| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 157710 | A. BUILDING<br>B. WING | 01/11/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PRAIRIE HEALTHCARE SERVICES LLC | 5920 HOHMAN AVENUE, HAMMOND, IN, 46320 |

| (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 |
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| E0000 | Initial Comments<br><br>This was a post condition revisit survey of an Emergency Preparedness Survey, conducted by the Indiana Department of Health, in accordance with 42 CFR 484.102<br><br>Survey Dates: 01/9/2024, 01/10/2024, and 01/11/2024<br><br>Unduplicated skilled admissions: 86<br><br>During this revisit survey, Prairie Home Care Services was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. | E0000 | | |
| G0000 | INITIAL COMMENTS<br><br>This was a Post-Condition revisit for Federal Complaint survey of a Deemed Home Health | G0000 | | |

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| | provider on 11/28/2023, 11/29/2023, 11/30/2023, and 12/1/2023.<br><br>Complaint # IN102869 Federal deficiencies were cited.<br><br>Survey Dates: 01/09/2024, 01/10/2024 and 01/11/2024<br><br>Unduplicated skilled admissions: 86<br><br>During this revisit survey, two (2) condition level and 12 standard level deficiencies were found to be in compliance, 6 standard level deficiencies were re-cited, and 1 new standard level deficiency was cited.<br><br>Based on the Condition-level | | | |

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| | deficiencies during the December 01, 2023 survey, Prairie Healthcare Services, LLC, was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on **November 30, 2023**. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your 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 November 30, 2023 and continuing through November 30, 2025.<br><br>QR: A 1, 01/21/24 | | | |
| G0514 | RN performs assessment<br><br>484.55(a)(1)<br><br>A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician or allowed practitioner - ordered start of care date. | G0514 | **Who:**<br><br>The ClinicalManager to ensure all clinicians will conduct Initial Assessment within 48hours of the referral or within 48 hours of the patient's return home, or onthe Physician or allowed practitioner - ordered Start of Care date.<br><br>**What:** | 2024-01-26 |

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| | Based on record review and interview the home health agency failed to ensure the comprehensive assessment was conducted within 48 hours of the referral in 1 of 2 patients records reviewed who were admitted in the last 30 days. (Patient #6)<br><br>The finding include:<br><br>1. An agency policy revised 11/4/2022 titled "Initial Assessment/Comprehensive Assessments," indicated the initial assessment will identify the patients' needs for home care and meet the patient's needs for medical, nursing, rehabilitative, and discharge planning. A registered nurse must conduct the initial assessment within 48 hours of referral within 48 hours of the Patient's return home or the physician-ordered start date of care. The initial assessment is conducted to determine the immediate care and support needs of the patient.<br><br>2. A review of Patient #6's clinical record evidenced a referral dated 12/29/2023 which indicated Patient #6 was being discharged from Entity E (hospital) on 12/29/2023 and referred for skilled nursing | | The ClinicalManager together with the QAPI team members REVISED the agency's writtenPolicies and Procedures on Initial Assessment/Comprehensive Assessment on **01/19/2024**.<br><br>**When:**<br><br>**On 01/26/2024**, the ClinicalManager conducted an In-Service Training/Re-education to all clinicians regarding the revisedPolicies and Procedures on Initial Assessment/Comprehensive Assessment dated01/19/2024.<br><br>**How:**<br><br>If the referral source fax to theagency the referral information sheet/patient's information AFTER OFFICEHOURS OR DURING THE HOLIDAYS WITHOUT CALLING OUR ON-CALL PHONE, the patient'sreferral will be processed the next business day to obtain the completeinformation of the referral, to check patient's eligibility including homeboundstatus, obtain approval from insurance (if applicable) for ordered home | |

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| | services.<br><br>A clinical record review for Patient #6, start of care 7/21/2023, evidenced an initial comprehensive assessment dated 1/9/2024 and electronically signed by Registered Nurse (RN) 2. This assessment indicated Patient #6 was completely dependent for all call needs including bathing, dressing, and received enteral feedings.<br><br>A review of the clinical record failed to evidence Patient #6 was seen within 48 hours of the referral date and discharge from Entity E. The review also failed to evidence the Patient was offered a home health aide to assist with daily activities of living.<br><br>During an interview on 1/9/2024 on a home visit for Patient #6 beginning at 2:45 PM, Person D (family of Patient #6) indicated the agency did not offer a Home Health Aide, but he/she does not believe they have one available right now. Person D indicated if they had one, it would be good for Patient #6 to have the service so he/she could have someone | | healthservices and provide staff for the patient perform InitialAssessment/Comprehensive Assessment within 48 hours of the referral receiveddate or on the physician or allowed practitioner -ordered Start of Care date. (*Duringthe agency's non-business hours, if the referral source only fax to our officewithout calling our on-call, we will not know they sent us referral and we willnot be able to process the referral*).<br><br>UponInitial Assessment, the assessing clinician will also determine the patient's need for Home HealthAide services to assist with the activities of daily living. (*The agency finally has HomeHealth Aide applicant who agreed for interview on 01/31/2024, if he/she getshired, the agency will provide patient #6 and other patient who needs HomeHealth Aide services with MD's order).*<br><br>The ongoingcompliance is monitored by our Clinical Manager together with the QAPI teammembers who conducted Clinical Record Audit of 100% of ACTIVE patient census toensure eachpatient referred to agency will be seen for Initial Assessment within 48 hoursfrom the referral date of the MD/hospital or on the | |

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| | else to see and talk to other than Person D. Person D indicated it would be nice to have a break and someone to help with bathing.<br><br>During an interview on 1/10/2024 at 4:44 AM, the Alternate Administrator indicated Patient #6 was a patient prior to hospitalization and did not have a home health aide. She indicated Person D never informed the agency of an interest in a home health aide.<br><br>During an interview on 1/11/2024 at 11:14 AM, the office manager indicated the office was closed from 12/28/2023 to 1/2/2024 so they did not receive the referral until they returned on 1/2/2024.<br><br>410 IAC 17-14-1(a)(1)(A). | | physician or allowedpractitioner - ordered Start of Care date.<br><br>The frequency of auditis every 30 days for the next 6 months. Target threshold for compliance is 100%. Once the thresholdis met, the clinical records audit will be done quarterly with 50% of theagency's active patientrecords to ensure compliance with the standard.<br><br>The monthly resultof the Chart Audit will be discussed/addressed and incorporated in our QAPIProgram for the 1st and 2nd Quarter of 2024.<br><br>If after 6 months,the target threshold of 100% is NOT achieved, the Clinical Manager willschedule another In-Service Training to all clinicians on 07/26/2024 to immediatelyre-educate all clinicians on the<br><br>policies andprocedures regarding Initial Assessment/Comprehensive Assessment. | |
| G0574 | Plan of care must include the following | G0574 | **Who:**<br><br>The ClinicalManager must | 2024-01-26 |

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| | 484.60(a)(2)(i-xvi)<br><br>The individualized plan of care must include the following:<br><br>(i) All pertinent diagnoses;<br><br>(ii) The patient's mental, psychosocial, and cognitive status;<br><br>(iii) The types of services, supplies, and equipment required;<br><br>(iv) The frequency and duration of visits to be made;<br><br>(v) Prognosis;<br><br>(vi) Rehabilitation potential;<br><br>(vii) Functional limitations;<br><br>(viii) Activities permitted;<br><br>(ix) Nutritional requirements;<br><br>(x) All medications and treatments;<br><br>(xi) Safety measures to protect against injury;<br><br>(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.<br><br>(xiii) Patient and caregiver education and training to facilitate timely discharge;<br><br>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;<br><br>(xv) Information related to any advanced directives; and<br><br>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include. | | ensure the Plan of Care includes thefollowing: All pertinent diagnoses; the patient's mental, psychosocial, andcognitive status; the types of services, supplies, and equipment required; frequencyand duration of visits to be made; Prognosis; Rehabilitation potential; Functionallimitations; Activities permitted; **Nutritional requirements;** Allmedications and treatments; Safety measures to protect against injury; Adescription of the patient's risk for emergency department visits and hospitalre-admission, and all<br><br>necessary interventions to address the underlying riskfactors; Patient and caregiver education and training to facilitate timely discharge; Patient-specificinterventions and education; Measurable outcomes and goals identified by theHHA and the patient; Information related to any advanced directives and anyadditional items the HHA or Physician or allowed practitioner may choose toinclude.<br><br>**What:**<br><br>The ClinicalManager together with the QAPI team members REVIEWED our agency'swritten Policies and Procedures on Plan of Care-CMS #485 and Physician Orders.<br><br>**When:** | |

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| | Based on observation, record review, and interview the home health agency failed to ensure enteral nutrition information was included in the plan of care for 1 of 1 patient receiving enteral nutrition. (Patient #6)<br><br>The findings include:<br><br>1. An agency policy titled "Plan of Care-CMS #485 and Physician Orders," revised 11/4/2022 indicated the individualized care plan must include nutritional requirements and all medication and treatments.<br><br>2. A review of the clinical record for Patient #6 evidenced the start of care assessment dated 1/2/2023 and electronically signed by Registered Nurse (RN) 2 which indicated the patient is unable to take nutrients orally and is fed through a gastrostomy tube.<br><br>A review of the clinical record for Patient #6 evidenced a Plan of Care for certification period 1/2/24 to 3/1/24. The POC failed to include the instructions for what formula of feeding the patient was on, failed to include the quantity of feedings and the frequency of the feedings, and the amount and frequency of | | **On 01/26/2024**, the ClinicalManager conducted an In-Service Training/Re-education to all clinicians regarding the agency'sPolicies and Procedures on Plan of Care-CMS #485 and Physician Orders.<br><br>**How:**<br><br>The cited patientrecord is now in compliance, the clinician completed an Addendum to Plan ofCare order on 01/12/2024.<br><br>The ClinicalManager reviewed all active patient charts and are now in compliance with thestandard.<br><br>The ongoingcompliance is monitored by our Clinical Manager together with the QAPI teammembers who conducted Clinical Record Audit of 100% of ACTIVE patient census toensure eachPlan of Care includes documentation of all pertinent information including thepatient's Nutritional Requirements (instructions for what formula of feedingthe patient was on, quantity of feedings and the frequency of the feedings, | |

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| | the gastrostomy tube flushes.<br><br>During a home visit on 1/9/2024 beginning at 1:45 AM, Patient #6 was observed to have a tube feed infusing. Person C (family member) was queried about the tube feeding and indicated Patient #6 prescription was for Nestle Compete standard vegan 1.4, but they are trying different types to see if there is one Patient #6 can tolerate better. Person D indicated she has the feeding running continuously at 60 milliliters (ml) per hour for 18 hours but lets one carton infuse and then stops the feeding for an hour and repeats the process for 18 hours.<br><br>During an interview on 1/9/2024 at 3:38 PM, RN 2 indicated the feeding information is not listed on the plan of care because the family does the feedings.<br><br>During an interview on 1/11/2024 at 10:31 AM, the Clinical manager indicated the plan of care should include the type of formula, frequency, and duration of the feedings, peg tube care, and dressings. | | of the gastrostomy tube flushes).<br><br>The frequency of auditis every 30 days for the next 6 months. Target threshold for compliance is 100%. Once the thresholdis met, the clinical records audit will be done quarterly with 50% of theagency's active patientrecords to ensure compliance with the standard.<br><br>The monthly resultof the Chart Audit will be discussed/addressed and incorporated in our QAPIProgram for the 1st and 2nd Quarter of 2024.<br><br>If after 6 months,the target threshold of 100% is NOT achieved, the Clinical Manager willschedule another In-Service Training to all clinicians on 07/26/2024 to immediatelyre-educate all clinicians on the<br><br>policies andprocedures regarding Plan of Care-CMS #485 and Physician Orders. | |

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| | 17-13-1(a)(1)(D)(viii) | | | |
| G0578 | Conformance with physician orders<br><br>484.60(b)<br><br>Standard: Conformance with physician or allowed practitioner orders.<br><br>Based on observation, record review, and interview, the home health agency failed to ensure physician orders were conformed with regard to an integumentary (skin) assessment during 1 of 2 home visits conducted. (Patient #6)<br><br>The findings include:<br><br>1. An agency policy titled "Plan of Care-CMS #485 and Physician Orders," revised 11/4/2022 indicated care and services will be provided according to the Physician Orders.<br><br>2. During a home visit on 1/9/2024 beginning at 2:45 PM, the RN failed to complete the integumentary assessment on Patient #6.<br><br>A review of the clinical record for Patient # 6 evidenced a Plan of Care for certification period | G0578 | **Who:**<br><br>The CLINICALMANAGER will ensure Physician orders are conformed with regard to anintegumentary (skin) assessment.<br><br>**What:**<br><br>The ClinicalManager together with the QAPI team members REVIEWED the agency'swritten Policies and Procedures on Plan of Care-CMS #485 and Physician Orders.<br><br>**When:**<br><br>The ClinicalManager conducted an In-Service Training/ EMPHASIZED education to allclinicians regarding the agency Policy and Procedures on Conformance withPhysician Orders on 01/26/2024.<br><br>**How:**<br><br>The ClinicalManager performed supervisory visits of all our active patients with Skilled Nursinghome visits from 01/16/2024 to 01/24/2024 to ensure all visiting nurses | 2024-01-26 |

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| | indicated an assessment of the integumentary status was to be completed with each visit.<br><br>During an interview on 12/1/23 at 11:35 AM with Administrator 2, Administrator 2 confirmed an integumentary assessment should be performed by nursing staff at each visit. | | areconducting head-to-toe assessments. The clinician that has been cited is now incompliance as well as other visiting nurses made sure they are assessing thepatient's integumentary status (skin) especially those pressure prone areas.<br><br>The ongoingcompliance is monitored and implemented by our Clinical Manager together withthe QAPI team members who conducted Clinical Record Audit to 100% activepatient census to ensure all clinicians are accurately, adequately, effectivelyand efficiently assessing and documenting head to toe assessment including theIntegumentary (skin) Assessment each home visit.<br><br>Our ClinicalManager's chart audit review frequency is every 30 days for the next 6 months.Target threshold for compliance is 100%. Once the threshold is met, theclinical records audit will be done quarterly with 50% of the agency's activepatient records to ensure compliance with the standard. | |

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| | | | The monthly resultof the Chart Audit will be discussed/addressed and incorporated in our QAPIProgram for the 1st and 2nd Quarter of 2024.<br><br>If after 6 months,the target threshold of 100% is NOT achieved, the Clinical Manager willschedule another In-Service Training to all clinicians on 07/26/2024 toimmediately re-educate all clinicians on the policies and procedures regardingCONFORMANCE WITH PHYSICIAN ORDER. | |
| G0614 | Visit schedule<br><br>484.60(e)(1)<br><br>Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA.<br><br>Based on observation and interview, the agency failed to ensure their patients received a written schedule of visits in 2 of 2 home visits conducted (Patient #6, #7).<br><br>The findings include:<br><br>1. An agency policy revised 11/4/2022, titled "Coordination of Patient Care," indicated the | G0614 | **Who:**<br><br>The NEW Alternate ClinicalManager will ensure all our clinicians coordinate with the patient by providinga copy of written instructions outlining a visit schedule including the frequencyof visits.<br><br>**What:** | 2024-01-26 |

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| | agency would coordinate with the patient by providing a copy of written instructions outlining a visit schedule including the frequency of visits.<br><br>2. Observation during a home visit for Patient #6 on 1/9/2024 beginning at 2:45 PM, failed to evidence a completed visit schedule.<br><br>During the home visit for Patient #6 on 1/9/2024 beginning at 2:45 PM, Registered Nurse (RN) 2 indicated the patient is called the night before to let them know what time the visit will be. RN 2 informed Person D she would be out again on Monday or Tuesday depending on the weather and she would call her the night before.<br><br>During an interview on 1/11/2024 at 10:11 AM, the Clinical Manager indicated Staff calls the Patient the night before to let the Patient know when the visit will be. She indicated all the staff work additional jobs, so they have to work around their work schedules and the Patient schedule.<br><br>3. During observation of a | | The NEW Alternate ClinicalManager together with the QAPI team members REVISED the agency's writtenPolicies and Procedures on Coordination of Patient Care on 01/19/2024.<br><br>**When:**<br><br>**On 01/26/2023**, the NEW AlternateClinical Manager conducted an In-Service Training/EMPHASIZED educationto all clinicians regarding the revised Policy and Procedures on COORDINATIONOF PATIENT CARE dated 01/19/2024.<br><br>**How:**<br><br>The NEW AlternateClinical Manager went to patient's (ACTIVE PATIENTS) home and interview thepatient/caregiver (from 01/22/2024-01/25/2024) if the assigned clinicians areinforming patient/caregiver and providing them with VISIT SCHEDULE andinstructions in writing about the clinicians visit frequency of visits. | |

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| | home visit on 1/10/2024 at 12:00 PM, Patient #7's home folder was reviewed and failed to evidence a written schedule of visits.<br><br>During an interview on 1/10/2024 at 12:15 PM, Patient #7 indicated the nurse texted or called to inform them when visits were, but they did not provide a written schedule.<br><br>During an interview on 1/10/2024 at 12:17 PM, the Clinical Manager indicated the patient knew their schedule because she told them what it was, but if something changed she would communicate with the patient via phone. | | Patients #6 and #7are now in compliance with the standard. All other active patients are also in compliancewith the standard.<br><br>The ongoingcompliance is monitored and implemented by our NEW Alternate Clinical Managerwho will perform home Supervisory visit to all active patients (100%) of theagency to ensure all clinicians are informing all their patient's by providinga copy of written instructions outlining a visit schedule including thefrequency of home visits.<br><br>Our NEW Alternate ClinicalManager's home Supervisory visit frequency is every 30 days for the next 6months. Target threshold for compliance is 100%. Once the threshold is met, thehome Supervisory visit will be done quarterly with 50% of the agency's activepatient records to ensure compliance with the standard.<br><br>The monthly resultof the Chart Audit will be discussed/addressed and incorporated in our QAPIProgram for the 1st and 2nd Quarter of 2024. | |

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| | | | If after 6 months,the target threshold of 100% is NOT achieved, the Clinical Manager willschedule another In-Service Training to all clinicians on 07/26/2024 toimmediately re-educate all clinicians on the policies and procedures regarding visitschedule. | |
| G0616 | Patient medication schedule/instructions<br><br>484.60(e)(2)<br><br>Patient medication schedule/instructions, including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA.<br><br>Based on observation and interview, the agency failed to provide the patient with a completed written medication schedule and instructions in 1 of 2 home visits. (Patient #6)<br><br>The findings include:<br><br>1. An agency policy revised 11/4/2023 titled "Medication Reconciliation," indicated the agency would provide the patient and/or caregiver with written patient medication schedule/instructions, including medication name, dose, | G0616 | **Who:**<br><br>The CLINICALMANAGER will ensure implementation and monitoring of cliniciandocumentation of patient medication schedule/instructions, including medicationname, dosage and frequency and which medications will be administered by theagency personnel and personnel acting on behalf of the agency.<br><br>**What:**<br><br>The ClinicalManager together with the QAPI team members reviewed the agency's writtenPolicies and Procedures on Medication Reconciliation.<br><br>**When:** | 2024-01-26 |

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| | as well as which medication will be administered by the agency staff.<br><br>2. During a home visit on 1/9/2024, for Patient #6, beginning at 2:45 PM, observation of the Patient's medication schedule failed to evidence Zyrtec (for allergies) Nystatin (for fungal infection) and hydrochlorothiazide (for high blood pressure and fluid retention.<br><br>During an interview on 1/9/2024 at 3:12 PM, Person D (family for Patient 6) indicated Patient #6 is currently taking loratadine, Nystatin, and hydrochlorothiazide. Person 3 indicated Patient #9 was on loratadine, but it was changed to Zyrtec in the hospital.<br><br>During an interview on 1/9/2024 from 3:16 PM, Registered Nurse (RN) 2 indicated the medications should have been included on the medication schedule. | | On 01/26/2023, theClinical Manager conducted an In-Service Training/EMPHASIZED education to allclinicians regarding the agency Policy and Procedures on MedicationReconciliation.<br><br>**How:**<br><br>The ClinicalManger went to patient's (ACTIVE PATIENTS) home to check and ensure eachpatient's medications if all clinicians provided their patients with WRITTEN medicationschedule/instructions, including medication name, dosage and frequency andwhich medications will be administered by the agency.<br><br>The cited patientrecord is now in compliance, the Clinical Manager with the assigned clinician reviewedand reconciled all patient's medications on 01/16/2024 (home visit) andprovided the caregiver with written medication schedule/instructions, includingmedication name, dosage and frequency and which medications will beadministered, the clinician | |

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| | | | to Plan of Care orderon 01/16/2024. All other active patients are also in compliance with thestandard.<br><br>All clinicians will continue toreview and reconcile every assigned patient's medications every home visit andupdate the patient's medication list at home and in the patient's chart toensure continued compliance.<br><br>The ongoingcompliance is monitored and implemented by our Clinical Manager together withthe QAPI team members who conducted Clinical Record Audit to 100% active patientcensus to ensure the clinician provide the patientand/or caregiver with written patient medication schedule/instructions,including<br><br>medication name, dose, schedule, route, and frequency aswell as which medication will be administered by the agency staff.<br><br>Chart audit reviewfrequency is every 30 days for the next 6 months. Target threshold forcompliance is 100%. Once the threshold is achieved, the clinical records reviewwill be done quarterly with 50% of the agency's active and discharge | |

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| | | | compliance with the standard.<br><br>The monthly resultof the Chart Audit will be discussed/addressed and incorporated in our QAPIProgram for the 1st and 2nd Quarter of 2024.<br><br>If after 6 months,the target threshold of 100% is NOT ACHIEVED, the Clinical Manager willschedule another In-Service Training to all clinicians on 07/26/2024 to immediatelyre-educate all clinicians on the policies and procedures regarding MedicationReconciliation. | |
| G0682 | Infection Prevention<br><br>484.70(a)<br><br>Standard: Infection Prevention.<br><br>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.<br><br>Based on observation, record review and interview, the agency failed to ensure all staff followed accepted standards of practice to prevent the transmission of infections in 1 of 1 home visits | G0682 | **Who:**<br><br>The NEW ALTERNATECLINICAL MANAGER will ensure implementation and monitoring of all clinicians'compliance with accepted standards of practice, including the use of standardprecautions, to prevent the transmission of infections and communicablediseases.<br><br>**What:**<br><br>The NEW ALTERNATECLINICAL | 2024-01-26 |

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| | conducted with an observation of wound care (Patient #7)<br><br>The findings include:<br><br>Review of an undated policy received 1/10/2024 titled, "Hand Hygiene Policy and Compliance Program", indicated hand hygiene was to be performed after any contact with contaminated materials. The policy indicated the procedure for using bacteriostatic foam / gel / liquid was to place the product on hands, use friction to clean between fingers, around and under nails, palms and backs of hands until hands were completely dry.<br><br>During a home visit on 1/10/2024 at 12:00 PM, the Clinical Manager was observed performing wound care to three wounds on Patient #7. After completing care to the second wound, the Clinical Manager removed her gloves, put on new gloves, applied hand sanitizer to her gloved hands, rubbed them together and waved them in the air. After removing the visibly soiled dressing from the third wound, the Clinical Manager cleansed the draining wound, and applied Silver Alginate (a | | MANAGER together with the QAPI team members REVISED the agency'swritten Policies and Procedures on Hand Hygiene Policy and Compliance Programon 01/19/2024.<br><br>**When:**<br><br>On 01/26/2024, theALTERNATE CLINICAL MANAGER conducted an In-Service Training/ Emphasized educationto all clinicians on the REVISED written Policies and Procedures on HandHygiene Policy and Compliance Program dated 01/19/2024.<br><br>**How:**<br><br>The ongoingcompliance is monitored and implemented by our NEW Alternate Clinical Managerwho conducted Competency Evaluation for Hand Hygiene to 100% of the agency'sactive direct patient care staff on 01/26/2024. All clinicians arenow in compliance with Hand Hygiene Policy and Compliance Program.<br><br>CompetencyEvaluation for Hand Hygiene frequency is every 3 months for the next 6 months.Target threshold for compliance is 100%. Once the | |

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| | specialized wound dressing) into the wound bed before performing hand hygiene.<br><br>During an interview on 1/10/2024 at 4:31 PM, the Alternate Administrator indicated when performing wound care, the nurse should remove gloves, perform hand hygiene, and apply new gloves when moving from care of one wound to another, and also after cleaning a wound before applying a new dressing. The Alternate Administrator indicated using sanitizer on gloved hands was not following hand hygiene procedure.<br><br>410 IAC 17-12-1(m) | | threshold is met, theCompetency Evaluation for Hand Hygiene will be done ANNUALLY with 100% of theagency's active direct patient care staff to ensure compliance with thestandard.<br><br>The CompetencyEvaluation for Hand Hygiene result will be discussed/addressed and incorporatedin our QAPI Program for the 1st and 2nd Quarter of 2024.<br><br>If after 6 months,the target threshold of 100% is NOT MET, the NEW ALTERNATE CLINICAL MANAGERwill schedule another In-Service Training/Re-education to all clinicians on 07/26/2024to immediately re-educate all clinicians on the policies and procedures on HandHygiene Policy and Compliance Program. | |
| G0714 | Patient and caregiver education<br><br>484.75(b)(5) | G0714 | **Who:**<br><br>The NEW ALTERNATE CLINICALMANAGER will ensure implementation and monitoring | 2024-01-26 |

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| | Patient and caregiver education;<br><br>Based on observation, record review, and interview, the nurse failed to provide patient and caregiver education as directed in the plan of care in 2 of 2 patient records with a home visit (Patient #6, 7).<br><br>The findings include:<br><br>3. A review of Patient #9's clinical record evidenced a plan of care (POC) for the certification period 1/2/2024 – 3/1/2023. This POC evidenced the skilled nurse was to educate patient #9's caregiver emergency conditions to be reported to the nurse or physician educate on individual disease processes other medical conditions signs and symptoms, ideology, risks, aggravating factors, complications, and preventative measures, instruct caregiver regarding measures to promote communication, instruct caregiver regarding bowl and bladder and incontinence, instruct caregiver about anticoagulant therapy and adverse reactions to report to the nurse a/or physician, educate regarding measures to control any bleeding, instruct the caregiver to use Neosporin (topical ointment) around the G | | of the provided patient/caregivereducation as directed in the Plan of Care to meet the patient's individualneeds.<br><br>**What:**<br><br>The NEW ALTERNATE CLINICALMANAGER together with the QAPI team members REVISED the agency's writtenPolicies and Procedures regarding Patient Education on 01/19/2024.<br><br>**When:**<br><br>On 01/26/2024, theNEW ALTERNATE CLINICAL MANAGER conducted an In-Service Training/EMPHASIZED educationto all clinicians regarding the agency Policy and Procedures regarding PatientEducation dated 01/19/2024.<br><br>**How:**<br><br>All cliniciansmust read their assigned patient's individualized Plan of Care and ensure every home visit to provide patient and caregivereducation to meet each patients' individual needs.<br><br>The ongoingcompliance is | |

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| | tube area as needed for signs and symptoms of infection, instruct caregiver on oxygen precaution and safe storage of oxygen, encourage and demonstrate the caregiver proper bed positioning and turning at least every two hours, instruct caregiver to encourage patient to assist with movement and exercise using unaffected extremity to support and move weaker side, instruct caregiver on reorientation techniques, instruct caregiver on preventative measures to reduce the risk of a CVA (cerebral vascular accident/stroke), instruct the caregiver on signs and symptoms of fluid retention, demonstrate how to elevate the legs above the heart level, and perform ankle exercises up and down to promote circulation and reduce edema, instruct caregiver on symptom management of coronary artery disease (disease of the hearts major blood vessels) , and assess the caregivers knowledge of dementia<br><br>A review of Patient #9's clinical record evidenced a nursing visit note dated 1/9/2024 failed to evidence all the teaching was | | our Clinical Manager together withthe QAPI team members who conducted Clinical Record Audit to 100% active patientcensus to ensure the clinician provide initial and ongoing education to meeteach patient's individual medical needs.<br><br>Chart audit reviewfrequency is every 30 days for the next 6 months. Target threshold forcompliance is 100%. Once the threshold is achieved, the clinical records reviewwill be done quarterly with 50% of the agency's active patient records toensure compliance with the standard.<br><br>The monthly resultof the Chart Audit will be discussed/addressed and incorporated in our QAPIProgram for the 1st and 2nd Quarter of 2024.<br><br>If after 6 months,the target threshold of 100% is NOT achieved, the Clinical Manager willschedule another In-Service Training to all clinicians on 07/26/2024 toimmediately re-educate all clinicians on the policies and procedures regarding PatientEducation. | |

completed on the visit.

Observation during a home visit for Patient #9 on 1/9/2024 beginning at 2:45 PM, evidenced Registered Nurse (RN) 2 educated the caregiver on blood pressure medication, medications needing refills, and an upcoming appointment with the Physician. There failed to be any other education completed during the visit.

During an interview on a home visit for Patient #9 on 1/9/2024 beginning at 2:45 PM, RN 2 indicated she picks and chooses to talk about a few things during the visits.

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1. A review of a policy titled "Patient Education", revised 11/4/2022, indicated the clinician would provide initial and ongoing education to meet each patients' individual needs.

2. During observation of a home visit on 1/10/2024 at 12:00 PM, Person C gave Patient #7 two ham sandwiches, potato chips, dip, and a plate of French fries for lunch, and told the Patient she put salt and pepper on the

Person C to make sure she put enough salt on the French fries. The Clinical Manager told the Patient it was probably ok for them to have salt because they were not on any blood pressure medications.

A review of the plan of care for certification period 12/25/2023 to 2/22/2024 evidenced the nurse should educate the patient about a renal diet (low in sodium, phosphorous, and protein).

During an interview on 1/10/2024 at 4:29 PM, the Alternate Administrator indicated instruction about a renal diet included reducing sodium intake.

During an interview on 1/11/2024 at 10:28 AM, the Clinical Manager indicated renal diet instruction should include reducing sodium intake, and she forgot the patient was supposed to follow a renal diet.

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 |
|---|---|---|
| Shahzad Khan | Administrator | 2/8/2024 9:34:45 PM |