

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157610	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/09/2023	
NAME OF PROVIDER OR SUPPLIER HOME HEALTH ANGELS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 117 N MAIN ST PO BOX 283, WINCHESTER, IN, 47394		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N0000	<p>Initial Comments</p> <p>This visit was for a State Re-licensure Survey of a Home Health provider.</p> <p>Survey Dates: March 6, 7, 8 and 9, 2023</p> <p>12 Month Unduplicated Census: 195</p> <p>QR: Area 2 on 3/15/23</p>	N0000		
N0470	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(m)</p> <p>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.</p>	N0470	<p>Action Plan: Alternate Administrator will ensure all employees receive the necessary training and education relating to hand hygiene, infection control , and bag technique.</p> <p>Alternate Administrator will</p>	2023-04-06

Based on observation, policy review and interview, the agency failed to follow their policies and failed to ensure staff exercised adequate infection control measures in 2 of 3 patient home visit care observations (Patients #1 and 3).

Findings include:

1. Review of policy B-401 "Infection Control" indicated the HHA [home health agency] will follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases, standard precautions included hand hygiene, training to stress preventing further spread of contamination while wearing PPE that included to keep hands away from your face and perform hand hygiene.

2. Review of policy "OSHA Infection Control/ Exposure Control Plan" indicated Patient infection control procedures included to wear and change gloves as necessary during the delivery of patient care, with frequent hand washing by home health care employees, before and after the provision of direct patient care, and after

supply 100% Patient Care staff with training and education on infection control, hand washing and bag technique in person, by US mail, and/or email

Time frame to be completed:
4/6/2023

Means of tracking measurable indicators: 100% completion of in-service by Patient Care staff verified by in-service sign in sheet, with name, signature, credentials, and date of in-service.

Ongoing: 100% of newly hired employees who will provide direct patient care will be trained on the most current revisions and additions. If there are any significant changes to policies relating to infection control, handwashing, and bag technique all staff will receive training within 14 days of implementation.

Party Responsible for tracking and measuring indicators:
Administrator/Director,
Alternate Administrator.

contaminated materials.

3. Review of policy "Healthcare Bag Technique for Home Health Care Clinicians" indicated staff is to wash their hands if you need to re-enter the home care bag for additional supplies during patient care. To never reach into the bag with gloved hands, to remove gloves and clean hands first, utilize the antiseptic wipes or alcohol pads to clean your equipment, lay them in your clean area, to dry, prior to returning them to the bag, then wash your hands, and repack and close the healthcare bag.

4. During a home visit observation at the residence of Patient #1, on 03/07/2023 beginning at 10:33 AM, the Alternate Director of Nursing [ADON] donned gloves and removed Patient's dressing and touched the patient's skin, then without hand hygiene, picked up a new package containing zinc oxide paste bandage, and set the contaminated package onto the clean barrier with the other clean wound care supplies, while wearing the same gloves.

During an interview on

03/08/2023 at 10:18 AM, the ADON indicated when doing a dressing change, the nurse should not remove a dressing, touch the patient's skin, and then with the same gloved hands, pick up and place a supply in the clean field.

5. During a home care observation visit on 03/08/2023 at 02:43 PM, Certified Occupational Therapy Assistant (COTA) #1 was observed to touch the front of their face mask to adjust, three times and failed to perform hand hygiene following touching their face mask. The COTA was observed to enter their home visit healthcare bag to retrieve additional items twice during the visit; the COTA failed to complete hand hygiene before entering their bag for the additional items. The COTA was observed to return cleaned items to their equipment bag though failed to complete hand hygiene before handling the clean equipment and placing in to the bag.

During an interview on 03/08/2023, beginning at 10:45 AM, the Director of Nursing

	perform hand hygiene prior to entering the work bag and should have performed hand hygiene after touching the front of the face mask. The DON and the Administrator indicated staff should not return cleaned equipment to the work bag while wearing contaminated gloves.			
N0522	<p>Patient Care</p> <p>410 IAC 17-13-1(a)</p> <p>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:</p> <p>Based on observations, record review, and interviews, the home health agency failed to follow their own policy and failed to ensure staff provided care only as ordered by the patient's health care provider in the written plan of care for 4 of 5 active patients reviewed (Patient #1, 2, and 5.)</p> <p>Findings include:</p> <p>1. Review of policy "Physician</p>	N0522	<p>Action Plan: Alternate Administrator will ensure that employees receive the necessary education and training relating to documentation of physician's orders and related policy, including medication changes, aide care plans, Plan of Care (POC/485), and wound care.</p> <p>Alternate Administrator will supply 100% Clinical Staff with training and education on physician's orders in person, by US Mail, and/or email.</p> <p>Inservice over physician's orders will be completed by 4/6/2023</p> <p>Means of tracking measurable indicators: 100% completion of in-service by all Clinical staff verified by in-service sign-in sheet with name, signature,</p>	2023-04-06

limited to "...All medications, treatments and services provided to patients must be ordered by a physician... Orders must be written completely..."

2. During a home visit observation of Patient #1 on 03/07/2023 beginning at 10:33 AM, observed the ADON (Alternate Director of Nursing) removed the patient's unna boot dressings and cleaned the patient's bilateral lower extremities with gauze and normal saline solution and patted dry with gauze before applying new dressings.

Review of Patient #1's record evidenced a physician's order, signed and dated on 02/24/2023 by the Alternate Administrator, included orders for skilled nursing visits twice a week for 4 weeks, effective 02/26/2023 to apply unna boots [a compression bandage, consists of a zinc oxide - impregnated gauze wrap that is applied from the toes to the knee, covered with a layer of cotton, and wrapped with an elastic compression dressing used to treat wounds caused by poor blood circulation in the

credentials, and date of in-service.

Ongoing: Alternate Administrator will provide education and training on physician's orders to all newly hired Clinical Staff with the most current revisions and updates to the physician's orders policy. If there are any significant changes, all staff will be educated within 14 days of implementation.

Party responsible for tracking and measuring indicators: Administrator/Director, Alternate Administrator.

twice weekly for peripheral venous insufficiency. The clinical record failed to evidence orders what was to be used to clean Patient's bilateral lower extremities.

During an interview on 03/10/2023 at 11:41 AM, the ADON indicated they did not have orders to clean Patient #1's bilateral lower extremities after dressing removal, just orders to apply the unna boots two times a week.

During an interview on 03/08/2023 at 10:45 AM, the Alternate Administrator indicated wound care orders should have included how to clean the wound.

3. During a home observation visit on 03/07/2023 of Patient #2 beginning at 10:33 AM, observed HHA #1 change Patient's urostomy bag and applied Ammonium Lactate 12% Moisturizing Lotion [an over-the-counter medication used to treat dry, scaly, itchy skin] to Patient #2's arms, legs, chest, and abdomen. Patient #2's spouse indicated the patient was prescribed the

doctor and relayed HHA #1 had applied the medicated lotion, after each bed bath, since the patient had received the lotion 2 to 3 weeks prior and indicated HHA #1 usually changed the urostomy bag during their HHA visits and the spouse changed on the weekends.

Review of Patient #2's record failed to evidence orders for the agency staff to change the urostomy and nor to apply Ammonium Lactate 12% Medicated Lotion.

During an interview on 03/08/2023 at 10:18 AM, the administrator indicated there was an order for the agency to change the urostomy but failed to produce a physician order to perform urostomy changes.

4. The clinical record for Patient #5, included a recertification assessment, conducted on 01/17/23 and a plan of care for the recertification period dated 01/18/23 - 3/18/23. The record evidenced skilled nurse visits were conducted on January 24, 31, February 07, 16, 21, and 28th, and March 06, 2023 which included documentation of the

	<p>each visit that included wound care to a stage IV wound at the coccyx. The recertification assessment dated 01/17/23 documented the stage IV coccyx wound measured 6.5 centimeters (cm) X 5.2 cm during the recertification assessment dated 01/17/23.</p> <p>On 3/09/23 at 2 PM, the alternate administrator relayed the current plan of care did not include evidence of a wound care treatment order.</p>			
N0524	<p>Patient Care</p> <p>410 IAC 17-13-1(a)(1)</p> <p>Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff.</p> <p>(B) Include all services to be provided if a skilled service is being provided.</p> <p>(B) Cover all pertinent diagnoses.</p> <p>(C) Include the following:</p> <p>(i) Mental status.</p> <p>(ii) Types of services and equipment required.</p> <p>(iii) Frequency and duration of visits.</p> <p>(iv) Prognosis.</p> <p>(v) Rehabilitation potential.</p>	N0524	<p>Action Plan: Alternate Administrator will ensure that RNs, PTs, OTs receive the necessary education and training relating to Plan of Care policy and development with focus on the inclusion of DME and the associated supplies, PRN qualifiers, ie: Shortness of breath or Pain (and specifying which pain level the medication is appropriate for) and the possibility of multiple sections of the POC requiring notation, ie: O2 in med list and concentrator in DME with associated supplies</p> <p>Alternate Administrator will</p>	2023-04-06

- (vi) Functional limitations.
- (vii) Activities permitted.
- (viii) Nutritional requirements.
- (ix) Medications and treatments.
- (x) Any safety measures to protect against injury.
- (xi) Instructions for timely discharge or referral.
- (xii) Therapy modalities specifying length of treatment.
- (xiii) Any other appropriate items.

Based on observation, record, and interview, the home health agency failed to follow their policy and include all necessary elements in the plan of care for 3 of 3 patients with home visit observations (Patient #1, 2, and 3.)

Findings include:

1. Review of policy "Plan of Care" indicated but not limited to "The Plan of Care shall be completed in full to include... Medications, treatments, and procedures... Medical supplies and equipment required..."
2. During a home visit observation for Patient #1 on 03/07/2023 beginning at 10:33 AM, observed a glucometer and

training and education on Plan of Care in person, by US mail and/or email

Inservice over physician's orders will be completed by 4/6/2023

Means of tracking measurable indicators: 100% completion of in-service by all RNs, OTs, and PTs verified by in-service sign-in sheets with name, signature, credentials, and date of in-service.

Ongoing: Alternate Administrator will provide training and education on Plan of Care to all newly hired RNs, PTs, and OTs with the most current revisions and additions to the Plan of Care policy. If there are any significant changes to policies, all RNs, PTs, and OTs will be educated within 14 days of implementation.

Party Responsible for tracking and measuring indicators: Administrator/Director, Alternate Administrator.

home; a family member indicated Patient used the glucometer to test their blood sugar daily.

Review of Patient #1's record evidenced a Plan of Care (POC) for certification period 01/30/2023 to 03/30/2023 failed to include a glucometer or glucometer test strips.

During an interview on 03/09/2023 beginning at 01:43 PM, the Alternate Administrator indicated all durable medical equipment and supplies should be included in the patient's POC.

3. During a home observation visit for Patient #2 on 03/07/2023 beginning at 10:33 AM, observed HHA #1 changed the patient's urostomy bag.

Review of Patient #2's record evidenced a POC for certification period 01/10/2023 – 03/10/2023 included Patient's medications that included acetaminophen-hydrocodone 325 mg (milligrams) -5mg twice per day as needed (PRN), take orally. The POC failed to evidence the indications for use of this as needed medication.

	<p>4. During a home visit for Patient #3 on 03/07/2023 beginning at 02:43 PM, observed an oxygen machine with nasal cannula next to the patient's chair set to 2L per minute. Patient #3 indicated they use the oxygen while sitting in the chair and while in bed.</p> <p>5. During an interview on 03/09/2023, the Administrator and Director of Nursing indicated indications for use should be included in the POC for all PRN medications.</p>			
N0604	<p>Scope of Services</p> <p>410 IAC 17-14-1(m)</p> <p>Rule 14 Sec. 1(m) The home health aide must report any changes observed in the patient's conditions and needs to the supervisory nurse or therapist.</p> <p>Based on observation, record review, and interview, the home health agency failed to follow their policy and failed to ensure the home health aide notified the supervisory nurse about a change in the patient's condition for 1 of 1 patient with home health aide services and a home visit</p>	N0604	<p>Action Plan: Alternate Administrator will ensure that Home Health Aides receive the necessary education and training relating to Home Health Aide Service Policy with focus on the signs and symptoms to report and Patient disclosures, or evidence present regarding new or discontinued medications.</p> <p>Alternate Administrator will supply 100% Home Health Aides with training and education on Home Health Aide Services in person, by US Mail, and/or email.</p> <p>Inservice over Home Health Aide Services will be completed by 4/6/2023.</p> <p>Means of tracking measurable indicators: 100% completion of in-service by all Home Health Aides verified by in-service sign in sheet, with name, signature, credentials, and date of in-service</p> <p>Ongoing: Alternate administrator will provide training and education on Home Health Aide Services to all newly hired Home Health Aides with the most current revisions and additions to the Home Health Aide Service policy. If there</p>	2023-04-06

observation (Patient #2.)

Findings include:

Review of policy "Home Health Aide Services" indicated but not limited to "Home Health Aide services may include... Making observations of the patient's condition and reporting the results to the Registered Nurse..."

During a home observation visit for Patient #2 on 03/07/2023 beginning at 10:33 AM, during the patient's bed bath observed redness to the bilateral buttocks in and near the intergluteal cleft (butt crack) and observed HHA #1 applied Ammonium Lactate 12% Moisturizing Lotion (a medicated lotion used to treat dry, rough skin) to the patient's legs, arms, chest, and abdomen.

Clinical record review for Patient #2 evidenced an aide care plan, signed and dated 01/05/2023 by the Alternate Administrator, included but not limited to "check pressure areas." The clinical record failed to evidence documentation of redness or skin breakdown to the bilateral buttocks or the intergluteal cleft during the certification period

are any significant changes all staff will be educated within 14 days of implementation

Party Responsible for tracking and measuring indicators: Administrator/Director, Alternate Administrator.

clinical record failed to evidence documentation the nurse was notified of a new medicated lotion, Ammonium Lactate 12% Moisturizing Lotion and failed to evidence the nurse was notified of new redness to the patient's skin.

During an interview on 03/08/2023 at 10:18 AM, the ADON (Alternate Director of Nursing) confirmed they were the case manager for Patient #2 and indicated they had not been notified by the aide of any new redness to the patient's skin or of the patient having any new medicated lotions.

During an interview on 03/08/2023 at 10:45 AM, the Administrator indicated the aide should call the nurse if the aide observed redness to the patient's skin or if the aide became aware the patient had a new medication. During the same interview, the Alternate Administrator indicated the aide had not called the agency office to report redness to the patient's skin.

N0606

Scope of Services

N0606

Action Plan: Alternate Administrator will ensure that

2023-04-06

410 IAC 17-14-1(n)

Rule 14 Sec. 1(n) A registered nurse, or therapist in therapy only cases, shall make the initial visit to the patient's residence and make a supervisory visit at least every thirty (30) days, either when the home health aide is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met.

Based on record review and interview, the home health agency failed to follow their own policy and failed to supervise the home health aide for 1 of 1 patients reviewed that received home health aide services (Patient #2.)

Findings include:

Review of policy "Home Health Aide Supervision" indicated but not limited to "Supervisory visits of Home Health Aides shall be according to the following frequency... When skilled services are being provided to a patient, a Registered Nurse/Therapist must make a supervisory visit to the patient's residence at least every fourteen (14) days to assess relationships and determine whether goals are being met... Supervisory visits are to be documented in the patient's chart on the Home Health Aide Supervision Form..."

employees receive the necessary education and training relating to Supervisory Visits with focus on the correct frequencies required.

Alternate Administrator will supply 100% Clinical Staff with training and education on Supervisory Visits in person, by US Mail, and/or email

Inservice over Supervisory Visits will be completed by 4/6/2023

Means of tracking measurable indicators: 100% completion of in-service by all Clinical Staff verified by in-service sing in sheet, with name, signature, credentials, and date of in-service.

Ongoing: Alternate Administrator will provide training and education on Supervisory Visits to all newly hired Clinical Staff with the most revisions and additions to the Supervisory Visits policy. If there are any significant changes all staff will be educated within 14 days of implementation. Verification of adherence to requirement will be monitored bi-weekly with timesheet submission during payroll audits on an on-going

	<p>Review of Patient #2's record evidenced a plan of care for certification period 01/10/2023 to 03/10/2023 included orders for skilled nursing services once per month for administration of intravenous medication, occupational therapy services, and home health aide services three times per week to assist with included but not limited to bathing, meal prep, meal set up, monitor for skin breakdown and report any wounds to nurse. The clinical record failed to evidence any aide supervisory visits during the certification period reviewed.</p> <p>During an interview on 03/09/2023 at 01:22 PM, the Alternate Administrator indicated they were unable to find an aide supervisory record in the patient's clinical record since some time in 2022. The Alternate Administrator confirmed there was no evidence of an aide supervisory visit between the dates 01/01/2023 and 03/09/2023.</p>		<p>basis.</p> <p>Party Responsible for tracking and measuring indicators: Administrator/Director, Alternate Administrator.</p>	
N0610	<p>Clinical Records</p> <p>410 IAC 17-15-1(a)(7)</p>	N0610	<p>Action Plan: Alternate Administrator will ensure that Home Health Aides receive the necessary education and</p>	2023-04-04

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.

Based on record review and interview, the home health agency failed to follow their policies and failed to ensure aide visit notes were clear and complete for 1 of 1 patient receiving home health aide services reviewed (Patient #2.)

Findings include:

Review of policy C-680 "Clinical Documentation" indicated but not limited to "... Information contained in the clinical record must be accurate, adhere to current clinical record documentation standards of practice..."

Review of policy "Home Health Aide Services" indicated but not limited to "All services provided by the Home Health Aide shall be documented in the clinical record."

Review of Patient #2's clinical record evidenced an aide care plan which evidenced tasks included but not limited to bed bath, assist with dressing, hair

training relating to Clinical Documentation Policy with focus on documentation to all assigned tasks, completed or declined, at every visit.

Alternate Administrator will supply 100% Home Health Aides with training and education on Clinical Documentation in person, by US Mail, and/or email.

Inservice over Clinical Documentation will be completed by 4/6/2023. Means of tracking measurable indicators: 100% completion of in-service by all Home Health Aides verified by in-service sign in sheet, with name, signature, credentials, and date of in-service.

Ongoing: Alternate Administrator will provide training and education on Clinical Documentation to all newly hired Home Health Aides with the most current revisions and additions to the Clinical Documentation policy. If there are any significant changes all staff will be educated within 14 days of implementation. Documentation will be monitored weekly for

	<p>care, skin care, assist with elimination, encourage fluids, and light housekeeping. The aide visit documentation failed to evidence completion or patient declination of individual tasks from the aide care plan.</p> <p>During an interview on 03/09/2023 at 01:43 PM, the Director of Nursing confirmed the aide visit notes did not include documentation of the specific tasks performed.</p>		<p>completion on an on-going basis.</p> <p>Party Responsible for tracking and measuring indicators: Administrator/Director, Alternate Administrator.</p>	
N9999	<p>Final Observations</p> <p>Based on record review and interview, the agency failed to ensure they randomly drug tested 50% of their home health aides annually for 1 of 1 records reviewed for this agency.</p> <p>Findings include</p> <p>1. SECTION 8. IC 16-27-2.5-2 , [added to the Indiana Code as a new chapter, effective July 1, 2017 updated 2019]: Chapter</p>	N9999	<p>Action Plan: Alternate Administrator will provide and administer random drug screening at random intervals throughout the calendar year to achieve no less than 50% and up to 100% of home health aides tested annually.</p> <p>Time from to be completed: 4/6/2023, completed on 3/27/2023.</p> <p>Means of measuring trackable indicators: Results of drug screen will be placed in employee file annually.</p> <p>Ongoing: Alternate Administrator will administer drug screens to all employees</p>	2023-03-27

2.5. Drug Testing of Employees
 Sec. 0.5. This chapter does not apply to a home health employee licensed under IC 25. Sec. 1. states, (2)(b) A home health agency shall randomly test: (1) at least fifty percent (50%) of the home health agency's employees who: (A) have direct contact with patients; and (B) are not licensed by a board or commission under IC 25; at least annually.

2. On 3/09/23 at 3:15 PM, the Director of nursing relayed the agency did not conduct random drug testing on their direct care home health aides and that their one current home health aide was hired in 2019 and the agency had not conducted a random drug test since HHA #1 was hired relayed they only conduct a drug screen at hire.

50% and up to 100% of home health aides annually.

Party responsible for tracking measurable outcomes:
 Administrator/Director,
 alternate administrator, Director of Operations.

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

Crystal Hackler

TITLE

RN, Alternate
 Administrator

(X6) DATE

4/2/2023 11:28:00 AM