

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>157582</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>05/18/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>CARETENDERS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8777 PURDUE RD, SUITE 100 , INDIANAPOLIS, Indiana, 46268</b>	
(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	Initial Comments  An Emergency Preparedness survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102, For Home Health Providers and Suppliers.  Survey Dates: 05-16-2023, 05-17-2023, 05-18-2023  Active Census: 65  Unduplicated Skilled Census: 325  At this Emergency Preparedness survey, Caretenders, was found to have been in compliance with the requirements of Emergency Preparedness for Medicare and Medicaid participating providers and suppliers at 42 CFR 484.102.  QR completed 5/23/2023 A4	E0000		
G0000	INITIAL COMMENTS  This visit was for a Recertification and State Re-Licensure survey of a Non-Deemed Home Health Agency.  Survey Dates: 05-16-2023, 05-17-2023, and 05-18-2023  Facility Number: 011129  Active Census: 65  Unduplicated Skilled Census: 325	G0000		
G0574	Plan of care must include the following  CFR(s): 484.60(a)(2)(i-xvi)  The individualized plan of care must include the following:  (i) All pertinent diagnoses;  (ii) The patient's mental, psychosocial, and cognitive status;  (iii) The types of services, supplies, and equipment required;	G0574		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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G0574	<p>Continued from page 1</p> <p>(iv) The frequency and duration of visits to be made;</p> <p>(v) Prognosis;</p> <p>(vi) Rehabilitation potential;</p> <p>(vii) Functional limitations;</p> <p>(viii) Activities permitted;</p> <p>(ix) Nutritional requirements;</p> <p>(x) All medications and treatments;</p> <p>(xi) Safety measures to protect against injury;</p> <p>(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.</p> <p>(xiii) Patient and caregiver education and training to facilitate timely discharge;</p> <p>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</p> <p>(xv) Information related to any advanced directives; and</p> <p>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview the agency failed to include all durable medical equipment in 3 of 4 active patient records reviewed with a diagnosis of Diabetes Mellitus (a condition that affects the way the body processes blood sugar/glucose). (Patients #2, 3, and 10)</p> <p>The findings include:</p> <p>1. A policy received from the Executive Director on 05-18-2023 at 12:28 PM titled, "Plan of Care (POC)" revised 12-01-2021, included but not limited to..."Each patient has an individualized Plan of Care (POC) developed...to address patient problems, needs, and goals...The POC includes...Required equipment and supplies..."</p>	G0574		

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G0574	<p>Continued from page 2</p> <p>2. A record review of Patient #3 with a start of care (SOC) 03-22-2023 and a certification period of 03-22-2023 to 05-20-2023 and diagnoses to include but not limited to Type 2 Diabetes Mellitus with foot ulcer and long term use of insulin. Physician orders included instructing patient on diabetes including the disease process, signs and symptoms of exacerbation, complications, and management. The plan of care (POC) failed to evidence durable medical equipment, including a glucometer machine (machine to measure blood sugar), testing strips, and insulin injection and disposal supplies.</p> <p>3. A record review of Patient #10 with a SOC 05-04-2023 and a certification period of 05-04-2023 to 07-02-2023 and diagnosis to include but not limited to Type 2 diabetes and long term current use of insulin. Physician orders included skilled nurse to provide instruction on Diabetes Type 2 including disease process, associated signs, and symptoms, and causes of disease process. The plan of care (POC) failed to evidence durable medical equipment, including a glucometer machine (machine to measure blood sugar), testing strips, and insulin injection and disposal supplies.</p> <p>4. During an interview on 05-18-2023 at 12:00 PM, the Agency's Executive Director confirmed that POCs should contain all medical supplies including diabetic supplies.</p> <p>5. On 05-17-2023 at 10:30 AM, Patient #2's clinical record was reviewed. The clinical record evidenced a plan of care (POC) with a start of care date of 03-13-2023 and a certification period of 05-12-2023 to 07-10-2023. The POC evidenced a diagnosis that included but was not limited to, "... Type 2 Diabetes Mellitus without complications...". The POC failed to indicate supplies necessary for a patient with Diabetes, as evidenced by, "... DME (sic Durable Medical Equipment) and Supplies: Dressing-Foam; Gauze; Gauze-Impregnated; Tape; Wound Cleanser...".</p> <p>IAC 410 17-13-1(a)(1)</p>	G0574		