STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K160	A. BUILDING B. WING	08/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREEDOM HOME CARE, LLC	7551 SHELBY STREET, 3RD FL, INDIANAPOLIS, IN, 46227

(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 a Home Health Provider and Supplier. Survey Dates: 08-14, 08-15, and 08-16-2023 Active Census: 102 Unduplicated Skilled Census: 1 At this Emergency Preparedness Survey, Freedom Home Care LLC was found to be in compliance with Conditions of Participation 42 CFR 484.102 Emergency Preparedness requirements for Medicare Participating Providers and Suppliers. QR completed by A3 on 08/21/2023	E0000	No conditions were cited.	

G0000	INITIAL COMMENTS This visit was for a Federal Recertification and State Re-Licensure survey of a Home Health Provider. Survey Dates: 08-14, 08-15, and 08-16-2023 Active Census: 102 12-Month Unduplicated Skilled Admissions: 1 This deficiency report reflects State Findings cited in accordance with 410 IAC 17. During this Federal Recertification and State Re-Licensure survey, a partially extended survey was announced on 08-15-2023 at 11:30 AM. No Conditions were cited. QR completed by A3 on 08/21/2023.	G0000	No conditions were cited.	
G0528	Health, psychosocial, functional, cognition 484.55(c)(1) The patient's current health, psychosocial, functional, and cognitive status;	G0528	1. This deficiency was corrected as of 8/25/2023. The DON provided teaching to RN case managers regarding ensuring all assessment data is accurately depicted on the OASIS and subsequently transferred to the care plan/485. 2. The DON reviewed all care plans/485's to ensure assessment data is accurate, all treatments and diagnosis are current and	2023-08-25

	Based on record review and interview, the agency failed to ensure the comprehensive assessment was completed and accurately reflected the patient's condition and information for 1 of 3 active clinical records reviewed without a home visit. (Patient #1) Findings Include: 1. On 08-16-2023 at 3:00 PM, the Director of Nursing (DON) provided a 2017 Freedom Home Care LLC policy titled "Client Assessment". The policy indicated but was not limited to, " ... Purpose ... ensure an accurate projection of client needs. ... 1. Evaluation and documentation ... a. Medical History ... 8. Registered Nurses will complete assessments. ..." 2. On 08-14-2023 at 2:45 PM, Patient #1's clinical record was reviewed. The clinical record evidenced a document titled "Start of Care Version" with a start of care (SOC) date of 01-04-2023 and an assessment completed date of 01-04-2023. The document indicated but was not limited to, " ... (M1000) From which of the following		correct. 3. The DON- Keah Chilton, MS, RN will be responsible for ensuring ongoing compliance. Information was provided to RN case managers and teaching was reenforced to ensure all care plans are patient centered and goals are patient specific to individual needs, focusing on the patient's health, psychosocial, functional and cognitive needs.	

	Inpatient Facilities was the patient discharged within the past 14 days? … NA (sic not applicable) – Patient was not discharged from an inpatient facility. …" The comment section indicated the patient had been hospitalized from 12-14-2022 to 01-03-2023 for a kidney transplant (a surgery to replace a nonfunctional kidney with a healthy kidney). The comprehensive assessment indicated Patient #1's primary diagnosis was ESRD (End Stage Renal Disease) with dialysis (a treatment where a machine cleans the blood in a person's body when the kidneys are no longer functioning). The assessment evidenced a section titled "Elimination Status", it indicated the patient's urinary elimination was within normal limits. The start of care comprehensive assessment failed to accurately depict the patient's current health status and condition. The comprehensive assessment failed to include an accurate assessment of a post-surgery kidney transplant patient. On 08-15-2023 at 1:25 PM, the DON provided a document dated and signed by the DON			

	on 08-15-2023. The document indicated Patient #1 no longer had an ESRD with dialysis diagnosis and were to be on a fluid restriction because the patient's "urination stream remains slow and weak." The clinical record failed to ensure Patient #1's comprehensive assessment accurately reflected the patient's health status. 3. On 08-14-2023 at 2:45 PM, Patient #1's clinical record was reviewed. The clinical record evidenced a document titled "Adult Re-Assessment 485 P.O.C Recertification Worksheet and OASIS follow-up". The document indicated the comprehensive assessment was completed on 06-30-2023. The document indicated the patient's primary diagnosis was ESRD with dialysis. The document failed to accurately reflect the patient's health status. 4. During an interview with Person G, a patient representative at Person C's, Patient #1's physician, office, Entity A, on 08-15-2023 at 9:28 AM, indicated they would			

	contact the nurse and inform them a return call was requested. The call was never returned from Entity A. 5. During an interview with Person D, a social worker, from Entity B, a dialysis center, on 08-15-2023 at 9:35 AM, they confirmed Patient #1 had a kidney transplant and was no longer on dialysis. 6. During an interview with the DON on 08-16-2023 at 10:10 AM, they confirmed Patient #1 no longer had a diagnosis of ESRD with Dialysis. 7. During an interview with the DON on 08-15-2023 at 10:10 AM, they indicated the comprehensive assessments were to be complete and accurate according to the patient's current condition. 410 IAC 17-14-1(a)(1)(B)			
G0530	Strengths, goals, and care preferences 484.55(c)(2) The patient's strengths, goals, and care preferences, including information that may be used to demonstrate the patient's progress toward achievement of the goals identified by	G0530	1. The process for correcting this deficiency will be fully completed by 9/6/2023. The DON will work with all RN case managers to ensure all care plans and OASIS are complete and patient specific to ensure all needs are met. The goals for each patient will be reviewed and noted appropriately, as well as any patient preferences. Goals will be identified by the patient and reviewed with the RN. Each goal will be measurable and patient specific. This data will be given to the DON, who will analyze	2023-09-06

	the patient and the measurable outcomes identified by the HHA; Based on record review and interview, the agency failed to ensure the comprehensive assessments contained patient identified goals and preferences for 4 of 5 active clinical records reviewed. (Patients # 1, 2, 4, and 5) Findings Include: 4. A review of the clinical record for Patient #2 evidenced a document titled "Comprehensive Adult Assessment 484 P.O.C. Start of Care Version" completed on 05-19-2023. The sections titled "Goals identified by Patient" and "Achievement of Goals Identified by the Patient" were left blank. 5. A review of the clinical record for Patient #4 evidenced a document titled. The clinical record evidenced a document titled "Adult Re-Assessment 485 P.O.C Recertification Worksheet and OASIS follow-up". The document indicated the comprehensive assessment was completed on 06-14-2023. The sections titled "Goals identified by Patient" and "Achievement		and review within quality assurance/performance improvement exercises/reports. 2. The DON has provided all RN case managers with written information and verbal teaching to ensure this problem does not occur again. The DON will review all care plans and OASIS to ensure they are completed accurately with patient specific goals and preferences noted. 3. The DON, Keah Chilton, MS, RN will be responsible for the correction and ongoing compliance of this deficiency.	

	Patient" were left blank. 1. On 08-16-2023 at 3:00 PM, the Director of Nursing (DON) provided a 2017 Freedom Home Care LLC policy titled "Client Assessment". The policy indicated but was not limited to, " ... Purpose ... ensure an accurate projection of client needs. ... 1. Evaluation and documentation ... d. Problems, needs, and strengths of clients ..." 2. On 08-14-2023 at 2:45 PM, Patient #1's clinical record was reviewed. The clinical record evidenced a document titled "Start of Care Version" with a start of care (SOC) date of 01-04-2023 and an assessment completed date of 01-04-2023. The document contained a section titled "Patient Care Preferences Communicated by Patient", the section was not filled out with the patient's care preferences. The sections titled "Goals Identified by Patient" and "Achievement of Goals Identified by the Patient" were left blank and did not identify the patient-identified goals. On 08-14-2023 at 2:45 PM, Patient #1's clinical record was			

	reviewed. The clinical record evidenced a document titled "Adult Re-Assessment 485 P.O.C Recertification Worksheet and OASIS follow-up". The document indicated the comprehensive assessment was completed on 06-30-2023. The sections titled "Goals Identified by Patient" and "Achievement of Goals Identified by the Patient" were left blank and did not identify the patient-identified goals. 3. On 08-15-2023 at 2:00 PM, Patient #5's clinical record was reviewed. The clinical record evidenced a document titled "Adult Re-Assessment 485 P.O.C Recertification Worksheet and OASIS follow-up". The document indicated the comprehensive assessment was completed on 06-30-2023. The sections titled "Goals Identified by Patient" and "Achievement of Goals Identified by the Patient" were left blank and did not identify the patient-identified goals.			
G0538	Primary caregiver(s), if any	G0538	1. The DON will review all OASIS to ensure the patient's psychosocial status is addressed and noted.	2023-09-06

	484.55(c)(6)(i,ii) The patient's primary caregiver(s), if any, and other available supports, including their: (i) Willingness and ability to provide care, and (ii) Availability and schedules; Based on record review and interview, the agency failed to ensure the primary caregiver and their availability was listed in the comprehensive assessment for 4 of 5 active clinical records reviewed. (Patients #1, 2, 4, and 5) Findings Include: 5 .A review of the clinical record for Patient #2 evidenced a document titled "Comprehensive Adult Assessment 484 P.O.C. Start of Care Version" completed on 05-19-2023. The document contained but was not limited to a section titled "Psychosocial Status" and evidenced the question, " Is caregiver willing and able to assist? the document indicated "yes". The sections titled "Name of Primary caregiver, Relationship, and Availability/Schedule " were left blank. 6. A review of the clinical record		2. The DON has provided written information and verbal teaching to RN case managers ensuring patient's psychosocial status is addressed at every assessment, and that this information is noted on all OASIS forms. 3. The DON, Keah Chilton, MS, RN is responsible for continuous monitoring of this deficiency, to ensure patient needs are met. All OASIS forms will have the primary caregiver noted, along with the relationship of the caregiver to the patient, and the caregivers availability/schedule to provide care to the patient.	

	document titled “Adult Re-Assessment 485 P.O.C Recertification Worksheet and OASIS follow-up completed on 06-14-2023. The document contained but was not limited to a section titled “Psychosocial Status” and evidenced the question “ Is caregiver willing and able to assist? the document indicated "yes". The sections titled "Name of Primary caregiver, Relationship, and Availability/Schedule ” were left blank. 1. On 08-16-2023 at 3:00 PM, the Director of Nursing (DON) provided a 2017 Freedom Home Care LLC policy titled “Client Assessment”. The policy indicated but was not limited to, “ … Purpose … ensure an accurate projection of client needs. … 1. Evaluation and documentation … i. Family and/or support system capabilities/availability …” 2. On 08-14-2023 at 2:45 PM, Patient #1’s clinical record was reviewed. The clinical record evidenced a document titled “Adult Re-Assessment 485 P.O.C Recertification Worksheet and OASIS follow-up”. The			

	comprehensive assessment was completed on 06-30-2023. The assessment contained a section titled "Psychosocial Status" and indicated but was not limited to, " ... is caregiver willing and able to assist? ... Yes ... Name of primary caregiver: (sic blank) ... Relationship: (blank) ... Availability/Schedule: (sic blank) ..." The document failed include the name and availability of the patient's primary caregiver. 3. On 08-15-2023 at 2:00 PM, Patient #5's clinical record was reviewed. The clinical record evidenced a document titled "Adult Re-Assessment 485 P.O.C Recertification Worksheet and OASIS follow-up". The document indicated the comprehensive assessment was completed on 06-30-2023. The document contained a section titled "Psychosocial Status" and indicated but was not limited to, " ... Is caregiver willing and able to assist? ... Yes ... Name of primary caregiver: (sic blank) ... Relationship: (sic blank) ... Availability/Schedule: (sic blank) ..." The assessment failed to indicate the name and availability of the patient's primary caregiver.			

	4. During an interview with the Director of Nursing on 08-15-2023 at 10:10 AM, they indicated the comprehensive assessments were to be complete and accurate according to the patient's current condition.			
G0574	Plan of care must include the following 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; (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.	G0574	1. This deficiency was corrected as of 8/18/2023. The care plan was updated to reflect current and correct diagnosis for this patient. 2. The DON will review all care plans and OASIS on an ongoing basis to ensure that this problem does not occur again. All diagnosis will be reviewed at each assessment (SOC, ROC, Recertification) and updated as needed. Subsequently, the plan of care will be reviewed and updated regarding: pertinent diagnoses, patient's mental, psychosocial and cognitive status, types of services, supplies and equipment required, frequency and duration of visits needed, patient's prognosis, rehabilitation potential, functional limitation, activities permitted, nutritional requirements, medications and treatments, safety measures, patient's risk for ED visits and hospitalizations, patient and caregiver education, patient specific interventions and changes in code status. 3. The DON, Keah Chilton, MS, RN will be responsible for continuous monitoring of care plans to correct this deficiency and to prevent any issues ongoing.	2023-08-18

(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.

Based on record review and interview, the agency failed to ensure the plan of care was up-to-date and reflected an accurate diagnosis for 1 of 3 active records reviewed without a home visit. (Patient #1)

Findings Include:

1. On 08-15-2023 at 3:36 PM, the Director of Nursing (DON) provided a 2019 Freedom Home Care, LLC policy titled "Plan of Care / 485 / Orders". The policy indicated but was not limited to, " ... Procedure ... 1. Plan of Care ... will include ... all pertinent diagnosis ..."

2. On 08-14-2023 at 2:45 PM, Patient #1's clinical record was reviewed. The clinical record evidenced a plan of care with a start of care (S0C) date of 01-04-2023 and a certification period of 01-04-2023 to 03-04-2023. The plan of care evidenced a primary diagnosis

	of End stage renal disease (ESRD) with dialysis (a treatment where a machine cleans the blood in a person's body when the kidneys are no longer functioning) and indicated the patient went to dialysis Mondays, Wednesdays, and Fridays. The plan of care evidenced a note indicating the patient was in the hospital from 12-14-2022 to 01-03-2023 for a kidney transplant (a surgery to replace a nonfunctional kidney with a healthy kidney). On 08-14-2023 at 2:45 PM, Patient #1's clinical record was reviewed. The clinical record evidenced a plan of care with a start of care (S0C) date of 01-04-2023 and a certification period of 07-03-2023 to 08-31-2023. The plan of care evidenced a primary diagnosis of ESRD with dialysis. On 08-15-2023 at 1:25 PM, the DON provided a document dated and signed by the DON on 08-15-2023. The document indicated Patient #1 no longer had an ESRD with dialysis diagnosis as of 01-04-2023. The plans of care with the certification periods of			

	01-04-2023 to 03-04-2023 and 07-03-2023 to 08-31-2023 failed to reflect an accurate diagnosis for Patient #1. 3. During an interview with Person D, a social worker, from Entity B, a dialysis center, on 08-15-2023 at 9:35 AM, they confirmed Patient #1 had a kidney transplant and was no longer on dialysis. 4. During an interview with the DON on 08-15-2023 at 1:25 PM, they indicated the plan of care was to reflect the patient's current condition and should have been revised. 5. During an interview with the DON on 08-16-2023 at 10:10 AM, they confirmed Patient #1 no longer had a diagnosis of ESRD with Dialysis. 410 IAC 17-13-1 (a)(1)(C)			
G0590	Promptly alert relevant physician of changes 484.60(c)(1)	G0590	1. This deficiency was corrected on 8/18/2023. During the survey the DON provided a document that was sent to physician that clarified when the patient was on hold, hospitalized, when care was resumed, and updated treatments. 2. The DON will review all SOC, ROC, Recertification OASIS and care plans going forward to ensure all data is current, updated and patient specific needs are noted and updated accordingly.	2023-08-18

	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. Based on record review and interview, the agency failed to inform the physician the patient was hospitalized and send hold orders for 1 of 1 active clinical record reviewed with a recent hospitalization. (Patient #1) Findings Include: 1. On 08-16-2023 at 3:00 PM, the Director of Nursing (DON) provided a 2017 Freedom Home Care, LLC policy titled "Medical Supervision". The policy indicated but was not limited to, " ... 4. Physician will be contacted when ... a. Condition changes ..." 2. On 08-14-2023 at 2:45 PM, Patient #1's clinical record was reviewed. The clinical record evidenced a plan of care with a start of care (S0C) date of 01-04-2023 and a certification period of 01-04-2023 to 03-04-2023. The plan of care evidenced a primary diagnosis of End stage renal disease (ESRD) with dialysis (a treatment where a machine cleans the blood in a person's body when		3, The DON, Keah Chilton, MS, RN is responsible for this correction, and to ensure this does not occur again. Freedom Home Care does have the correct policies and procedures in place, and they will be followed correctly. All employees have been reeducated to notify the office immediately with a change in patient status, including a hospitalization. This way, transfer processes will be followed, discharge information will be provided, and patient needs will be updated accordingly.	

	the kidneys are no longer functioning) and indicated the patient went to dialysis Mondays, Wednesdays, and Fridays. The plan of care evidenced a note indicating the patient was in the hospital from 12-14-2022 to 01-03-2023 for a kidney transplant (a surgery to replace a nonfunctional kidney with a healthy kidney). On 08-15-2023 at 1:25 PM, the DON provided a document dated and signed by the DON on 08-15-2023. The document indicated but was not limited to, " ... error on previous careplan: Patient care on hold 12-14-2022-01-03-2023 ..." The document indicated Patient #1 no longer had an ESRD with dialysis diagnosis as of 01-04-2023. The clinical record for Patient #1 failed to evidence a hold order sent to the physician for when the patient was hospitalized for the kidney transplant in a timely manner. The clinical record failed to evidence a discharge summary from the hospital, Entity H, were Patient #1 was discharged. 3. During an interview with the			

	DON on 08-15-2023 at 10:10 AM, they indicated they were unable to find a order for a hold on the services for Patient #1 and they did not receive the patient's discharge summary from Entity H. The DON indicated Home Health Aide (HHA) 2 failed to inform the agency the patient was admitted to the hospital. The DON clarified the agency discovered Patient #1 was hospitalized when Registered Nurse (RN) 1 attempted to schedule a recertification visit. The DON indicated a hold order should have been sent to the physician, Person C, when the RN discovered Patient #1 was in the hospital. 410 IAC 17-13-1(a)(2)			
G0608	Coordinate care delivery 484.60(d)(4) Coordinate care delivery to meet the patient's needs, and involve the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities. Based on record review and interview, the agency failed to accurate information was provided to a patient's case	G0608	1. This deficiency was corrected as of 8/18/2023. 2. The DON called the patient's case manager to clarify the surgery the patient had completed; the dates services were on hold and when care was resumed. The patient's care plan has been updated to include the correct diagnosis, treatments and nutritional needs. 3. The DON, Keah Chilton, MS, RN was responsible for this correction, and will review care plans and OASIS going forward to ensure information is accurate.	2023-08-18

	manager for 1 of 3 active clinical records reviewed with no home visits. (Patient #1) Findings Include: 1. On 08-15-2023 at 4:03 PM, the Director of Nursing (DON) provided a 2017 Freedom Home Care, LLC policy titled "Coordination of Client Services". the policy indicated but was not limited to, " ... Purpose ... 10. To ensure continuity of care ... 1. Care Conferences will be held to establish interchange, reporting, and coordinated evaluation between all disciplines involved in the client's care. ..." 2. On 08-14-2023 at 2:45 PM, Patient #1's clinical record was reviewed. The clinical record evidenced a plan of care with a start of care (S0C) date of 01-04-2023 and a certification period of 01-04-2023 to 03-04-2023. The plan of care evidenced a primary diagnosis of End stage renal disease (ESRD) with dialysis (a treatment where a machine cleans the blood in a person's body when the kidneys are no longer functioning). The plan of care			

	patient was in the hospital from 12-14-2022 to 01-03-2023 for a kidney transplant (a surgery to replace a nonfunctional kidney with a healthy kidney). During clinical record review for Patient #1, an email, dated 01-30-2023, from the agency to Person F, the patient's case manager from Entity E (an agency that helps the aging population remain safe in their homes), indicating Patient #1 was in the hospital Entity H for a lung transplant. The agency failed to provide accurate information about Patient #1 to Patient #1 case manager, Person F from Entity E. The clinical record failed to evidence further communication to the case manger regarding the inaccurate information. 3. During an interview with the DON on 08-15-2023 at 1:25 PM, they indicated the email sent to Person F from Entity E was supposed to indicate kidney transplant and not a lung transplant. 410 IAC 17-14-1(a)(1)(F)			

G0802	Duties of a HH aide 484.80(g)(3) The duties of a home health aide include: (i) The provision of hands-on personal care; (ii) The performance of simple procedures as an extension of therapy or nursing services; (iii) Assistance in ambulation or exercises; and (iv) Assistance in administering medications ordinarily self-administered. Based on record review and interview the Agency failed to ensure the Home Health Aide duties where within their scope of practice in 2 of 2 active clinical records reviewed with home observations. (Patient's #4 and 5) 1. A review of a policy received from the Director of Nursing (DON) on 08-15-2023 at 3 PM titled "Home Health Aide Services" indicated but was not limited to "Purpose: To abide by state/federal guidelines." 2. A review of a policy received from the DON on 08-15-2023 at 3 PM titled "Home Health Aide Care Plan" indicated but was not limited to " A Registered Nurse shall develop a complete and appropriate care plan	G0802	1. This deficiency will be fully corrected by 9/6/2023. All home health aide care plans are being updated to only include Home Health Aide duties; all personal service attendant duties/hours will be listed separately. 2. The DON provided written education and is providing verbal teaching to all RN case managers and home health aides. This teaching includes ensuring all home health aides understand their duties, which includes hands on personal care only; performance of simple procedures as an extension of nursing services, assistance in ambulation and reminding patients to take all medications as prescribed. Personal service attendant duties will be logged on a separate timesheet/activity log. 3. The DON, Keah Chilton, MS, RN will be responsible for ensuring this deficiency is corrected. Home health aides have been instructed that they may only provide hands on personal care during the authorized time frame. The personal service attendant care will be separate, and the duties listed will be different from the home health aide personal care. There will be no combining of the tasks/duties on the same timesheet/activity log.	2023-09-06

	performed by the home health aide…The home health aide tasks must be related to the physical care needs of the client; he/she should not be assigned to solely homemaker tasks." 3. A review of the clinical record for Patient #4 and an Aide Plan of Care for the Certification Period of 06-17-2023 to 08-15-2023 signed by the Alternate DON indicated but not limited to "...aide to pick up prescriptions..." 4. During an interview with the DON on 08-15-2023 at 4:16 PM when queried as to what duties a home health aide could perform she indicated personal care such as bathing, dressing, skin care, and vital signs (blood pressure, pulse, respirations). When asked if they could pick up prescriptions or other non personal care, she said "no" and explained some aides are also personal service attendants and that is for the times they work those hours. 5. On 08-15-2023 at 2:00 PM, Patient #5's clinical record was reviewed. The clinical record evidenced a Home Health Aide			

	The aide plan of care indicated the aide would perform the tasks grocery shopping weekly and assistance to appointments weekly or as needed. The aide plan of care failed to only include tasks a Home Health Aide (HHA) could perform. The clinical record of Patient #5 evidenced documents titled "Home Health Care Activity Report" signed by HHA 9. On 07-02-2023 from 8:00 PM to 10:00 PM, HHA 9 went shopping and brought Patient #5 to an appointment. On 07-09-2023 from 8:00 PM to 10:00 PM, HHA 9 went shopping and brought Patient #5 to an appointment. On 07-16-2023 from 8:00 PM to 10:00 PM, HHA 9 went shopping and brought Patient #5 to an appointment. On 07-23-2023 from 8:00 PM to 10:00 PM, HHA 9 went shopping and brought Patient #5 to an appointment. On 07-30-2023 from 8:00 PM to 10:00 PM, HHA 9 went shopping and brought Patient #5 to an appointment. The clinical record evidenced HHA 9 performed tasks outside of their scope of practice.			

	410 IAC 17-14-1(h)(2)(14)			
G0948	Responsible for all day-to-day operations 484.105(b)(1)(ii) (ii) Be responsible for all day-to-day operations of the HHA; Based on observation, record review, and interview, the agency failed to ensure the after-hours on-call process was operating and available to the public, clients, and employees as noted after 2 of 2 unsuccessful attempts to reach the after-hours phone number. Findings Include: 1. On 08-16-2023 at 3:00 PM, the Director of Nursing (DON) provided a 2017 Freedom Home Care LLC policy titled "Services Provided". The policy indicated but was not limited to, " ... Telephone answering services will be supplied seven (7) days a week, 24 hours per day. ..." 2. On 08-15-2023 at 7:38 PM, an attempt was made to reach the on-call number. The on-call number was listed in the admission packet as the office	G0948	1. This deficiency was corrected as of 8/16/2023. The voicemail was cleared, therefore allowing the ability to leave a message. The message on the voicemail lists the phone numbers of both the Administrator and Director of Nursing in the event immediate care is needed during after hours. 2. The DON will make random phone calls bi-weekly to the office after hours to ensure the voicemail is working correctly and that the message plays in its entirety providing the phone numbers to both the Administrator and Director of Nursing. 3. The DON, Keah Chilton, MS, RN is responsible for ensuring this deficiency is corrected and has no ongoing issues.	2023-08-16

	phone number. The agency failed to answer the on-call phone, and a technology-operated voice indicated the memory box was full and ended the call. A message was unable to be left. 3. On 08-16-2023 at 7:50 AM, a second attempt was made to reach the on-call number. The agency failed to answer the on-call phone, and a technology-operated voice indicated the memory box was full and ended the call. A message was unable to be left. 4. During an interview with the Administrator on 08-16-2023 at 10:48 AM, they indicated the number the patients were to call after-hours was provided in the office phone number included in the admission packet, and the message would direct the patient to call 911 in the event of an emergency or leave a message. 5. During an interview with the Administrator on 08-16-2023 at 10:52 AM, they indicated if the patients were to call the office after-hours, they were directed to call the DON's number. 6. During an interview with the			

	DON on 08-16-2023 at 2:30 PM, when queried about the on-call number memory box being full, they indicated the number was to include their direct number and indicated they would investigate the issue. 410 IAC 17-12-1(c)(1)			
N0000	Initial Comments This visit was for a state re-licensure of a Home Health Provider. Survey Dates: 08-14-2023, 08-15-2023, and 08-16-2023 12-Month Unduplicated Skilled Admissions: 1 QR completed by A3 on 08/21/2023.	N0000	No conditions were cited.	
N0464	Home health agency administration/management 410 IAC 17-12-1(i) Rule 12 Sec. 1(i) The home health agency shall	N0464	1. This deficiency will be fully corrected by 9/8/2023. All office staff that are responsible for the hiring process have been educated regarding the TB policy and have gone through all employee files to ensure everyone is compliant. 2. Office staff have been given written materials as well as verbal instructions	2023-09-08

	ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. (3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii)completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest rediograph to exclude a diagnosis of tuberculosis. (4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3). (5) Any person having a positive finding on a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations		regarding the process for TB evaluation/testing for employees at hire and what is needed annually. 3. Keah Chilton, MS, RN- Director of Nursing is responsible for this correction. Freedom Home Care will follow the CDC guidelines for TB testing/evaluation. At hire, all employees will complete a TB risk assessment form, a TB symptom checklist and a blood test. Going forward, annually, every employee will complete a TB risk assessment form to ensure they are not experiencing any symptoms or to determine if testing is needed.	

showing that any person:

(A) working for the home health agency; or

(B) having direct patient contact;

has had a negative finding on a tuberculosis examination within the previous twelve (12) months.

Based on record review and interview the agency failed to establish a nationally recognized policy and procedure for Tuberculosis(TB) testing and screening and failed to complete an annual risk assessment and/or Mantoux test (TB skin test) for 5 of 10 employees records reviewed.

Findings include:

1. Home health agency administration and management-410 IAC 17-21-1(i)-6- "The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months. The Policy for exemption by the Indiana State Department of Health read, "To be exempt from 410 IAC

formally adopt a nationally recognized standard; implement and follow the standard as written..."

2. Review of an agency policy titled "Tuberculosis Screening" indicated but was not limited to "It is the Policy of Freedom Home Care to have all staff members screened for Tuberculosis (TB) at time of hire. The screening will consist of a one-step Mantoux skin(PPD). If a person has a negative skin test (PPD)...will require that person to have the sin (SIC) test repeated every two years...Every 5 years, those people with a positive skin test/negative chest x-ray will complete a questionnaire ensuring they are symptom free."

3. A review of the personnel record for Employee # 1, Director of Nursing, with a hire date of 08-21-2017, failed to evidence an annual Mantoux skin test and/or TB risk assessment.

4. A review of the personnel record for Employee #5, Home Health Aide (HHA), with a hire date of 06-07-2023, failed to

skin test and/or TB risk assessment.

5. A review of the personnel record for Employee #6, HHA, with a hire date of 10-04-2023, failed to evidence an annual Mantoux skin test and/or TB risk assessment.

6. A review of the personnel record for Employee #7 with a hire date of 02-11-2021, failed to evidence an annual Mantoux skin test and/or TB risk assessment.

7. A review of the personnel record for Employee #8 with a hire date of 04-13-2021, failed to evidence an annual Mantoux skin test and/or TB risk assessment.

8. During an interview with the Director of Nursing on 08-16-2023 at 2:30 PM, she reported the agency had adopted this policy during the pandemic (referring to Covid) and was not sure what national standard the current policy was following.

correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Keah Chilton, MS, RN	Director of Nursing	9/5/2023 10:30:20 AM