

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K060	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/03/2023
NAME OF PROVIDER OR SUPPLIER BETHANY CARES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3637 S SR 3, NEW CASTLE, IN, 47362		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	<p>Initial Comments</p> <p>This visit was for a Post Condition Revisit of an Emergency Preparedness Survey of a Home Health Provider.</p> <p>Survey Dates: March 30 and 31, April 3, 2023</p> <p>Unduplicated 12 Month Census: 238</p> <p>During this post condition revisit survey, one (1) standard-level deficiency was found corrected.</p>	E0000		
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Condition Revisit of a Federal Recertification and State Re-licensure survey of a Home Health Care Provider.</p>	G0000		

Survey Dates: March 30 and 31, April 3, 2023 12 Month Unduplicated Census: 238 During this post condition revisit survey, one (1) condition-level deficiency and five (5) standard-level deficiencies were found corrected; one (1) standard-level deficiency was re-cited; and two (2) new standard level deficiencies were cited. Based on the Condition-level deficiencies during the survey completed on 02/09/2023, Bethany Cares Home Health Agency was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on February 3, 2023. 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 February 9, 2023, and continuing through February 8, 2025.				
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	QR on 4/11/23 Area 2			
G0706	<p>Interdisciplinary assessment of the patient</p> <p>484.75(b)(1)</p> <p>Ongoing interdisciplinary assessment of the patient;</p> <p>Based on record review and interview, the home health agency failed to ensure all Registered Nurses (RNs) followed agency policy specific to frequency of wound measurement for 1 of 1 records reviewed of a patient with an active wound (Registered Nurse #6).</p> <p>Findings include:</p> <p>Review of agency policy #G-270 titled "Wound Measurement" indicated the agency would conduct measurements of wounds weekly.</p> <p>Review of Patient #11's record (start of care 12/06/2019) included a plan of care for the recertification period 01/19/2023 – 03/19/2023 which indicated the patient was to receive skilled nursing services for 8 hours per day, 4 days per</p>	G0706	<p>G706 CFR 484.75(b)(1)</p> <p>Interdisciplinary Assessment of Patient</p> <p>1) Administratorin-serviced all nursing staff, that if they call off on a day they are scheduledto do wound measurements on their client, the wound must be measured on the nextscheduled day and explained why it was not measured on the normal day to meetrequirements of CFR 484.75(b)(1).</p> <p>2) 100%nurse notes will be audited by CM weekly for accuracy.</p> <p>3) Administratoris responsible to ensure this does not recur.</p> <p>4) Completed5-2-23.</p>	2023-05-02

	<p>care indicated nursing interventions included but were not limited to "evaluate/monitor wounds" and perform wound care to the patient's Stage 4 pressure ulcer twice a week and as needed. The record indicated RN #6 conducted skilled nurse visits for Patient #11 on 02/06/2023, 02/09/2023, 02/13/2023, 02/14/2023, and 02/15/2023. The record failed to evidence RN #6 measured Patient #11's wound between 02/04/2023 – 02/16/2023.</p> <p>During an interview conducted on 03/31/2023 at 10:40 AM with the Administrator and Alternate Administrator, the Administrator confirmed Patient #11's wound was not measured between 02/04/2023 – 02/16/2023. The Administrator reported the nurse measured the patient's wound on Fridays and had missed the visit on 02/10/2023.</p> <p>During an interview conducted on 03/31/2023 at 11:21 AM with RN #6, the nurse confirmed they provided 40 hours of skilled nursing care for Patient #11 every week. The nurse reported the hospice and Patient #11's primary caregiver managed the patient's wound</p>			
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	<p>and RN #6 measured the wound once a week. The nurse confirmed Patient #11's wound was not measured between 02/04/2023 - 02/16/2023 due to the nurse missing a visit.</p> <p>410 IAC 17-12-2(g)</p>			
G0708	<p>Development and evaluation of plan of care 484.75(b)(2)</p> <p>Development and evaluation of the plan of care in partnership with the patient, representative (if any), and caregiver(s);</p> <p>Based on record review and interview, the home health agency failed to ensure all Registered Nurses (RNs) followed agency policy specific to frequency of wound measurement for 1 of 1 records reviewed of a patient with an active wound (Patient #11).</p> <p>Findings include:</p> <p>Review of agency policy #G-270 titled "Wound Measurement" indicated the agency would conduct measurements of all wounds weekly.</p> <p>Review of Patient #11's record</p>	G0708	<p>G 708CFR 484.75(b)(2) Development and Evaluation of Plan of Care</p> <p>1) Administratorin-serviced all nursing staff, that if they call off on a day they are scheduledto do wound measurements on their client, the wound must be measured on the nextscheduled day and explained why it was not measured on the normal day to meetrequirements of CFR 484.75(b)(2).</p> <p>2) 100%nurse notes will be audited by CM weekly for accuracy.</p> <p>3) Administratoris responsible to ensure this does not recur.</p> <p>4) Completed5-2-23.</p>	2023-05-02

	<p>recertification period 01/19/2023 – 03/19/2023 which indicated the patient was to receive skilled nursing services for 8 hours per day, 4 days per week, for 9 weeks. The plan of care indicated nursing interventions included but were not limited to “evaluate/monitor wounds” and perform wound care to a Stage 4 pressure ulcer twice a week and as needed.</p> <p>The record indicated the agency failed to measure Patient #11’s wound between 02/04/2023 – 02/16/2023.</p> <p>During an interview conducted on 03/31/2023 at 10:40 AM with the Administrator and Alternate Administrator, the Administrator confirmed Patient #11’s wound was not measured between 02/04/2023 – 02/16/2023.</p>			
G0788	<p>Org. had partial/extended survey 484.80(f)(3)</p> <p>Was subjected to an extended (or partially extended) survey as a result of having been found to have furnished substandard care (or for other reasons as determined by CMS or the state); or</p> <p>Based on record review and interview, the home health agency failed to ensure the agency did not</p>	G0788	<p>G788 CFR 484.80(f)(3) Org. had partial/extended survey</p> <p>Agency stopped class before 3-11-23 which was our correction date for the POC. Agency was not told to stop doing class when surveyors were originally here 2-9-23 because the surveyors had to get clarifications on several</p>	2023-05-02

	<p>provide a home health aide training and competency evaluation program while precluded from offering such programs for 1 of 1 home health agency.</p> <p>Findings include:</p> <p>Review of the employee record for HHA (Home Health Aide) #38 indicated an employee start date of 03/17/2023 and a home health aide registry application dated 03/17/2023, signed by registered nurse [RN] #3 as the nurse who conducted the competency on the same date. The record failed to evidence any home health aide training had begun prior to 03/17/2023.</p> <p>After review of the employee file, the Administrator was unable to provide evidence of any trainings for HHA #38 prior to 03/17/2023 and relayed HHA #38 came in to the agency on 03/09/2023, was interviewed, signed a pre-hire drug screen consent form, and completed a job application and indicated the applicant could not come back in to train at that time, due to a vacation and working another job.</p>		<p>things from their supervisor. I continued same as our previous survey when Kelly told me what I was to do and instructions. FYI.</p> <ol style="list-style-type: none"> 1) Administrator immediately in serviced administration on G 788 CFR 484.80(f)(3) to ensure that in the future (if) the agency has a condition level deficiency we will stop teaching class immediately, or finishing our current class, upon exit of surveyors. 2) Administrator immediately hired a contracted RN, that meet requirements, to teach our competency program to meet G 788 CFR 484.80(f)(3). 3) Administrator is responsible to ensure this does not recur. 4) Completed date 5-2-23. 	
G0798	Home health aide assignments and duties	G0798	G 798CFR 484.80(g)(1) Home	2023-05-02

	<p>484.80(g)(1)</p> <p>Standard: Home health aide assignments and duties.</p> <p>Home health aides are assigned to a specific patient by a registered nurse or other appropriate skilled professional, with written patient care instructions for a home health aide prepared by that registered nurse or 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 2 of 3 active patients reviewed who received home health aides services (Patients #13 and 15.)</p> <p>During an observation on 3/31/2023 at 9:20 AM, Home Health Aide (HHA) 34 provided personal care for Patient #13. During this visit Patient #13 indicated Friday was the day to shave. Patient #13 indicated shaving and clipping toenails were done once per week, on Fridays. HHA 34 confirmed shaving and toenail care were done once per week. During the home visit, RN 5 indicated he/ she did not know they could put frequencies on the aide care plan.</p> <p>Review of the Aide Care plan for</p>		<p>Health Aide Assignments & Duties</p> <p>Request IDR- Agencycare plans "are" individualized to all patient's needs. They are created with the patient and RN CaseManagers. Our agency uses KantimeEMR. We have used this system almost 6years now. Our system works well for usand our staff. I do not believe thesurveyors understand how the system works. We cannot alter Kantime. And wecannot put per patient request on every task as we were told by one surveyor todo and not to do by the other surveyor. Putting per patient request on every task opens up the care plan to notbe followed by staff. We cannot put specific tasks to be done on specific daysof a separate care plan for different days. The EMR does not work like that. Wealready have care plan specific – showers preferred in am or pm or per prequest. Our POC orders state thatpatients can change frequency & duration and visits as they want – theirrights.</p>	

	<p>Patient #13, dated 3/24/2023, indicated HHA tasks of nail care and shaving. There was no frequency on the aide care plan.</p> <p>During an interview on 3/31/2023 at the end of the day conference, the Administrator indicated the agency did not include once per week frequencies, so they were not out of compliance if the task was done more than once per week.</p> <p>410 IAC 17 – 13 – 2(a).</p> <p>Findings include:</p> <p>Policy C-751 "Home Health Aide Care Plan" indicated but not limited to provide a means of assigning duties to the Home Health Aide that are clear to the Nurse, Home Health Aide, and to the client/ caregiver being served.</p> <p>Review of Patient #13's clinical record evidenced an aide care plan signed by RN (Registered Nurse) #5 on 03/24/2023 and included but not limited to nail care and shaving legs. The record failed to evidence a frequency for each task.</p> <p>During a home visit</p>		<p>1) Administrator immediately identified and reviewed 100% of care plans for accuracy, all accurate with our EMR to meet G 798 CFR 484.80(g)(1).</p> <p>2) Administrator immediately reviewed care plan policy & procedures with all CMs to ensure continued individualized care plan creation with the patient, and making changes or updates to care plans as needed to meet G 798 CFR 484.80(g)(1).</p> <p>3) Administrator immediately reviewed with CM to review aide tasks on care plan daily, weekly and with all assessments to ensure accuracy to meet G 798 CFR 484.80(g)(1).</p> <p>4) 100% of care plans and aide tasks to be audited with each assessment by Admin to meet G 798 CFR 484.80(g)(1).</p> <p>5) Administrator is responsible to ensure this does not recur.</p> <p>6) Completed date 5-2-23.</p>	
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<p>observation on 03/31/2023 at 09:19 AM, Patient #15 indicated they only used their walker or cane at home on "bad days" and used the cane when they go out of the home.</p> <p>Review of Patient #15's clinical record evidenced an aide care plan signed by RN #2 on 02/07/2023 and included but not limited to ambulation assist, cane assist, and walker assist. The record failed to evidence specification of when the aide should offer cane assist or walker assist or neither.</p> <p>During an interview on 03/31/2023 beginning at 10:40 AM, when asked how the aide would know which assistive device if any to assist the patient with if ambulation assist, cane assist, and walker assist were all tasks on the aide care plan, the Administrator indicated the patient can use them all if needed and just being familiar with the patient and their routine. When asked how an aide who had not worked with the patient before would know, the Administrator indicated they were all options the aide or patient could have used, that all items were</p>				
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	<p>available on the aide care plan, and the aide would have marked used or not used. When asked if case managers should have known to enter a frequency for a task in the aide care plan, the Administrator indicated they could not, that the electronic medical record software used by the agency had not allowed it. When asked if the nurse could have typed a specific frequency in the task description, the Administrator indicated they could have but if the patient wanted the task on a different day or a different frequency the aide care plan would have been wrong so we put the tasks every day so the patient could have accepted or declined.</p>			
N0000	<p>Initial Comments</p> <p>This visit was for a Post Condition Revisit of a State Re-licensure survey of a Provider.</p> <p>Survey Dates: March 30 and 31, April 3, 2023</p>	N0000		

12 Month Unduplicated Census: 238		
During this post condition revisit survey, two (2) standard-level deficiencies were found corrected.		

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 Bethany Whybrew RN	TITLE Owner	(X6) DATE 5/8/2023 12:17:36 PM
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