

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157552	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/12/2023	
NAME OF PROVIDER OR SUPPLIER JOY HEALTH SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2825 E 96TH ST, INDIANAPOLIS, IN, 46240		
(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 Deemed Home Health provider.</p> <p>Survey Dates: 04-10-2023, 04-11-2023, and 04-12-2023</p> <p>Census: 82</p> <p>QR by Area 3 on 4-24-2023</p>	N0000	<p><i>POC accepted on 5-5-2023</i></p> <p><i>Deborah Franco, RN</i></p>	
N0454	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(d)</p> <p>Rule 12 Sec. 1(d) The person or similarly qualified alternate shall be on the premises or</p>	N0454	<p>Adjusted the process by:</p> <p>1. From this point forward, the designated number will be answered by a live person. The person answering the telephone will either resolve the</p>	2023-05-04

<p>capable of being reached immediately by phone, pager or other means. In addition, the person must be able to:</p> <ol style="list-style-type: none"> (1) respond to an emergency; (2) provide guidance to staff; (3) answer questions; and (4) resolve issues; <p>within a reasonable amount of time, given the emergency or issue that has been raised.</p> <p>Based on observation, record review, and interview, the Administrator failed to ensure the 24 on-call designees or a Registered Nurse was available to respond to after-hours calls for 3 of 3 attempts.</p> <p>1. A policy titled "On-Call Policy," received from the administrator on 04-13-2023 at 9:16 AM contained but not limited to " A Registered Nurse on-call will be available when offices are closed. The on-call nurse will respond to emergency calls within thirty (30) minutes ... On-call services will be available seven(7) days a week, twenty-four(24) hours a day."</p> <p>1. On 4-12-23 at 7:06 AM</p>		<p>issue with the call or contact the nurse on call for resolution.</p> <ol style="list-style-type: none"> 2. If the designated person does not answer the call within four rings, the call will go to voice mail for recording and an email will be sent to nursing administration and the administrator. 3. Established an on call schedule of registered nurses from nursing administration. 4. Presently it is the scheduling department that answers the call and that will continue with the scheduler managing any scheduling issue and the nurse on call will manage any clinical issue. 5. Each morning nursing administration will meet to review the calls to ensure all were resolved in a timely and professional manner. 6. On Call procedure was revised and in service held to inform all personnel involved on 05/03/23 7. New process was begun on 05/04/23 <p>The Clinical Manager is</p>	
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<p>(Office Hours are 8:00 AM to 5:00 PM) an after-hours call was placed to the agency. The phone call went to an email that confirmed this was the after-hours number for this agency and to leave a message and someone would call you back. No phone call was received by 7:37 AM.</p> <p>2. On 4-12-2023 at 7:36 AM a second phone call was placed to the Agency's after-hours phone number and went to voicemail. No phone call was received by 8:07 AM.</p> <p>3. On 4-12-2023 at 7:55 AM a third phone was placed to the Agency's after-hours phone number and went to voicemail.</p> <p>4. On 04-12-2023 at 8:12 AM (open office hours) a return phone call was received from Employee #5, the on-call triage designee.</p> <p>5. On 4-12-2023 at 8:45 AM, the Administrator reported the on-call designee had a technical issue with the phone and reported she had received texts that the after-hours call came in but she did not see them.</p>		responsible for supervising and monitoring the new process.	
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<p>N0556</p>	<p>Scope of Services</p> <p>410 IAC 17-14-1(a)(2)(D)</p> <p>Rule 14 Sec. 1(a) (2)(D) For purposes of practice in the home health setting, the licensed practical nurse shall do the following:</p> <p>(D) Prepare equipment and materials for treatments observing aseptic technique as required.</p> <p>Based on observation, record review, and interview, the agency failed to ensure infection control practices and policies were upheld in 1 of 3 home visits for hand hygiene and gloving. (Patient: #3)</p> <p>1, On 04-12-2023 at 9:16 AM a policy titled "Universal Precautions," was provided by Administrator #1 indicating but not limited to, "Hand washing: Hand washing will be performed to prevent cross contamination between clients and personnel ... a. Hands and other skin surfaces should be washed with soap and warm water immediately and thoroughly before and after client contact ... before and after gloves are worn ... "</p> <p>2. On 04-12-2023 at 9:16 AM a</p>	<p>N0556</p>	<p>A mandatory inservice was held to review the process for "Hand Washing" with all RN's and LPN's. The process was reviewed and a copy of the procedure given to each person. Each clinician was competencied by the Assistant Clinical Manager and two other registered nurses from nursing administration. A written test was completed by each clinician, graded, reviewed with clinician and a copy placed in the clinician's personnel file. 04/24/23</p> <p>Mandatory inservice was held to review "Aseptic Technique" and Dressing Change for Tracheostomy principles with emphasis on gloving to provide care to a patient for all RN's and LPN's. Demonstration was presented, a copy of the procedure given to each clinician and then each clinician was competencied in the procedures of hand washing, gloving, and changing a dressing for a tracheostomy patient. Supervision of clinicians was completed by the Assistant Clinical Manager and two other registered from nursing administration. Each clinician</p>	<p>2023-05-04</p>
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Policy titled Tracheostomy Care," (an opening created at the front of the neck so a tube can be inserted into the windpipe,) was provided by Administrator #1, contained but not limited to: " ... to prevent infection of tracheostomy ... wash hands and dry ... Put on clean gloves ... Assemble supplies using aseptic technique (a method used to prevent contamination) ... wash hands ... "

3. On 04-12-2023 at 10:00 AM during a home observation, Licensed Practical Nurse (LPN) #1 was observed performing tracheostomy care on Patient # 3. LPN #1 put on clean gloves assembled supplies, removed the tracheostomy tube from Patient #3, placed the tube in cleaning solution, removed soiled gloves, put on clean gloves, inserted a clean tube into Patient #3's tracheostomy, removed gloves, put on clean gloves, cleaned soiled tracheostomy tube with solution, and removed gloves. LPN #1 failed to perform tracheostomy care using aseptic technique including washing hands before the procedure, immediately before and after

examination, examination graded, reviewed with each clinician and placed in clinician's personnel file. 04/24/23

Nursing administration will review in their supervisory visits the clinician's aseptic technique and if any infraction is noted, the clinician will be counseled, the procedures will be reviewed with the clinician and the clinician must be competenced again. Nursing Administration will conduct frequent supervisory visits of the clinician to ensure there is not anymore infractions. If the clinician is found to not be following appropriate technique, they may be terminated.

The Clinical Manager is responsible for this process.

contact with the soiled tracheostomy tube, when changing gloves, and after removing gloves when care was completed.

4. During an interview on 04-12-2023 at 10:25 AM, LPN#1 confirmed not washing hands and indicated it was difficult to put on gloves with wet hands.

5. During an interview on 04-12-2023 at 11:25 AM with Administrator #1 and the Director of Nursing, they both confirmed hand hygiene is to be performed before putting on gloves prior to a procedure, during the procedure when going from a possibly contaminated area to a clean area, when changing gloves, and when gloves are removed after performing the procedure.

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
Joy Adewopo

TITLE
Administrator

(X6) DATE
5/3/2023 1:51:16 PM