's skin condition for 2 of 2 patients with home visit observations (Patients #13 and 14.)</p> <p>3. During a home visit observation conducted with Patient #13 and Home Health Aide #8 on 02/17/2023 starting at 9:00 AM, the aide was observed assisting the patient with a shower. After the shower was completed, the patient sat on their toilet. Redness to both sides of the patient's outer labia folds (skin surrounding the female external genitalia) and skin immediately above the labia was observed. Patient #13 and Home Health Aide #8 both confirmed the redness was new. The clinical record failed to evidence the agency notified the patient's medical provider of the new redness.</p> <p>During an interview conducted with the Clinical Manager on 02/21/2023 beginning at 11:15 AM, the Clinical Manager reported Registered Nurse (RN) #2 had visited and assessed both Patient #13 and #14 over the weekend (02/18/2023 – 02/20/2023). The Clinical</p>		<p>change in patient condition there is documentation they notified nurse. Once 100% compliance is achieved, 10% will be audited quarterly to ensure compliance is maintained. (On-going)</p> <p>Director of Nursing will in-service nurses on requirement to notify MD when notified/made aware of any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered. (03/16/23)</p> <p>Director of Nursing/designee will audit all nursing visit notes done weekly to ensure if there is documentation of a change in patient condition there is documentation MD was notified and whether there were any orders to change the plan of care. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	
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Manager reported Patient #13's outer labia folders were "a little pink" but had improved and Patient #14's redness was resolved; therefore, the patients' providers had not been notified and no new orders were obtained.

During an interview conducted with Registered Nurse (RN) #2 on 02/21/2023 beginning at 1:38 PM, the nurse reported they had not conducted visits with Patient #12 nor Patient #13 in the last week.

During a follow up interview conducted with the Clinical Manager on 02/21/2023 beginning at 1:45 PM, the Clinical Manager reported they were under the impression RN #2 had conducted an assessment of Patients #13 and #14. The Clinical Manager was unsure how the report of the improved redness had been obtained.

Findings included:

1. Policy #2.06 "Care Planning" indicated but not limited to "The agency must promptly alert the doctor to any changes in the clients conditions or needs..."

2. Policy #220 "Physician Responsibilities" indicated but not limited to "...6. In the event of significant changes in the client's condition during a home visit, RN [registered nurse] will contact the physician to report same... 10. Hometown will notify the physician either verbally and/or in writing or fax of the client's condition, including but not limited to the following:... d. New clinical symptoms become evident..."

4. Review of Patient #14's clinical record indicated a POC (Plan of Care) for certification period 02/01/2023 – 04/01/2023 included orders for HHA (home health aide) services 8-10 hours per day, 2-4 days per week for personal care, ADL (activities of daily living) assistance, safety, and transfers. During a home visit observation on 02/17/2023 when HHA #10 removed Patient #14's socks, observed the patient had redness and pitting to the

bilateral ankles where the patient's sock cuffs had been. During the home visit an interview was conducted at 12:10 PM; HHA #10 indicated they would call the clinical manager, or office staff if the clinical manager was not available, to report if a patient had redness or bruising to the skin. The clinical record failed to evidence the physician was notified of the redness and pitting to the bilateral ankles.

5. During an interview on 02/17/2023 at 03:34 PM, the Clinical Manager indicated the aides had not called to report any concerns regarding Patient #13 or Patient #14. The Clinical Manager was informed that during the home visit observation Patient #13 was observed to have vaginal redness and was informed that during the home visit observation Patient #14 was observed to have redness and pitting to bilateral ankles.

6. During an interview, Patient #14 indicated they had not been visited by an agency nurse at any time between the home visit observation on 02/17/2023 ended at 12:22 PM and the time

	<p>of the interview on 02/21/2023 at 12:05 PM.</p> <p>410 IAC 17-13-1(a)(2)</p>			
<p>G0640</p>	<p>Quality assessment/performance improvement</p> <p>484.65</p> <p>Condition of participation: Quality assessment and performance improvement (QAPI).</p> <p>The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS.</p> <p>Based on record review and interview, the home health agency failed to ensure its quality assessment and performance improvement (QAPI) program measured and analyzed quality indicators and other aspects of performance which would enable the agency to assess processes of care, services, and operations (see G642), failed to ensure its QAPI</p>	<p>G0640</p>	<p>See G642, G644, G646, G658.</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	<p>2023-03-20</p>

	<p>program utilized quality indicator data to identify opportunities for improvement (see G644), failed to ensure its quality QAPI program implemented performance improvement activities (see G646), and failed to ensure its QAPI program conducted and documented at minimum one performance improvement project each calendar year which reflected the scope, complexity, and past performance of the agency’s services and operations (See G658).</p> <p>The cumulative effects of these systemic problems resulted in the agency failing to maintain an effective, ongoing, agency-wide, data drive QAPI program, which resulted in the agency being found out of compliance with Condition of Participation 42 CFR 484.65 Quality assessment and performance improvement.</p> <p>410 IAC 17-12-2(a)</p>			
<p>G0642</p>	<p>Program scope</p> <p>484.65(a)(1),(2)</p> <p>Standard: Program scope.</p> <p>(1) The program must at least be capable of showing measurable improvement in indicators for which there is evidence that</p>	<p>G0642</p>	<p>The Director of Nursing will be responsible to transcribe minutes for QAPI meetings with the date of the meeting on the minutes. Minutes will evidence QAPI committee measured and analyzed its quality indicator data as well as other aspects of agency performance which would enable the agency to assess processes of care, services, and operations.</p>	<p>2023-03-23</p>

	<p>health outcomes, patient safety, and quality of care.</p> <p>(2) The HHA must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the HHA to assess processes of care, HHA services, and operations.</p> <p>Based on record review and interview, the home health agency failed to evidence its quality assurance and performance improvement (QAPI) program measured and analyzed quality indicators and other aspects of performance which would enable the agency to assess processes of care, services, and operations, which had the potential to affect all agency patients and staff.</p> <p>Findings include:</p>		<p>(On-going)</p> <p>Director of Nursing will ensure the data for QAPI is reviewed with the QAPI committee and it is documented in the QAPI meeting minutes. (On-going)</p> <p>Director of Nursing will in-service person(s) responsible for tracking QAPI data (quality indicators) that it must be reviewed monthly and documentation must be present. (Date completed)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	
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1. Review of the agency job description #HC-103 for the job title Director of Nursing (Clinical Manager), revised 07/2017, which indicated the clinical manager's "Essential Functions/Areas of Accountability" included but were not limited to "... 16. Oversees data collection for quality management, statistics, and reports for evaluating Hometown [Home Health Care's] performance"

2. Review of the agency's Governing Body meeting minutes for the meeting conducted on 01/03/2023 indicated the Governing Body approved the quality indicators to be tracked by the QAPI committee.

3. Review of the agency's Governing Body meeting minutes for the meeting conducted on 01/30/2023 indicated the agency's new clinical manager was updated "on how [QAPI] tracking and performance improvement was coming along. No changes in [QAPI] ... will continue to track ... issues stated in [01/03/2023] meeting"

4. Review of the agency's QAPI documentation for January and February 2023 failed to evidence the dates QAPI meetings were held by the agency nor minutes of these meetings. The documentation failed to evidence the QAPI committee measured and analyzed its quality indicator data as well as other aspects of agency performance which would enable the agency to assess processes of care, services, and operations.

5. During an interview conducted with the Clinical Manager and Scheduler #1 on 02/21/2023 starting at 3:15 PM, the Scheduler confirmed they attended the agency's Governing Body meeting conducted on 01/03/2023, and the Scheduler began tracking the quality indicators after this meeting. The Scheduler reported they had not reviewed the data with the QAPI committee since the data began to be collected. Neither the Clinical Manager nor the Scheduler could report who was responsible for QAPI meeting minutes.

	<p>410 IAC 17-12-2(a)</p>			
<p>G0644</p>	<p>Program data</p> <p>484.65(b)(1),(2),(3)</p> <p>Standard: Program data.</p> <p>(1) The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program.</p> <p>(2) The HHA must use the data collected to-</p> <p>(i) Monitor the effectiveness and safety of services and quality of care; and</p> <p>(ii) Identify opportunities for improvement.</p> <p>(3) The frequency and detail of the data collection must be approved by the HHA's governing body.</p> <p>Based on record review and interview, the home health agency failed to ensure its quality assurance and performance improvement (QAPI) program utilized quality indicator data to identify opportunities for improvement, which had the potential to affect all agency patients and employees.</p> <p>Findings include:</p> <p>1. Review of the agency's job</p>	<p>G0644</p>	<p>Administrator will ensure agency quality assurance and performance improvement (QAPI) program utilizes quality indicator data to identify opportunities for improvement, which have the potential to affect all agency patients and employees. (On-going)</p> <p>The Director of Nursing will be responsible to transcribe minutes for QAPI meetings with the date of the meeting on the minutes. Minutes will evidence QAPI committee measured and analyzed its quality indicator data as well as other aspects of agency performance which would enable the agency to assess processes of care, services, and operations.</p> <p>(On-going)</p> <p>Director of Nursing will ensure the data for QAPI is reviewed with the QAPI committee and it is documented in the QAPI meeting minutes. (On-going)</p> <p>Director of Nursing will in-service person(s) responsible for tracking QAPI data (quality indicators) that it must be reviewed monthly and documentation must be present. (03/24/23)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	<p>2023-03-24</p>

title Director of Nursing (Clinical Manager), revised 07/2017, which indicated the clinical manager's "Essential Functions/Areas of Accountability" included but were not limited to "... 25. Establishes Quality Improvement teams to address priorities for improvement activities"

2. Review of the agency's Governing Body meeting minutes for the meeting conducted on 01/03/2023 indicated the Governing Body approved the quality indicators to be tracked by the QAPI committee.

3. Review of the agency's Governing Body meeting minutes for the meeting conducted on 01/30/2023 indicated the agency's newly re-hired clinical manager was updated "on how [QAPI] tracking and performance improvement was coming along. No changes in [QAPI] ... will continue to track ... issues stated in [01/03/2023] meeting"

4. Review of the agency's QAPI

	<p>February 2023 failed to evidence the dates QAPI meetings were held by the agency nor minutes of these meetings. The documentation also failed to evidence the QAPI committee utilized quality indicator data to identify opportunities for improvement.</p> <p>5. During an interview conducted with the Clinical Manager and Scheduler #1 on 02/21/2023 starting at 3:15 PM, the Scheduler confirmed they attended the agency's Governing Body meeting conducted on 01/03/2023, and the Scheduler began tracking the quality indicators after this meeting. The Scheduler reported they had not reviewed the data with the QAPI committee since the data began to be collected. Neither the Clinical Manager nor the Scheduler could report who was responsible for QAPI meeting minutes.</p> <p>410 IAC 17-12-2(a)</p>			
<p>G0646</p>	<p>Program activities</p> <p>484.65(c)</p>	<p>G0646</p>	<p>Administrator will ensure agency quality assurance and performance improvement (QAPI) program utilizes quality</p>	<p>2023-03-24</p>

<p>Standard: Program activities.</p> <p>The HHA's performance improvement activities must--</p> <p>Based on record review and interview, the home health agency failed to ensure its quality assurance and performance improvement (QAPI) program implemented performance improvement activities, which had the potential to affect all agency patients and employees.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the agency's job description #HC-103 for the job title Director of Nursing (Clinical Manager), revised 07/2017, which indicated the clinical manager's "Essential Functions/Areas of Accountability" included but were not limited to "... 22. Identifies systems to recognize client needs, respond to client needs, and to measure the outcomes of Hometown [Home Health Care's] interventions. Utilizes this data to provide direction for [the agency's] improvements" 3. Review of the agency's QAPI 		<p>indicator data to identify opportunities for improvement, which have the potential to affect all agency patients and employees. (On-going)</p> <p>The Director of Nursing will be responsible to transcribe minutes for QAPI meetings with the date of the meeting on the minutes. Minutes will evidence QAPI committee measured and analyzed its quality indicator data as well as other aspects of agency performance which would enable the agency to assess processes of care, services, and operations.</p> <p>(On-going)</p> <p>Director of Nursing will ensure the data for QAPI is reviewed with the QAPI committee and it is documented in the QAPI meeting minutes. (On-going)</p> <p>Director of Nursing will in-service person(s) responsible for tracking QAPI data (quality indicators) that it must be reviewed monthly and documentation must be present. (03/24/23)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	
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	<p>February 2023 failed to evidence the dates QAPI meetings were held by the agency nor minutes of these meetings. The documentation also failed to evidence the QAPI committee implemented performance improvement activities.</p> <p>4. During an interview conducted with the Clinical Manager and Scheduler #1 on 02/21/2023 starting at 3:15 PM, the Scheduler confirmed there was no further documentation from the agency's QAPI program. Neither the Clinical Manager nor the Scheduler could report who was responsible for QAPI meeting minutes.</p>			
<p>G0658</p>	<p>Performance improvement projects</p> <p>484.65(d)(1)(2)</p> <p>Standard: Performance improvement projects.</p> <p>Beginning July 13, 2018 HHAs must conduct performance improvement projects.</p> <p>(1) The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and operations.</p>	<p>G0658</p>	<p>Administrator will ensure agency QAPI program conducts and documents at minimum one performance improvement project each calendar year which reflects the scope, complexity, and past performance of the agency's services and operations, which had the potential to affect all agency patients and employees. This will be approved by the Governing Body. (On-going)</p> <p>Administrator will in-service QAPI committee on what the performance improvement project is each year. (On-going)</p> <p>Administrator will ensure agency quality assurance and performance improvement</p>	<p>2023-03-24</p>

(2) The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.

Based on record review and interview, the home health agency failed to ensure its quality assurance and performance improvement (QAPI) program conducted and documented at minimum one performance improvement project each calendar year which reflected the scope, complexity, and past performance of the agency's services and operations, which had the potential to affect all agency patients and employees.

Findings include:

1. Review of the agency's QAPI documentation for January and February 2023 failed to evidence the dates QAPI meetings were held by the agency nor minutes of these meetings. The documentation also failed to evidence the QAPI committee conducted and documented performance improvement project(s) which reflected the scope, complexity, and past performance of the

(QAPI) program utilizes quality

indicator data to identify opportunities for improvement, which have the potential to affect all agency patients and

employees. (On-going)

Director of Nursing will ensure the data for QAPI is reviewed with the QAPI committee and it is documented in the QAPI

meeting minutes. (On-going)

Director of Nursing will in-service person(s) responsible for tracking QAPI data (quality indicators) that it must be

reviewed monthly and documentation must be present. (03/24/23)

The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected

and will not recur.

	<p>operations.</p> <p>2. During an interview conducted with the Clinical Manager and Scheduler #1 on 02/21/2023 starting at 3:15 PM, the Scheduler confirmed there was no further documentation from the agency's QAPI program. Neither the Clinical Manager nor the Scheduler could report who was responsible for QAPI meeting minutes.</p>			
<p>G0682</p>	<p>Infection Prevention</p> <p>484.70(a)</p> <p>Standard: Infection Prevention.</p> <p>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</p> <p>Based on observation, record review, and interview the home health agency failed to follow accepted standards of practice and their own policies to prevent the transmission of infections and communicable diseases for 2 of 2 patient home visits observed (Patient #13 and 14.)</p> <p>2. Review of the manual from Missouri Center for Career Education titled "Certified</p>	<p>G0682</p>	<p>Director of Nursing will in-service clinicians on proper infection control to include handwashing and when to change gloves. (03/16/23)</p> <p>Director of Nursing will in-service aides on how to perform peri care properly. (03/16/23)</p> <p>Director of Nursing/designee will observe aide cited in cited providing peri care to ensure aide can demonstrate proper procedure. (03/16/23)</p> <p>Director of Nursing/designee will conduct yearly infection control in-service for all clinicians. (On-going)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	<p>2023-03-16</p>

In-Home Aide (2006 Edition)," retrieved February 24, 2023, from www.missouricareereducation.org, indicated during the procedure for perineal ("peri," area from the patient's genitals to the anus) care of a female client, the home health aide should "... use a clean area of wash cloth for each wipe of [the] peri area."

3. During a home visit observation conducted with Patient #13 and Home Health Aide #8 on 02/17/2023 beginning at 9:00 AM, the aide was observed assisting the patient with a shower. The aide wiped the patient's anus and inner gluteal folds with a washcloth then used the same washcloth to wipe the patient's vaginal area. When wiping the patient's vaginal area, the aide wiped in the direction from the patient's back towards the patient's front. The aide failed to change their gloves after performing the perineal care. After the shower was completed, the aide removed their gloves but failed to perform hand hygiene prior to moving to other tasks.

Findings include:

	<p>1. Policy 2.82 "Hand Washing/ Hand Hygiene" indicated but not limited to "... Indications for hand washing and hand antisepsis... After removing gloves..."</p> <p>4. During a home visit observation with Patient #14 on 02/17/2023 beginning at 11:03 AM, HHA #10 failed to perform hand hygiene after removing gloves and before putting on new gloves.</p> <p>5. During an interview on 02/17/2023 at 02:13 PM, the Clinical Manager indicated staff should have performed hand hygiene after removing gloves and indicated staff should have performed peri care front to back and should not have used a washcloth to clean the vaginal area that had been used on the buttocks prior.</p> <p>410 IAC 17-12-1(m)</p>			
<p>G0750</p>	<p>Home health aide services</p> <p>484.80</p> <p>Condition of participation: Home health aide services.</p> <p>All home health aide services must be</p>	<p>G0750</p>	<p>See G798, G800, G804</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	<p>2023-03-24</p>

	<p>provided by individuals who meet the personnel requirements specified in paragraph (a) of this section.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure the aide care plan was detailed and specific (See G798); failed to ensure the home health aides provided services that were ordered and included in the plan of care and consistent with the aide care plan (See G800); and failed to ensure the home health aide informed the nurse of signs of possible skin breakdown (See G804).</p> <p>The cumulative effect of these systemic problems resulted in the agency's inability to ensure patients received appropriate care and services which could result in the agency not providing quality health care, thus being out of compliance with Condition of Participation 42 CFR 484.80: Home Health Aide Services.</p>			
<p>G0798</p>	<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</p>	<p>G0798</p>	<p>Director of Nursing will audit all current patient aide care plans to ensure they are detailed and specific to each patient.</p> <p>Those that aren't will be revised to be specific to that patient. (Date completed)</p> <p>Director of Nursing will in-service aides they are to notify the Director of Nursing/RN if patient's aide plan of care needs</p> <p>revised based on patient needs/requests. Aide is to document on visit note they notified</p>	<p>2023-03-17</p>

<p>patient care instructions for a home health aide prepared by that registered nurse or other appropriate skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist).</p> <p>Based on record review and interview, the home health agency failed to ensure the aide care plan was detailed and specific to the individual patient for 3 of 5 active records reviewed (Patients #5, 12 and 13).</p> <p>2. Review of Patient #5's clinical record (start of care 09/26/2022) evidenced a Plan of Care for the recertification period 01/24/2023 – 03/24/2023 which included orders for HHA (home health aide) services for 2 hours per day, 5 days per week. The record included an aide care plan, signed by the Clinical Manager on 02/07/2023, which indicated aide tasks included but were not limited to assisting with a shower on weekday shifts (Monday through Friday) and assisting with a chair bath on weekend shifts (Saturday and Sunday).</p> <p>During an interview conducted with HHA #8 on 02/17/2023 starting at 09:28 AM, the aide reported they routinely provided care for Patient #5. The aide reported the patient's</p>		<p>nurse. (03/17/23)</p> <p>Director of Nursing/designee will audit all aide visit notes submitted weekly by comparing them to aide plan of care to ensure visit note follows aide plan of care. If notes don't follow aide plan of care RN will contact patient to discuss if aide plan of care needs revised to meet their needs/wishes. Aide plan of care will revised if needed. Once 100% compliance is achieved 10% will audited quarterly to ensure compliance is maintained. (On-going)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	
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aide care plan indicated the patient was to shower during their weekdays visits and was to have a partial bath on the weekend visits, however the patient routinely requested a full shower on the weekends. The aide stated they informed Registered Nurse #2 and Scheduler #1 of the patient's wishes to be showered on the weekend, however the patient's care plan had not been updated.

During an interview conducted with Patient #5 on 02/21/2023 starting at 1:33 PM, the patient reported the HHA "always" assisted the patient with a full shower on both the weekday and weekend shifts. The patient also reported they perform a partial bath independently on days the HHA was not scheduled to visit.

During an interview conducted with the Clinical Manager on 02/21/2023 starting at 3:30 PM, the Clinical Manager reported they were not aware Patient #5 received a full shower during their weekend HHA shifts. The Clinical Manager confirmed the patient's aide care plan should reflect the patient's wishes to

have a full shower during the weekend shifts.

4. Review of the clinical record of Patient #13 (start of care 11/07/2022) included a plan of care for the recertification period 01/06/2023 – 03/06/2023 which indicated the patient was to receive home health aide services for 2 hours per day, 3 days per week. The record included an aide care plan, reviewed and signed by the Clinical Manager on 02/07/2023, which indicated aide tasks to be completed with each visit included but were not limited to "Hair Care. Instructions: Comb or brush hair."

During a home visit observation conducted with Patient #13 and Home Health Aide (HHA) #8 on 02/17/2023 starting at 9:00 AM, the patient was observed brushing their hair independently in their bathroom while HHA #8 washed the patient's dishes and documented. The patient confirmed they were able to perform hair care independently.

During an interview with the

Clinical Manager conducted on 02/17/2023 starting at 2:13 PM, the Clinical Manger confirmed if a task was performed independently by the patient, it should not be included on the aide care plan.

Findings include:

1. Policy #2.49 "Aide Assignments" indicated but not limited to "Purpose: To meet the standard of assigning and writing service plans that meets the client's individual needs... with written patient care instructions for a home health Aide prepared by that registered nurse..."

2. Review of Patient #12's clinical record evidenced a Plan of Care for certification period 12/23/2022 – 02/20/2023 which indicated diagnoses including heart failure and type 2 diabetes mellitus without complications (a chronic condition that affects the way the body processes blood sugar) and included orders for HHA (home health aide) services for 2-4 hours per day, 1-2 days per week for week 1; 2-4 hours per day, 5-7 days per week for weeks 2-9; and 2-4

<p>week for week 10. The record also included an aide care plan which included but not limited to the tasks of Shower with Chair: Assist with full shower in am on Mon, Wed, Fri. and Shower/Tub: Transfer Assist. The aide care plan failed to specify which days the aide was to complete the transfer assist into the shower or tub. The aide care plan also included but not limited to the tasks of Rollator: Observe for safety when using and Wheelchair: Observe for safety when using. The aide care plan failed to specify when the patient should have been expected to use which assistive device.</p>			
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	<p>4. During an interview on 02/21/2023 beginning at 03:47 PM, the CM (Clinical Manager) indicated an aide would not know which days the task to transfer the Patient #12 to the tub/ shower unless they looked back at the task of Shower with Chair. The CM also indicated the aide care plan should have specified Patient #12 used the wheelchair when outside of the home and used the rollator walker inside the home only when the patient was feeling weak.</p>			
<p>G0800</p>	<p>Services provided by HH aide</p> <p>484.80(g)(2)</p> <p>A home health aide provides services that are:</p> <ul style="list-style-type: none"> (i) Ordered by the physician or allowed practitioner; (ii) Included in the plan of care; (iii) Permitted to be performed under state law; and (iv) Consistent with the home health aide training. <p>Based on observation, record review, and interview, the home health agency failed to ensure the home health aide provided only services that were ordered and included in the aide care plan for 1 of 2 patients with home visit</p>	<p>G0800</p>	<p>Director of Nursing will in-service aides on requirement to only provide tasks as assigned on aide plan of care. (03/16/23)</p> <p>Director of Nursing will audit all aide visit notes submitted weekly by comparing notes to aide plan of care to ensure plan is being followed. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	<p>2023-03-16</p>

observations of a home health aide (Patient #14).

2. During a home visit observation conducted with Patient #13 and Home Health Aide (HHA) #8 on 02/17/2023 starting at 9:00 AM, the aide was observed asking Patient #13 if the patient wanted lotion applied to their back. The aide reported during some visits they would apply lotion to the patient's back if the patient wanted it.

Review of the clinical record of Patient #13 (start of care 11/07/2022) included a plan of care for the recertification period 01/06/2023 – 03/06/2023 which indicated the patient was to receive home health aide services for 2 hours per day, 3 days per week. The record included an aide care plan, reviewed and signed by the Clinical Manager on 02/07/2023, which failed to evidence a task for applying lotion to the patient's skin.

Findings include:

1. Policy #2.49 "Aide Assignments" indicated but not

	<p>limited to "A home health Aide provides services that are: ...(ii) Included in the plan of care..."</p> <p>3. Review of Patient #14's clinical record indicated an aide care plan for the certification period 02/01/2023 – 04/01/2023. During a home visit observation on 02/17/2023 beginning at 11:03 AM, HHA (Home Health Aide) #10 performed a full bed bath on Patient #14. When asked how often Patient #14 received a full bed bath, HHA #10 and Patient #14 both indicated about once per week. The aide care plan failed to evidence a task for full bed bath.</p> <p>4. During an interview on 02/16/2023 at 02:13 PM, the Clinical Manager indicated home health aides should have only performed tasks listed on the aide care plan and indicated tasks the patient performed independently on self should not have been listed on the aide care plan.</p>			
G0804	<p>Aides are members of interdisciplinary team</p> <p>484.80(g)(4)</p>	G0804	<p>Director of Nursing will in-service aides they are to notify the Director of Nursing/RN of any change in patient condition including skin issues and document. (03/16/23)</p> <p>Director of Nursing will audit all aide visit</p>	2023-03-16

	<p>Home health aides must be members of the interdisciplinary team, must report changes in the patient's condition to a registered nurse or other appropriate skilled professional, and must complete appropriate records in compliance with the HHA's policies and procedures.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure the home health aide notified the registered nurse of changes in the patient's condition for 2 of 2 patients with home visit observations (Patients #13 and 14.)</p> <p>2. During a home visit observation conducted with Patient #13 and Home Health Aide #8 on 02/17/2023 starting at 9:00 AM, the aide was observed assisting the patient with a shower. After the shower was completed, the patient sat on their toilet. Redness to both sides of the patient's outer labia folds (skin surrounding the female external genitalia) and skin immediately above the labia was observed. Patient #13 and Home Health Aide #8 both confirmed the redness was new.</p> <p>Review of the clinical record of Patient #13 included a plan of care for the recertification period 01/06/2023 – 03/06/2023 which indicated the patient was to receive home</p>		<p>notes submitted weekly to ensure if there is documentation of a change in condition/issue there is documentation Director of Nursing/RN was notified. Once 100% compliance is achieved, 10% will be audited quarterly to ensure compliance is maintained. (On-going)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	
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health aide services for 2 hours per day, 3 days per week. The record included an aide care plan, reviewed and signed by the Clinical Manager on 02/07/2023, which indicated aide tasks to be conducted each visit included but were not limited to "... Shower with Chair. Instructions: Daily per visit. Observe skin for any changes or breakdown, call [Registered Nurse]"

Findings include:

1. Policy #2.49 "Aide Assignments" indicated but not limited to "Home health Aides... must report changes in the patient's condition to a registered nurse..."

3. Review of Patient #14's clinical record indicated a POC (Plan of Care) for certification period 02/01/2023 – 04/01/2023 included orders for HHA (home health aide) services 8-10 hours per day, 2-4 days per week for personal care, ADL (activities of daily living) assistance, safety, and transfers. During a home visit observation on 02/17/2023 when HHA #10 removed Patient #14's socks,

	<p>redness and pitting of bilateral ankles where the patient's sock cuffs had been. During the home visit an interview was conducted at 12:10 PM; HHA #10 indicated they would call the clinical manager, or office staff if the clinical manager was not available, to report if a patient had redness or bruising to the skin. The clinical record failed to evidence the aide notified the Clinical Manager or any agency staff of the patient's redness and pitting of the bilateral ankles.</p> <p>4. During an interview on 02/17/2023 at 03:34 PM, the Clinical Manager indicated the aides had not called to report any concerns regarding Patient #13 or Patient #14.</p> <p>410 IAC 17-14-1(m)</p>			
<p>G1028</p>	<p>Protection of records</p> <p>484.110(d)</p> <p>Standard: Protection of records.</p> <p>The clinical record, its contents, and the information contained therein must be safeguarded against loss or unauthorized use. The HHA must be in compliance with the rules</p>	<p>G1028</p>	<p>Director of Nursing will in-service clinicians they are to only bring documentation pertinent to that specific patient into the patient's home. (03/16/23)</p> <p>Administrator will ensure patient documentation is kept in a secure location in office and only staff that needs access to those documents has access. (On-going)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure</p>	<p>2023-03-16</p>

<p>regarding protected health information set out at 45 CFR parts 160 and 164.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure all clinical records were safeguarded against loss or unauthorized use for 1 of 2 home visit observations (Patient #5) and 1 of 1 clinical manager office observation (Patients #5, #12, #13, and #15).</p> <p>Findings include:</p> <p>Review of agency job description #HC-103 for the position of "Director of Nursing" (Clinical Manager), revised 07/2017, indicated the clinical manager's "Essential Functions/Areas of Accountability" included but were not limited to "... 15. Assures clinical records are maintained in compliance with state and federal laws"</p> <p>Review of agency job description #HC-107 for the position of "Home Health Aide," revised 07/2017, indicated the aide's "Essential Functions/Areas of Accountability" included but were not limited to "... 5. Documents care provided and completes the forms required for the client's records ... 9. Maintains confidentiality in all</p>		<p>that this deficiency is corrected and will not recur.</p>	
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aspects of the job”

During a home visit observation conducted with Patient #13 (start of care 11/07/2022) and Home Health Aide #8 on 02/17/2023 starting at 9:00 AM, the aide reported they documented their visit notes on paper and the notes were kept in a folder, which was observed in Patient #13’s home. Review of HHA #8’s folder evidenced both blank and completed visit notes for Patient #5 (start of care 09/26/2022).

During an interview with the Clinical Manager conducted on 02/17/2023 starting at 2:13 PM, the Clinical Manager stated staff should have a separate folder for each patient’s information and records. The Clinical Manager confirmed staff should not bring clinical records for patients into homes of other patients.

During an observation of the Clinical Manager’s office conducted on 02/21/2023 starting at 4:28 PM, clinical records containing completed HHA visit notes for Patients #5, #12 (start of care 10/24/2022),

	<p>10/21/2022) were observed on an open bookshelf in the office. The agency failed to evidence the records were secured to prevent access from restricted personnel or office visitors. The Clinical Manager was present for the observation and confirmed the clinical records were not kept in a secured location.</p> <p>410 IAC 17-15-1(c)</p>			
<p>N0000</p>	<p>Initial Comments</p> <p>This visit was a second Revisit of a State Re-licensure survey of a Home Health Agency Provider.</p> <p>Survey Dates: February 16, 17, and 21, 2023</p> <p>Census: 19</p> <p>During this revisit, one deficiency was found to be corrected.</p> <p>QR: Area 2 on 02/28/23</p>	<p>N0000</p>		<p>2023-03-24</p>

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

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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 Mitchell Weaver	TITLE Administrator	(X6) DATE 3/20/2023 12:45:21 PM
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