

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K023	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/07/2024	
NAME OF PROVIDER OR SUPPLIER HELP AT HOME SKILLED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6855 SHORE TERRACE SUITE 240, INDIANAPOLIS, IN, 46254		
(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	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Dates: 02/01/2024, 02/02/2024, 02/05/2024, 02/06/2024, and 02/07/2024.</p> <p>Active Census: 651</p> <p>At this Emergency Preparedness survey, Help at Home was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p> <p>QR completed by Area 3 on 2/13/2024.</p>	E0000		
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a complaint</p>	G0000		

survey of a Medicaid Home Health Provider.

Complaint: 104303

Survey Dates: 02/01/2024, 02/02/2024, 02/05/2024, 02/06/2024, and 02/07/2024.

12 Month Unduplicated Skilled Census: 27

A fully extended survey was announced on 02/05/2024 at 12:49 PM. An immediate jeopardy concerning COP 484.50 Patient Rights was identified on 02/02/2024 when it was determined the Agency had failed to protect a patient from neglect and failed to implement corrective action to ensure all patients were protected from neglect. The administrator was notified on 02/06/2024 at 10:25 AM of an Immediate Jeopardy at 484.50 Patient Rights. The Agency submitted an acceptable immediacy removal plan for 484.50 Patient Rights on 02/06/2024 at 4:10 PM. The Immediate Jeopardy for 484.50 Patients Rights was removed on 02/07/2024 at 4:19 PM, prior to exit, when it was determined the Agency had implemented corrective actions to prevent patients from neglect.

Based on the Condition-level deficiencies during the Help at Home survey, your home health agency was subject to an extended survey pursuant to section 1891 (c)(2)(D) of the Social Security Act on 02/05/2024. Therefore, and pursuant to section 1891

	<p>agency is precluded from operating a home health aide training program, skills competency and/or competency evaluation programs for a period of two years beginning February 7th, 2024 and continuing through February 6th, 2026.</p> <p>QR completed by Area 3 on 2/13/2024.</p>			
<p>G0406</p>	<p>Patient rights</p> <p>484.50</p> <p>Condition of participation: Patient rights.</p> <p>The patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. The HHA must protect and promote the exercise of these rights.</p> <p>Based on record review and interview, the agency failed to protect the patient's right to be free of neglect while receiving care for 1 of 1 clinical record reviewed for a complaint of suspected neglect during home health services with the potential to impact all 651 active patients. (Patient #2).</p> <p>The cumulative effect of this</p>	<p>G0406</p>	<p>On 2/6/2024 at 12:05 PM Administrator immediately distributed written education to all caregivers employed under the Indianapolis license regarding proper clocking in and out, what to do if they need to leave during a shift, and what to do if they can't work the shift as scheduled. (see message below)</p> <p>Please contact the office if you have any questions in regard to these rules covered in the employee handbook.</p> <p>Upon arrival to a shift, HHA's must clock in at the scheduled time and out at the scheduled time. It is the HHA responsibility to clock in and out for the scheduled shift. If the</p>	<p>2024-02-22</p>

the home health agency's inability to ensure the provision of quality health care in a safe environment for the Condition of Participation of 42 CFR 484.50 Patient Rights.

Findings include:

1. A review of agency policy "Incident Reporting," last revised March 20, 2023, indicated " ... Staff is expected to follow agency policies to prevent incidents ... Incidents to be reported include ... alleged, suspected, or actual neglect ... which includes but is not limited to failure to provide appropriate ... care ... "

2. A review of the comprehensive assessment for Patient #2, date of birth 03/17/1956, dated 11/17/23, indicated a primary diagnosis of contractures (shortening of the muscles and tendons) of the left lower leg muscles and secondary diagnoses including, but not limited to, pain in the left knee, and right and left foot drop (inability to lift the front of the foot). The patient was a full code (required full resuscitation measures such as Cardiopulmonary Resuscitation,

HHA is unable to clock in or out for a shift, communication with the office must happen immediately to notify them of the issue. If an HHA needs to leave the shift for any reason, they are to notify the office immediately. The HHA must clock out prior to leaving the shift. HHAs are to report any usual findings during the shift immediately to the office. If you are unable to work your scheduled shift, the HHA should contact the agency prior to the start of the shift.

In addition to clocking in and out, it is required to obtain the appropriate client signature from the patient or designated signee at the completion of each visit.

There will be an in service coming within the next 2 hours. Please be looking for this in your email or on your Docebo portal. It needs to be completed no later than 1 hour after the in service is assigned.

On 2/6/2024 Administrator re-distributed the employee handbook and orientation checklist

	<p>or CPR, should the patient's heart stop), had a fair prognosis, was alert and oriented, and received HHA visits for 4 hours/day x 5 days/week for assistance with activities of daily living and instrumental activities of daily living, such as personal care, meal prep, and medication reminders. The comprehensive assessment indicated the patient's aide, Former Employee HHA D, was also the patient's daughter.</p> <p>A review of the plan of care for Patient #2, for certification 11/21/23 - 01/19/24, indicated HHA visits were ordered for 4 hours/day x 5 days/week, not to exceed 20 hours per week throughout the 60-day certification period, and indicated the patient had no advance directives and wanted to be a full code.</p>		<p>regarding Failure to submit work time, Misrepresentation of Time worked, and Work Schedules/Attendance. Employee handbook pages 14 and 29 will be highlighted along with number 22 on the orientation checklist.</p> <p>This mandatory education was immediately distributed to all employees on the Indianapolis license and acknowledgment was verified via electronic attestation. Any caregivers that failed to comply with this requirement were subject to disciplinary action.</p> <p>Administrator began tracking for compliance with this immediate mandatory education daily on 2/7/2024.</p> <p>On 2/7/2024 Administrator distributed written education to all preferred caregivers employed under the Indianapolis license regarding the requirement to abide by the schedule provided by the agency regardless of working for a family member or friend.</p> <p>The Administrator also included the reminder that all rules and processes set forth in the</p>	
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<p>A review of the daily visit note signed by HHA D, dated 01/02/24, evidenced the HHA's self-adjusted times of 5:30 PM - 9:30 PM and an actual clock out time of 10:26 PM, and indicated the patient received multiple care tasks such as bathing, laundry, hygiene, grooming, and nutrition.</p> <p>3. A review of the agency's incident log evidenced an unsigned and untimed entry for Patient #2, dated 01/05/24, which indicated the caregiver was HHA D. The incident detail indicated "Daughter came home to find her mother had deceased. She did not specify how long she had been gone but patient had been sitting up eating and interacting appropriately. She does not know if an autopsy is being performed as the patient's sister has taken over in dealing with the situation."</p> <p>4. The Administrator provided an undated, unsigned root cause analysis which indicated on 01/03/24, Person F, a relative of Patient #2, indicated receiving notification on 01/02/24 around 11 PM, that the patient had passed away.</p>		<p>employee handbook apply regardless of working for a family member or friend.</p> <p>On 2/7/2024 the Administrator created written notice with signature acknowledgement for all clients with preferred caregivers on the Indianapolis license reviewing expectations to follow the schedule set forth by agency in accordance with MD orders. All clients with preferred caregivers were reminded to notify the agency immediately for any necessary schedule changes to be made with their current plan of care.</p> <p>Administrator/Alternate Administrator tracked completion rate until 100% compliance was met with this education to caregivers and therequired signed acknowledgement from clients.</p> <p>As of 2/14/2024, Administrator/Alternate Administrator confirmed that all caregiver in services assigned on 2/6/2024 were completed.</p>	
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The Administrator indicated in the root cause investigation that HHA D, part of the preferred caregiver program where a family member cares for a patient as an employee of Help at Home, adjusted her clock in and clock out time for the 5:30 PM - 9:30 PM shift on 01/02/24 sometime between 10:16 PM and 10:26 PM. HHA D reported leaving the house during her shift, around 8 PM, to pick up her daughter from work, at which time the patient was sleeping. Upon her return home just before 10 PM, HHA D called out to Patient #2. HHA D found the patient in bed, not breathing, and called 911. The police report indicated HHA D initiated CPR but HHA D denied doing CPR when questioned for the root cause analysis. Person E, a relative of HHA D, was in the home and reported to HHA D that Patient #2 was awake at some point asking for water and a blanket. The root cause analysis indicated HHA D was educated to notify the office and the client she was leaving and had fraudulently adjusted her time to appear she was present for the entire shift.

5. A review of a police report,

As of 2/17/2024, Administrator/Alternate Administrator confirmed that all preferred client acknowledgments regarding schedule were signed.

Alternate Administrator educated all branches on 2/22/2024 that client acknowledgment regarding schedule will be incorporated within agencies admission paperwork for all new admissions.

Alternate Administrator educated all branches on 2/22/2024 that Welcome Letter from the Administrator will be distributed to all new employees prior to their first shift.

dated 01/02/24, indicated police were dispatched to Patient #2's home on 01/02/24 at 10:11 PM. They arrived at 10:13 PM and found the patient wasn't breathing and was cold. HHA D, identified on the police report as the patient's daughter, was present. Foul play was not suspected.

6. A review of the personnel file for HHA D evidenced an initial written statement, incorrectly dated 2/8/24, which indicated HHA D admitted leaving the home after 8 PM to pick a relative up from work and returning at 9:58 PM to find Patient #2 had expired. A second written statement, dated 01/11/24, was obtained as the initial statement was incorrect and indicated the same information. On 02/02/24, the Administrator indicated HHA D was asked to provide the second statement (01/11/24) because the initial date was incorrect on the first statement.

7. On 02/02/24 at 1:09 PM, the Administrator indicated she completed a root cause analysis and HHA D was terminated on 02/02/24, for failure to communicate with the office.

	<p>When asked if there were other action steps taken by the Administrator regarding training/education, the Administrator indicated annual education is currently due and employees receive education regarding clocking in and out upon hire.</p>			
<p>G0750</p>	<p>Home health aide services</p> <p>484.80</p> <p>Condition of participation: Home health aide services.</p> <p>All home health aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section.</p> <p>Based on record review and interview, the agency failed to ensure home health aide services were provided by qualified individuals who successfully completed an approved training and competency program and a competency evaluation, including 75 hours of qualified classroom and supervised practical training (G760), the required minimum number of hours for classroom and practical training (G762), failed to maintain documentation of</p>	<p>G0750</p>	<p>Administrator reviewed current Competency Assessment Policy on 2/8/2024, which matches the Conditions of Participation Standard 484.80 Home Health Aide Qualifications. Specifically, "a qualified home health aide is a person who has successfully completed: A training and competency evaluation program that must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing service to an individual under the direct supervision of a registered nurse, or a licensed practice nurse who is under the supervision of a registered nurse. Classroom and supervised practical training must total at least 75 hours; OR a competency evaluation</p>	<p>2024-03-22</p>

	<p>the employee's successful completion of qualified training (G766), and failed to ensure all qualified Home Health Aides successfully completed a competency evaluation program in advance of providing patient care (G768), for 5 of 5 active Home Health Aide records reviewed for home health aide qualifications. (HHA 2, 3, 4, 5, 6)</p> <p>The cumulative effect of this systemic problem resulted in the home health agency's inability to ensure the provision of quality health care in a safe environment for the Condition of Participation of 42 CFR 484.80 Home Health Aide Services.</p> <p>*</p>		<p>program that observesthe prospective aide's performance with a pseudo patient.</p> <p>Provider's Competency Assessment policy aligns with theInterpretive Guidelines for 484.80(a)(1) which states: "The candidate maysuccessfully complete a competency evaluation program only. This assumes thatthe candidate has had training in the past that addressees all of some of thetopics in paragraph (b) of this section. The competency evaluation program mustaddress all requirements in 484.80 (c). Provider ensures that on hire, allstaff are required to document their training/experience with an enumeratedlist of home health aide tasks as described on Provider's PCA Skills ChecklistForm, which includes all the requirements set forth in 484.80(c). If anemployee lacks sufficient training/experience based on the results of thisform, the employee is not permitted to participate in the competencyevaluation. Provider's competency assessments and records of the aides'assessments are compliantly conducted and</p>	
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			<p>maintained in accordance with stated requirements.</p> <p>updated 3/11/2024:</p> <p>1 How the deficiency will be corrected.</p> <p>On 3/8/2024, Administrator reviewed with all branches the personnel requirements for individuals to provide home health aide services as stated in COP 484.80 which aligns with Agency document named "Competency Assessment Policy". Administrator/Alternate Administrator will audit 100% of personnel files to ensure all above requirements are met and proof of such will be maintained within the employee's file. To accomplish this auditing, Administrator/Alternate Administrator will confirm that 50% of the current personnel files have all necessary requirements as stated above by 3/15/2024. Administrator/Alternate Administrator will confirm that all current personnel files have documentation that all necessary training has been completed as stated above by 3/22/2024.</p>	
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			<p>updated 3/15/24:</p> <p>To ensure qualified home health aides, the agency completes a competency evaluation program. To be eligible for the competency evaluation program, the candidate has had training in the past that addresses all or some of the topics listed below which mirrors with COP 484.80(a)(1):</p> <p>Communication skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff.</p> <p>Observation, reporting, and documentation of patient status and the care or service furnished.</p> <p>Reading and recording temperature, pulse, and respiration.</p> <p>Basic infection prevention and control procedures</p>	
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			<p>Basic elements of body functioning and changed in body function that must be reported to an aide's supervisor.</p> <p>Maintenance of a clean, safe, and healthy environment</p> <p>Recognizing emergencies and the knowledge of instituting emergency procedure and their application</p> <p>The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy, and his or her property.</p> <p>Appropriate and safe techniques in performing personal hygiene and grooming tasks that include</p> <p>Bed bath</p> <p>Sponge, tub, and shower bath</p> <p>Hair shampooing in sink, tub, and bed</p> <p>Nail and skin care</p> <p>Oral hygiene</p> <p>Toileting and elimination</p>	
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			<p>Safetransfer techniques and ambulation</p> <p>Normalrange of motion and positioning</p> <p>Adequatenutrition and fluid intake</p> <p>Recognizingand reporting changes in skin condition</p> <p>The agency will verify this previous training for each HHAapplicant by written attestation from the employee.</p> <p>All prospective aides must also complete a PCA checklistduring the hiring process to determine prior training, skill set, healthcareexperience, and knowledge of care for home health patients including personalcare, following of an aide care plan, observing, and reporting of abnormalfindings, and more, before eligibility is established for competencyevaluation. The PCA checklist must be reviewed by a registered nurse and he orshe must decide based on the completed PCA checklist if the prospective aide iseligible for competency evaluation. An</p>	
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			<p>individual may not proceed through competency evaluation if the above requirements are not met. If the HHA applicant does not meet the requirements making him/her eligible for the competency evaluation program, they will be required to obtain proof of training to include a total of 75 hours with 16 of those hours being supervised practical training. Agency will maintain documentation for proof of all previous training verified through attestation and/or certificate.</p> <p>2 How to prevent the deficiency from occurring in the future.</p>	
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			<p>Moving forward, the Administrator/Alternate Administrator audit 100% of personnel files for new hires to ensure all requirements of this standard have been met. Any deficiencies noted will be directed to the branch staff for correction. Once deficiencies are corrected by the branch, the Administrator/Alternate Administrator will complete a final review and will sign the HHA registry application before submission.</p> <p>3 Responsible Party(ies): Administrator or Alternate Administrator</p> <p>4 Completion Date: 3/22/24</p> <p>IDR response:</p> <p>Help at Home Skilled Care ("Help at Home") formally requests a video conference informal dispute resolution ("IDR") meeting to discuss the findings at G750, G760, G762, G766, G948 (portion of this tag), and G952 from the February 7, 2024 survey.</p> <p>As evidenced from prior audits,</p>	
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		<p>complied with the regulations which require homehealth aides to be properly trained and demonstrate competency in performingtasks prior to providing patient care. Help at Home’s processes and procedures have not changed, and thesepractices have been reviewed and determined to be compliant by the IndianaDepartment of Health (“IDOH”) without question. Since Help at Home is not awarethat there has been any change in administrative requirements regardingtraining and reporting of training completion, Help at Home understands that it has been and remains in compliance and thus there is no basis for a conditionlevel finding for this tag.</p> <p>In compliance with regulatoryadministrative standards, Help at Home ensures employees are determined to bequalified home health aides prior to providing direct patient care. 42 CFR § 484.80(a) sets forth four differentways in which an individual may be deemed to be a qualified home health aide, whichmay include the agency</p>	
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		<p>training the individual with at least 75 hours of trainings. Alternatively, the agency may ensure staff are properly qualified by having a home health aide complete a competency evaluation program that meets certain requirements. Help at Home frequently uses this competency evaluation method to verify its aides are properly trained and certified prior to patient care.</p> <p>Help at Home understands a competency training evaluation is only appropriate where the employee has the relevant background to enable them to likely pass the competency evaluation without prompting or coaching. In order to ensure qualified employees are put through the evaluation, Help at Home requires a new employee to self-attest to their training and experience in fifty-five (55) different skills. (see uploaded "PCA Skills Checklist"). The attestation is reviewed by a registered nurse, who then determines whether the employee has the proper training to address the required topics in order to be permitted</p>	
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			<p>to attempt to pass the competency evaluation program. Thereafter, if the employee successfully passes the competency evaluation as determined by a registered nurse, it is "assume[d] that the candidate has had training in the past that addresses all or some of the topics" laid forth in the regulations. (See State Operations Manual, Appendix B at G754).</p> <p>When an employee does not possess the relevant training and experience to be able to qualify for the competency evaluation, Help at Home requires the employee to obtain proper training prior to providing patient care. All of these procedures are in line with the law and are set forth in Help at Home's Competency Assessment Policy (see uploaded "Competency Assessment Policy"). Notably, the survey findings do not allege that this policy is deficient, or that Help at Home failed to comply with its policy.</p> <p>The survey findings also do not indicate that any employee's file was missing the skills</p>	
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		<p>competency evaluations. Furthermore, although the survey findings allege the agency did not provide the 75 hours of required training, such a finding is erroneous because the Agency was not required to provide this training when, under the regulations, it had the option to perform a competency evaluation on new employees instead.</p> <p>Because Help at Home's longstanding process (which has been previously approved by IDOH) properly verifies the training and experience of employees and then puts them through a competency evaluation program, Help at Home understands that it complies with the requirements at 42 CFR 484.80 and ensures that all home health aides are properly qualified.</p> <p>We look forward to the opportunity to engage in a conference to discuss these issues and to provide any additional information that IDOH may need to understand that Help at Home has at all times been in compliance with the home health aide</p>	
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			qualification requirements and that there is no basis for a finding for these G-tags. Thank you for your attention and consideration of this important matter.	
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<p>G0760</p>	<p>Classroom and supervised practical training</p> <p>484.80(b)(1)</p> <p>Home health aide training must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing services to an individual under the direct supervision of a registered nurse, or a licensed practical nurse who is under the supervision of a registered nurse. Classroom and supervised practical training must total at least 75 hours.</p> <p>Based on record review and interview, the agency failed to ensure all Home Health Aides (HHA) successfully completed 75-hours of classroom and supervised practical training in a setting or practicum laboratory where the HHA provided services to an individual under the direct supervision of a qualified nurse, for 4 of 5 active HHA records reviewed for HHA qualifications. (HHA 3, 4, 5, 6)</p> <p>Findings include:</p> <p>6. A review of the personnel record for HHA 4, date of hire and first patient contact of 01/25/24, a skills competency evaluation dated 01/25/24, and a written competency test dated 01/24/24. HHA 4's undated application indicated previous employment history as a</p>	<p>G0760</p>	<p>Administrator reviewed current Competency Assessment Policy on 2/8/2024, which matches the Conditions of Participation Standard 484.80 Home Health Aide Qualifications. Specifically, "a qualified home health aide is a person who has successfully completed: A training and competency evaluation program that must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing service to an individual under the direct supervision of a registered nurse, or a licensed practice nurse who is under the supervision of a registered nurse. Classroom and supervised practical training must total at least 75 hours; OR a competency evaluation program that observes the prospective aide's performance with a pseudo patient.</p> <p>Provider's Competency Assessment policy aligns with the Interpretive Guidelines for 484.80(a)(1) which states: "The candidate may successfully complete a competency evaluation program only. This</p>	<p>2024-03-22</p>
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<p>host/server, effective 04/10/23 and HHA 4 had left that employer to take care of a parent. The record failed to evidence HHA 4 had received 75-hours of classroom and supervised practical training as a home health aide prior to first patient contact.</p> <p>7. A review of the personnel record for HHA 5, date of hire and first patient contact 01/04/24, evidenced a skills competency evaluation dated 12/31/23, and a written competency evaluation dated 12/31/23. The record failed to evidence HHA 4 had received 75-hours of classroom and supervised practical training as a home health aide prior to first patient contact.</p> <p>8. On 02/05/24 at 2:17 PM, the Administrator indicated all Home Health Aides complete a written test and a skills competency evaluation at the time of hire, using either a live or pseudo patient. When asked about verification of 75-hours of documented classroom and practical training, the Administrator indicated the regulation required either 75-hours of training or</p>	<p>assumes that the candidate has had training in the past that addresses all of some of the topics in paragraph (b) of this section. The competency evaluation program must address all requirements in 484.80 (c). Provider ensures that on hire, all staff are required to document their training/experience with an enumerated list of home health aide tasks as described on Provider's PCA Skills Checklist Form, which includes all the requirements set forth in 484.80(c). If an employee lacks sufficient training/experience based on the results of this form, the employee is not permitted to participate in the competency evaluation. Provider's competency assessments and records of the aides' assessments are compliantly conducted and maintained in accordance with stated requirements.</p> <p>updated 3/11/2024:</p> <p>1 How the deficiency will be corrected.</p> <p>On 3/8/2024, Administrator reviewed with all branches the personnel requirements for</p>	
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<p>successful completion of the written and practical evaluation testing and indicated caring for a loved one or family member qualified as experience. If the individual had no experience, they could work for Entity F, a personal services agency. The Administrator indicated Entity F did not provide home health aide level of care to patients and was unable to indicate how the individuals received 75-hours of practical and classroom Home Health Aide training working in the capacity of a personal care attendant.</p> <p>1. A policy titled "Competency Assessment" revised 03/20/2023 received from the Alternate Administrator on 02/07/2024 at 2:44 PM, indicated but was not limited to "... A Home Health Aide must demonstrate evidence of: a. Successful completion of a training program totaling at least 75 hours. At least sixteen (16) of those hours must have been devoted to supervised practical training. The individual must complete 16 hours of classroom training before beginning the supervised practical training.</p>		<p>individuals to provide home health aide services as stated in COP 484.80 which aligns with Agency document named "Competency Assessment Policy". Administrator/Alternate Administrator will audit 100% of personnel files to ensure all above requirements are met and proof of such will be maintained within the employee's file. To accomplish this auditing, Administrator/Alternate Administrator will confirm that 50% of the current personnel files have all necessary requirements as stated above by 3/15/2024. Administrator/Alternate Administrator will confirm that all current personnel files have documentation that all necessary training has been completed as stated above by 3/22/2024.</p> <p>updated 3/15/24:</p> <p>To ensure qualified home health aides, the agency completes a competency evaluation program. To be eligible for the competency evaluation program, the candidate has had training in the past that addresses all or</p>	
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	<p>a competency evaluation program ”</p> <p>2. A review of the Personnel file for HHA 3 indicated a date of hire and first patient contact 07/19/2022. The file contained a Job description titled HHA/Home Health Aide dated 07/19/2022 and a competency assessment dated 08/24/2023 but failed to evidence 75 hours of classroom training and practical training as a home health aide prior to first patient contact.</p> <p>3. During an interview with HHA 3 on 02/05/2024 at 1:20 PM, they reported this was their first HHA position and reported taking tests and some classroom training that occurred about a year and a half ago.</p> <p>4. A review of the Personnel file for HHA 6 evidenced a date of hire and first patient contact 01/17/2024. The file contained a document titled "HHA Skills Competency Follow up" dated 01/17/2024 but failed to evidence 75 hours of classroom training and practical training as a home health aide prior to first patient contact.</p>		<p>someof the topics listed below which mirrors with COP 484.80(a)(1):</p> <p>Communication skills, including theability to read, write, and verbally report clinical information to patients,representatives, and caregivers, as well as to other HHA staff.</p> <p>Observation,reporting, and documentation of patient status and the care or servicefurnished.</p> <p>Readingand recording temperature, pulse, and respiration.</p> <p>Basicinfection prevention and control procedures</p> <p>Basicelements of body functioning and changed in body function that must be reportedto an aide’s supervisor.</p> <p>Maintenanceof a clean, safe, and healthy environment</p> <p>Recognizingemergencies and the knowledge of instituting emergency procedure and theirapplication</p> <p>Thephysical, emotional, and</p>	
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	<p>5. During an interview on 02/07/2024 at 10:07 AM with HHA 6, they reported they were a rehire and left the agency sometime in 2022 or 2023 and did not work as a home health aide while away from the agency. They reported, " . . . trained at Help at Home which demonstrated we are knowledgeable about baths, transfers, and stuff "</p>		<p>ways to work with thepopulations served by the HHA, including the need for respect for the patient,his or her privacy, and his or her property.</p> <p>Appropriateand safe techniques in performing personal hygeine and grooming tasks thatinclude</p> <p>Bedbath</p> <p>Sponge,tub, and shower bath</p> <p>Hairshampooing in sink, tub, and bed</p> <p>Nailand skin care</p> <p>Oralhygeine</p> <p>Toiletingand elimination</p> <p>Safetransfer techniques and ambulation</p> <p>Normalrange of motion and positioning</p> <p>Adequatenutrition and fluid intake</p> <p>Recognizingand reporting changes in skin condition</p> <p>The agency will verify this</p>	
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		<p>HHA applicant by written attestation from the employee.</p> <p>All prospective aides must also complete a PCA checklist during the hiring process to determine prior training, skill set, healthcare experience, and knowledge of care for home health patients including personal care, following of an aide care plan, observing, and reporting of abnormal findings, and more, before eligibility is established for competency evaluation. The PCA checklist must be reviewed by a registered nurse and he or she must decide based on the completed PCA checklist if the prospective aide is eligible for competency evaluation. An individual may not proceed through competency evaluation if the above requirements are not met. If the HHA applicant does not meet their requirements making him/her eligible for the competency evaluation program, they will be required to obtain proof of training to include a total of 75 hours with 16 of those hours being supervised practical training. Agency will maintain documentation for proof of all previous training verified</p>	
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		<p>through attestation and/or certificate.</p> <p>2 How to prevent the deficiency from occurring in the future.</p> <p>Moving forward, the Administrator/Alternate Administrator audit 100% of personnel files for new hires to ensure all requirements of this standard have been met. Any deficiencies noted will be directed to the branch staff for correction. Once deficiencies are corrected by the branch, the Administrator/Alternate Administrator will complete a final review and will sign the HHA registry application before submission.</p> <p>3 Responsible Party(ies): Administrator or Alternate Administrator</p> <p>4 Completion Date: 3/22/24</p> <p>IDR response:</p> <p>Help at Home Skilled Care ("Help at Home") formally requests a video conference informal dispute resolution ("IDR") meeting to discuss the findings at G750, G760, G762,</p>	
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			<p>G766, G948 (portion of this tag), and G952 from the February 7, 2024 survey.</p> <p>As evidenced from prior audits, Helpat Home has historically complied with the regulations which require homehealth aides to be properly trained and demonstrate competency in performing tasks prior to providing patient care. Help at Home's processes and procedures have not changed, and these practices have been reviewed and determined to be compliant by the Indiana Department of Health ("IDOH") without question. Since Help at Home is not aware that there has been any change in administrative requirements regarding training and reporting of training completion, Help at Home understands that it has been and remains in compliance and thus there is no basis for a condition level finding for this tag.</p> <p>In compliance with regulatory administrative standards, Help at Home ensures employees are determined to be qualified</p>	
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		<p>providing direct patient care. 42 CFR § 484.80(a) sets forth four different ways in which an individual may be deemed to be a qualified home health aide, which may include the agency training the individual with at least 75 hours of trainings. Alternatively, the agency may ensure staff are properly qualified by having a home health aide complete a competency evaluation program that meets certain requirements. Help at Home frequently uses this competency evaluation method to verify its aides are properly trained and certified prior to patient care.</p> <p>Help at Home understands a competency training evaluation is only appropriate where the employee has the relevant background to enable them to likely pass the competency evaluation without prompting or coaching. In order to ensure qualified employees are put through the evaluation, Help at Home requires a new employee to self-attest to their training and experience in fifty-five (55) different skills. (see uploaded</p>	
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			<p>Theattestation is reviewed by a registered nurse, who then determines whether theemployee has the proper training to address the required topics in order to bepermitted to attempt to pass the competency evaluation program. Thereafter, if the employee successfullypasses the competency evaluation as determined by a registered nurse, it is"assume[d] that the candidate has had training in the past that addresses allor some of the topics" laid forth in the regulations. (See State Operations Manual, AppendixB at G754).</p> <p>When an employee does not possessthe relevant training and experience to be able to qualify for the competencyevaluation, Help at Home requires the employee to obtain proper training priorto providing patient care. All of theseprocedures are in line with the law and are set forth in Help at Home'sCompetency Assessment Policy (see uploaded "Competency Assessment Policy"). Notably, the survey findings do not allegethat this policy is</p>	
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		<p>failed to comply with its policy.</p> <p>The survey findings also do not indicate that any employee's file was missing the skills checklist to support the competency evaluations. Furthermore, although the survey findings allege the agency did not provide the 75 hours of required training, such a finding is erroneous because the Agency was not required to provide this training when, under the regulations, it had the option to perform a competency evaluation on new employees instead.</p> <p>Because Help at Home's longstanding process (which has been previously approved by IDOH) properly verifies the training and experience of employees and then puts them through a competency evaluation program, Help at Home understands that it complies with the requirements at 42 CFR 484.80 and ensures that all home health aides are properly qualified.</p> <p>We look forward to the opportunity to engage in a conference to discuss these</p>	
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			<p>issues and to provide any additional information that IDOH may need to understand that Help at Home has at all times been in compliance with the home health aide qualification requirements and that there is no basis for a finding for these G-tags. Thank you for your attention and consideration of this important matter.</p>	
<p>G0762</p>	<p>Minimum hours of training</p> <p>484.80(b)(2)</p> <p>A minimum of 16 hours of classroom training must precede a minimum of 16 hours of supervised practical training as part of the 75 hours.</p> <p>Based on record review and interview, the agency failed to ensure all qualified Home Health Aides (HHA) received a minimum of 16 hours of classroom training preceding 16 hours of supervised practical training as part of the 75-hours of Home Health Aide training, for 4 of 5 Home Health Aide files reviewed for HHA qualifications. (HHA 3, 4, 5, 6)</p>	<p>G0762</p>	<p>Administrator reviewed current Competency Assessment Policy on 2/8/2024, which matches the Conditions of Participation Standard 484.80 Home Health Aide Qualifications. Specifically, "a qualified home health aide is a person who has successfully completed: A training and competency evaluation program that must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing service to an individual under the direct supervision of a registered nurse, or a licensed practice nurse who is under the supervision of a registered</p>	<p>2024-03-22</p>

	<p>Findings include:</p> <p>1. A review of agency policy "Competency Assessment," last revised 03/20/2023, indicated "... The Home Health Aide must demonstrate evidence of a. Successful completion of a training program totaling at least seventy-five (75) hours. At least sixteen (16) of those hours must have been devoted to supervised practical training. The individual must complete at least sixteen (16) hours of classroom training before beginning the supervised practical training OR b. Successful completion of a competency evaluation program ... if he/she demonstrates competency in a minimum of eleven (11) of the twelve (12) areas required by Federal guidelines."</p> <p>2. A review of the personnel record for HHA 4, date of hire 01/25/24, evidenced a skills competency evaluation dated 01/25/24, and a written competency test dated 01/24/24. The record failed to evidence HHA 4 had received 75-hours of classroom and supervised practical training as a home health aide, including a</p>		<p>nurse. Classroom and supervised practical training must total at least 75 hours; OR a competency evaluation program that observes the prospective aide's performance with a pseudo patient.</p> <p>Provider's Competency Assessment policy aligns with the Interpretive Guidelines for 484.80(a)(1) which states: "The candidate may successfully complete a competency evaluation program only. This assumes that the candidate has had training in the past that addresses all of some of the topics in paragraph (b) of this section. The competency evaluation program must address all requirements in 484.80 (c). Provider ensures that on hire, all staff are required to document their training/experience with an enumerated list of home health aide tasks as described on Provider's PCA Skills Checklist Form, which includes all the requirements set forth in 484.80(c). If an employee lacks sufficient training/experience based on the results of this form, the employee is not permitted to participate in the competency evaluation.</p>	
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<p>minimum of 16 hours of classroom training which preceded a minimum of 16 hours of supervised practical training as part of the 75 hours.</p> <p>3. A review of the personnel record for HHA 5, date of hire 01/04/24, evidenced a skills competency evaluation dated 12/31/23, and a written competency evaluation dated 12/31/23. The record failed to evidence HHA 4 had received 75-hours of classroom and supervised practical training as a home health aide, including a minimum of 16 hours of classroom training which preceded a minimum of 16 hours of supervised practical training as part of the 75 hours.</p> <p>4. On 02/05/24 at 2:17 PM, the Administrator indicated all Home Health Aides complete a written test and a skills competency evaluation at the time of hire, using either a live or pseudo patient. When asked about verification of 75-hours of documented classroom and practical training, the Administrator indicated the regulation required either 75-hours of training or</p>		<p>Provider's competency assessments and records of the aides' assessments are compliantly conducted and maintained in accordance with stated requirements.</p> <p>updated 3/11/2024:</p> <p>1 How the deficiency will be corrected.</p> <p>On 3/8/2024, Administrator reviewed with all branches the personnel requirements for individuals to provide home health aide services as stated in COP 484.80 which aligns with Agency document named "Competency Assessment Policy". Administrator/Alternate Administrator will audit 100% of personnel files to ensure all above requirements are met and proof of such will be maintained within the employee's file. To accomplish this auditing, Administrator/Alternate Administrator will confirm that 50% of the current personnel files have all necessary requirements as stated above by 3/15/2024. Administrator/Alternate Administrator will confirm that all current personnel files have</p>	
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	<p>written and practical evaluation testing and indicated caring for a loved one or family member qualified as experience and if the individual had no experience, they could work for Entity F, a personal services agency, then take the written and skills competency evaluations after they obtained experience at Entity F. The Administrator indicated Entity F was not licensed under this agency's provider number and was not licensed to provide home health aide level of care to patients. The Administrator was unable to evidence Home Health Aide applicants were screened for classroom and practical training as a requirement for qualified Home Health Aide employment.</p>		<p>documentation that all necessary training has been completed as stated above by 3/22/2024.</p> <p>updated 3/15/24:</p> <p>To ensure qualified home health aides, the agency completes a competency evaluation program. To be eligible for the competency evaluation program, the candidate has had training in the past that addresses all or some of the topics listed below which mirrors with COP 484.80(a)(1):</p> <p>Communication skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff.</p> <p>Observation, reporting, and documentation of patient status and the care or service furnished.</p> <p>Reading and recording temperature, pulse, and respiration.</p>	
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	<p>5. A review of the Personnel file for HHA 3 indicated a hire date and first patient contact 07/19/2022. The file contained a Job description titled HHA/Home Health Aide dated 07/19/2022 and a competency assessment dated 08/24/2023 but failed to evidence 16 hours of classroom training which preceded 16 hours of practical training as a part of the 75 hours.</p> <p>6. A review of the Personnel file for HHA 6 evidenced a date of hire and first patient contact. The file contained a document titled "HHA Skills Competency Follow up" dated 01/17/2024 and failed to evidence 16 hours of classroom training which preceded 16 hours of practical training as a part of 75 hours.</p>		<p>Basicinfection prevention and control procedures</p> <p>Basicelements of body functioning and changed in body function that must be reportedto an aide’s supervisor.</p> <p>Maintenanceof a clean, safe, and healthy environment</p> <p>Recognizingemergencies and the knowledge of instituting emergency procedure and theirapplication</p> <p>Thephysical, emotional, and developmental needs of and ways to work with thepopulations served by the HHA, including the need for respect for the patient,his or her privacy, and his or her property.</p> <p>Appropriateand safe techniques in performing personal hygeine and grooming tasks thatinclude</p> <p>Bedbath</p> <p>Sponge,tub, and shower bath</p> <p>Hairshampooing in sink, tub, and bed</p> <p>Nailand skin care</p>	
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			<p>Oralhygeine</p> <p>Toiletingand elimination</p> <p>Safetransfer techniques and ambulation</p> <p>Normalrange of motion and positioning</p> <p>Adequatenutrition and fluid intake</p> <p>Recognizingand reporting changes in skin condition</p> <p>The agency will verify this previous training for each HHAapplicant by written attestation from the employee.</p> <p>All prospective aides must also complete a PCA checklistduring the hiring process to determine prior training, skill set, healthcareexperience, and knowledge of care for home health patients including personalcare, following of an aide care plan, observing, and reporting of abnormalfindings, and more, before eligibility is established for competencyevaluation. The PCA checklist must be reviewed by a registered nurse and he orshe must decide based on the</p>	
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			<p>completed PCA checklist if the prospective aide is eligible for competency evaluation. An individual may not proceed through competency evaluation if the above requirements are not met. If the HHA applicant does not meet the requirements making him/her eligible for the competency evaluation program, they will be required to obtain proof of training to include a total of 75 hours with 16 of those hours being supervised practical training. Agency will maintain documentation for proof of all previous training verified through attestation and/or certificate.</p> <p>2 How to prevent the deficiency from occurring in the future.</p> <p>Moving forward, the Administrator/Alternate Administrator audit 100% of personnel files for new hires to ensure all requirements of this standard have been met. Any deficiencies noted will be directed to the branch staff for correction. Once deficiencies are corrected by the branch, the Administrator/Alternate</p>	
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		<p>final review and will sign the HHA registry application before submission.</p> <p>3 Responsible Party(ies): Administrator or Alternate Administrator</p> <p>4 Completion Date: 3/22/24</p> <p>IDR response:</p> <p>Help at Home Skilled Care ("Help at Home") formally requests a video conference informal dispute resolution ("IDR") meeting to discuss the findings at G750, G760, G762, G766, G948 (portion of this tag), and G952 from the February 7, 2024 survey.</p> <p>As evidenced from prior audits, Help at Home has historically complied with the regulations which require home health aides to be properly trained and demonstrate competency in performing tasks prior to providing patient care. Help at Home's processes and procedures have not changed, and these practices have been reviewed and determined to be compliant by the Indiana Department of Health ("IDOH")</p>	
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			<p>without question. Since Help at Home is not aware that there has been any change in administrative requirements regarding training and reporting of training completion, Help at Home understands that it has been and remains in compliance and thus there is no basis for a condition level finding for this tag.</p>	
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		<p>In compliance with regulatory administrative standards, Help at Home ensures employees are determined to be qualified home health aides prior to providing direct patient care. 42 CFR § 484.80(a) sets forth four different ways in which an individual may be deemed to be a qualified home health aide, which may include the agency training the individual with at least 75 hours of trainings. Alternatively, the agency may ensure staff are properly qualified by having a home health aide complete a competency evaluation program that meets certain requirements. Help at Home frequently uses this competency evaluation method to verify its aides are properly trained and certified prior to patient care.</p> <p>Help at Home understands a competency training evaluation is only appropriate where the employee has the relevant background to enable them to likely pass the competency evaluation without prompting or coaching. In order to ensure qualified employees are put through the evaluation, Help at Home requires a new employee to self-attest to their training</p>	
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			<p>and experience in fifty-five (55) different skills. (see uploaded "PCA Skills Checklist"). The attestation is reviewed by a registered nurse, who then determines whether the employee has the proper training to address the required topics in order to be permitted to attempt to pass the competency evaluation program. Thereafter, if the employee successfully passes the competency evaluation as determined by a registered nurse, it is "assume[d] that the candidate has had training in the past that addresses all or some of the topics" laid forth in the regulations. (See State Operations Manual, Appendix B at G754).</p> <p>When an employee does not possess the relevant training and experience to be able to qualify for the competency evaluation, Help at Home requires the employee to obtain proper training prior to providing patient care. All of these procedures are in line with the law and are set forth in Help at Home's Competency Assessment Policy (see uploaded "Competency</p>	
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		<p>the survey findings do not allege that this policy is deficient, or that Help at Home failed to comply with its policy.</p> <p>The survey findings also do not indicate that any employee's file was missing the skills checklist to support the competency evaluations. Furthermore, although the survey findings allege the agency did not provide the 75 hours of required training, such a finding is erroneous because the Agency was not required to provide this training when, under the regulations, it had the option to perform a competency evaluation on new employees instead.</p> <p>Because Help at Home's longstanding process (which has been previously approved by IDOH) properly verifies the training and experience of employees and then puts them through a competency evaluation program, Help at Home understands that it complies with the requirements at 42 CFR 484.80 and ensures that all home health aides are properly qualified.</p> <p>We look forward to the</p>	
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			<p>opportunity to engage in a conference to discuss these issues and to provide any additional information that IDOH may need to understand that Help at Home has at all times been in compliance with the home health aide qualification requirements and that there is no basis for a finding for these G-tags. Thank you for your attention and consideration of this important matter.</p>	
<p>G0766</p>	<p>HHA maintains documentation of training</p> <p>484.80(b)(4)</p> <p>The HHA must maintain documentation that demonstrates that the requirements of this standard have been met.</p> <p>Based on record review and interview the agency failed to maintain documentation of Home Health Aide (HHA) training for all home health aides including, but not limited to 75 hours of classroom and supervised practical training with a minimum of 16 hours of supervised practical training for 1 of 1 home health aide records reviewed for training documentation. (HHA 2)</p>	<p>G0766</p>	<p>Administrator reviewed current Competency Assessment Policy on 2/8/2024, which matches the Conditions of Participation Standard 484.80 Home Health Aide Qualifications. Specifically, "a qualified home health aide is a person who has successfully completed: A training and competency evaluation program that must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing service to an individual under the direct supervision of a registered nurse, or a licensed</p>	<p>2024-03-22</p>

Findings Include:

1. A document titled "Competency Assessment" last revised on 03/20/2023 received from the Alternate Administrator on 02/07/24 at 2:44 PM indicated but was not limited to " . . . vii.

Documentation of individual Home Health Aide training and/or competency shall be maintained in the employee's file. "

2. A review of the personnel file for HHA 2 failed to evidence documentation for completion of a nurse aide training and competency evaluation program or completion of a State administered program that licenses or certifies home health aides.

3. During an interview on 02/05/2024 at 10:02 AM, HHA 2 reported they had been with the Agency since 2019 but had worked at a previous agency before working at Help at Home.

4. During an interview with the Administrator on 02/05/2024 at 2:17 PM in regards to how HHAs evidenced completion of a HHA training program, they

practice nurse who is under the supervision of a registered nurse. Classroom and supervised practical training must total at least 75 hours; **OR** a competency evaluation program that observes the prospective aide's performance with a pseudo patient.

Provider's Competency Assessment policy aligns with the Interpretive Guidelines for 484.80(a)(1) which states: "The candidate may successfully complete a competency evaluation program only. This assumes that the candidate has had training in the past that addresses all of some of the topics in paragraph (b) of this section. The competency evaluation program must address all requirements in 484.80 (c). Provider ensures that on hire, all staff are required to document their training/experience with an enumerated list of home health aide tasks as described on Provider's PCA Skills Checklist Form, which includes all the requirements set forth in 484.80(c). If an employee lacks sufficient training/experience based on the results of this form, the employee is not

	<p>reported if a HHA has experience with a family member or "loved one" it is counted as part of the training and they have passed the competency evaluation, the agency counts that as eligible for employment.</p> <p>410 IAC 17-14-1 (I)(2)</p>		<p>permitted to participate in the competency evaluation. Provider's competency assessments and records of the aides' assessments are compliantly conducted and maintained in accordance with stated requirements.</p> <p>updated 3/11/2024:</p> <p>1 How the deficiency will be corrected.</p> <p>On 3/8/2024, Administrator reviewed with all branches the personnel requirements for individuals to provide home health aide services as stated in COP 484.80 which aligns with Agency document named "Competency Assessment Policy". Administrator/Alternate Administrator will audit 100% of personnel files to ensure all above requirements are met and proof of such will be maintained within the employee's file. To accomplish this auditing, Administrator/Alternate Administrator will confirm that 50% of the current personnel files have all necessary requirements as stated above by 3/15/2024.</p> <p>Administrator/Alternate</p>	
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			<p>Administrator will confirm that all current personnel files have documentation that all necessary training has been completed as stated above by 3/22/2024.</p> <p>updated 3/15/24:</p> <p>To ensure qualified home health aides, the agency completes a competency evaluation program. To be eligible for the competency evaluation program, the candidate has had training in the past that addresses all or some of the topics listed below which mirrors with COP 484.80(a)(1):</p> <p>Communication skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff.</p> <p>Observation, reporting, and documentation of patient status and the care or service furnished.</p> <p>Reading and recording temperature, pulse, and respiration.</p>	
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			<p>Basicinfection prevention and control procedures</p> <p>Basicelements of body functioning and changed in body function that must be reportedto an aide’s supervisor.</p> <p>Maintenanceof a clean, safe, and healthy environment</p> <p>Recognizingemergencies and the knowledge of instituting emergency procedure and theirapplication</p> <p>Thephysical, emotional, and developmental needs of and ways to work with thepopulations served by the HHA, including the need for respect for the patient,his or her privacy, and his or her property.</p> <p>Appropriateand safe techniques in performing personal hygeine and grooming tasks thatinclude</p> <p>Bedbath</p> <p>Sponge,tub, and shower bath</p> <p>Hairshampooing in sink, tub, and bed</p> <p>Nailand skin care</p>	
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			<p>completed PCA checklist if the prospective aide is eligible for competency evaluation. An individual may not proceed through competency evaluation if the above requirements are not met. If the HHA applicant does not meet the requirements making him/her eligible for the competency evaluation program, they will be required to obtain proof of training to include a total of 75 hours with 16 of those hours being supervised practical training. Agency will maintain documentation for proof of all previous training verified through attestation and/or certificate.</p> <p>2 How to prevent the deficiency from occurring in the future.</p> <p>Moving forward, the Administrator/Alternate Administrator audit 100% of personnel files for new hires to ensure all requirements of this standard have been met. Any deficiencies noted will be directed to the branch staff for correction. Once deficiencies are corrected by the branch, the Administrator/Alternate</p>	
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		<p>final review and will sign the HHA registry application before submission.</p> <p>3 Responsible Party(ies): Administrator or Alternate Administrator</p> <p>4 Completion Date: 3/22/24</p> <p>IDR response:</p> <p>Help at Home Skilled Care ("Help at Home") formally requests a video conference informal dispute resolution ("IDR") meeting to discuss the findings at G750, G760, G762, G766, G948 (portion of this tag), and G952 from the February 7, 2024 survey.</p> <p>As evidenced from prior audits, Help at Home has historically complied with the regulations which require home health aides to be properly trained and demonstrate competency in performing tasks prior to providing patient care. Help at Home's processes and procedures have not changed, and these practices have been reviewed and determined to be compliant by the Indiana Department of Health ("IDOH")</p>	
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			<p>without question. Since Help at Home is not aware that there has been any change in administrative requirements regarding training and reporting of training completion, Help at Home understands that it has been and remains in compliance and thus there is no basis for a condition level finding for this tag.</p>	
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			<p>In compliance with regulatory administrative standards, Help at Home ensures employees are determined to be qualified home health aides prior to providing direct patient care. 42 CFR § 484.80(a) sets forth four different ways in which an individual may be deemed to be a qualified home health aide, which may include the agency training the individual with at least 75 hours of trainings. Alternatively, the agency may ensure staff are properly qualified by having a home health aide complete a competency evaluation program that meets certain requirements. Help at Home frequently uses this competency evaluation method to verify its aides are properly trained and certified prior to patient care.</p> <p>Help at Home understands a competency training evaluation is only appropriate where the employee has the relevant background to enable them to likely pass the competency evaluation without prompting or coaching. In order to ensure qualified employees are put through the evaluation, Help at Home requires a new employee to self-attest to their training</p>	
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		<p>and experience in fifty-five (55) different skills. (see uploaded "PCA Skills Checklist"). The attestation is reviewed by a registered nurse, who then determines whether the employee has the proper training to address the required topics in order to be permitted to attempt to pass the competency evaluation program. Thereafter, if the employee successfully passes the competency evaluation as determined by a registered nurse, it is "assume[d] that the candidate has had training in the past that addresses all or some of the topics" laid forth in the regulations. (See State Operations Manual, Appendix B at G754).</p> <p>When an employee does not possess the relevant training and experience to be able to qualify for the competency evaluation, Help at Home requires the employee to obtain proper training prior to providing patient care. All of these procedures are in line with the law and are set forth in Help at Home's Competency Assessment Policy (see uploaded "Competency</p>	
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		<p>the survey findings do not allege that this policy is deficient, or that Help at Home failed to comply with its policy.</p> <p>The survey findings also do not indicate that any employee's file was missing the skills checklist to support the competency evaluations. Furthermore, although the survey findings allege the agency did not provide the 75 hours of required training, such a finding is erroneous because the Agency was not required to provide this training when, under the regulations, it had the option to perform a competency evaluation on new employees instead.</p> <p>Because Help at Home's longstanding process (which has been previously approved by IDOH) properly verifies the training and experience of employees and then puts them through a competency evaluation program, Help at Home understands that it complies with the requirements at 42 CFR 484.80 and ensures that all home health aides are properly qualified.</p> <p>We look forward to the</p>	
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			<p>opportunity to engage in a conference to discuss these issues and to provide any additional information that IDOH may need to understand that Help at Home has at all times been in compliance with the home health aide qualification requirements and that there is no basis for a finding for these G-tags. Thank you for your attention and consideration of this important matter.</p>	
<p>G0768</p>	<p>Competency evaluation</p> <p>484.80(c)(1)(2)(3)</p> <p>Standard: Competency evaluation.</p> <p>An individual may furnish home health services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this section.</p>	<p>G0768</p>	<p>Alternate Administrator educated all branches on 2/22/2024 regarding requirement for HHA examination to be completed and on file prior to competency assessment.</p> <p>The deficiency will be corrected in the future by the Administrator/Alternate Administrator auditing 100% of personnel files for new hires to ensure the HHA examination was completed prior to competency assessment. Any deficiencies noted will be directed to the branch staff for correction. Once deficiencies</p>	<p>2024-03-11</p>

(1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (iii), (ix), (x), and (xi) of this section must be evaluated by observing an aide's performance of the task with a patient or pseudo-patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient, or with a pseudo-patient as part of a simulation.

(2) A home health aide competency evaluation program may be offered by any organization, except as specified in paragraph (f) of this section.

(3) The competency evaluation must be performed by a registered nurse in consultation with other skilled professionals, as appropriate.

Based on record review and interview the agency failed to evidence a written examination was completed in 1 of 5 active Home Health Aides (HHA) records reviewed. (HHA 3)

Findings Include:

1. A review of the Personnel file for HHA 3 indicated a hire date of 07/19/2022 and a first patient contact of 07/19/2022. The file failed to contain evidence of a written examination.

During an interview with the Alternate Administrator on 02/07/2024 at 2:10 PM they

are corrected by the branch, the Administrator/Alternate Administrator will complete a final review and will sign the HHA registry application before submission.

update 3/11/2024:

On 3/7/2024

Administrator/Alternate Administrator audited 100% of HHA files for presence of HHA examination. All identified deficiencies were reported to the branch for immediate follow up with the caregiver.

Each employee found to be out of compliance with the HHA examination on file was issued the test by 3/8/2024 for completion.

Administrator/Alternate Administrator to monitor until 100% compliance is achieved.

On 3/8/2024, Administrator confirmed 96% compliance was achieved for the requirements above in alignment with COP 484.80 (c) Administrator confirmed 100% compliance was met on 3/11/2024.

	<p>reported they could not find any documentation that HHA 3 had a written examination.</p> <p>410 IAC 17-14-1(l)(A)</p>			
<p>G0948</p>	<p>Responsible for all day-to-day operations</p> <p>484.105(b)(1)(ii)</p> <p>(ii) Be responsible for all day-to-day operations of the HHA;</p> <p>Based on record review and interview the Administrator failed to demonstrate incident reviews and personnel qualifications were maintained for 1 of 1 home health agency.</p> <p>Findings include:</p> <p>On 02/05/24 at 2:17 PM, the Administrator indicated there was no Personal Services Agency under the agency's license, however, if an applicant for a home health aide position had no experience, the applicant was hired by Entity F, a Personal Services Agency, to get experience. After receiving experience at Entity F, the individual could complete the written and skills competency evaluation for Home Health and</p>	<p>G0948</p>	<p>1 Agency has a policy in place named "Administrator Defined" which states:</p> <p>Policy Statement:</p> <p>It is the policy of Help at Home, LLC and its affiliate that the Administrator has a job description that identified his/her respective duties and responsibilities.</p> <p>Policy:</p> <p>The Administrator is responsible for the Agency's functions and all day-to-day operations of the Agency. The Administrator is appointed by and reports to the Governing body.....</p> <p>2 Administrator/Alternate Administrator will review all incidents logged on a daily basis, and that data will be incorporated into the Agency's QAPI program.</p> <p>3 Alternate Administrator provided education</p>	<p>2024-03-22</p>

The Administrator failed to evidence understanding of CoP 484.80 Home Health Aide Services concerning the requirement that all Home Health Aides must show evidence of 75 hours of training, with at least 16 hours of classroom training that precedes at least 16 hours of supervised practical training by a qualified nurse in advance of providing patient care.

IAC 410 17-12-1(c)(1)

1. A policy titled "Organization and Services Administration" revised 03/20/2023 indicated but was not limited to "The agency provides supervision and administrative control of branches on a daily basis to the extent that the branch depends on the parent Agency's supervision and administrative functions in order to meet Conditions of Participation"

2. A review of the Agency's incident log indicated "Date of Activity 01/02/2024 " and evidenced Home Health Aide D had left a patient's home during

on 2/22/2024 to all branches regarding EVV and shift verification notes for any shifts that do not auto complete which indicates compliance with clocking in and out. All staff were educated by the Alternate Administrator on 2/22/2024 to follow the Progressive Discipline Policy for any caregiver that is not compliant with proper clocking in/out. 100% of shifts that are not auto completed, will be reviewed and confirmed with the client/family and documented appropriately according to education provided by Alternate Administrator.

4 Administrator reviewed current Competency Assessment Policy on 2/8/2024, which matches the Conditions of Participation Standard 484.80 Home Health Aide Qualifications. Specifically, "a qualified home health aide is a person who has successfully completed: A training and competency evaluation program that must include classroom and supervised practical training in a practicum laboratory or other setting in which the

agency. When HHA D returned, the patient, a full code had expired.

3. During an interview with the Administrator on 02/02/2024 at 1:09 PM they reported they received notification on 01/03/2024, reviewed HHA D's timecard, and determined the HHA had clocked in at the same time they had clocked out and the time stamp indicated this had occurred after the shift had ended. The HHA admitted to the falsification and was terminated, an incident was filed with the Indiana Department of Health . When queried if there were other interventions, the administrator reported there was no agency-wide follow-up and that all employees are trained on clocking in and out during orientation and annually. The administrator failed to take further action to review active employees' time logs or prevent further employee abandonment of patients.

trained demonstrates knowledge while providing service to an individual under the direct supervision of a registered nurse, or a licensed practice nurse who is under the supervision of a registered nurse. Classroom and supervised practical training must total at least 75 hours; **OR** a competency evaluation program that observes the prospective aide's performance with a pseudo patient.

5 Provider's Competency Assessment policy aligns with the Interpretive Guidelines for 484.80(a)(1) which states: "The candidate may successfully complete a competency evaluation program only. This assumes that the candidate has had training in the past that addresses all of some of the topics in paragraph (b) of this section. The competency evaluation program must address all requirements in 484.80 (c). Provider ensures that on hire, all staff are required to document their training/experience with an enumerated list of home health aide tasks as described on Provider's PCA Skills Checklist

			<p>Form, which includes all the requirements set forth in 484.80(c). If an employee lacks sufficient training/experience based on the results of this form, the employee is not permitted to participate in the competency evaluation. Provider's competency assessments and records of the aides' assessments are compliantly conducted and maintained in accordance with stated requirements.</p> <p>updated 3/11/2024:</p> <p>1 Agency has a policy in place named "Administrator Defined" which states:</p> <p>Policy Statement:</p> <p>It is the policy of Help at Home, LLC and its affiliate that the Administrator has a job description that identified his/her respective duties and responsibilities</p> <p>Policy:</p>	
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			<p>The Administrator is responsible for the Agency's functions and all day-to-day operations of the Agency. The Administrator is appointed by and reports to the Governing body.....</p> <p>All branches are aware of this policy and report to the Administrator as indicated in the policy.</p> <p>2 Administrator/Alternate Administrator will review all incidents logged daily, and that data will be incorporated into the Agency's QAPI program. This process was in place previously prior to the survey date. The Branch did follow the process appropriately as indicated by the Administrator being notified within 24 hours of the incident in review.</p> <p>3 Alternate Administrator provided education on 2/22/2024 to all branches regarding EVV and shift verification notes for any shifts that do not auto complete which indicates compliance with clocking in and out. All staff were educated by the Alternate Administrator on 2/22/2024 to follow the Progressive</p>	
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		<p>caregiver that is not compliant with proper clocking in/out. 100% of shifts that are not auto-completed, will be reviewed and confirmed with the client/family and documented appropriately according to education provided by Alternate Administrator. Administrator/Alternate Administrator to monitor auto completion rate for license to track improvement based on education for identified caregivers with non-compliance regarding proper clock in/out procedure. This data will be incorporated into the Agency's QAPI program.</p> <p>4 Administrator reviewed current Competency Assessment Policy on 2/8/2024, which matches the Conditions of Participation Standard 484.80 Home Health Aide Qualifications. Specifically, "a qualified home health aide is a person who has successfully completed: A training and competency evaluation program that must include classroom and supervised practical training in a practicum laboratory or other setting</p>	
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		<p>demonstrates knowledge while providing service to an individual under the direct supervision of a registered nurse, or a licensed practice nurse who is under the supervision of a registered nurse. Classroom and supervised practical training must total at least 75 hours; OR a competency evaluation program that observes the prospective aide's performance with a pseudo patient.</p> <p>Provider's Competency Assessment policy aligns with the Interpretive Guidelines for 484.80(a)(1) which states: "The candidate may successfully complete a competency evaluation program only. This assumes that the candidate has had training in the past that addresses all of some of the topics in paragraph (b) of this section. The competency evaluation program must address all requirements in 484.80 (c). Provider ensures that on hire, all staff are required to document their training/experience with an enumerated list of home health aide tasks as described on Provider's PCA Skills Checklist Form, which includes</p>	
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			<p>all the requirements set forth in 484.80(c). If an employee lacks sufficient training/experience based on the results of this form, the employee is not permitted to participate in the competency evaluation. Provider's competency assessments and records of the aides' assessments are compliantly conducted and maintained in accordance with stated requirements.</p> <p>How the deficiency will be corrected.</p> <p>On 3/8/2024, Administrator reviewed with all branches the personnel requirements for individuals to provide home health aide services as stated in COP 484.80 which aligns with Agency document named "Competency Assessment Policy". Administrator/Alternate Administrator will audit 100% of personnel files to ensure all above requirements are met and proof of such will be maintained within the employee's file. To accomplish this auditing, Administrator/Alternate Administrator will confirm that 50% of the current personnel files have</p>	
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		<p>stated above by 3/15/2024. Administrator/Alternate Administrator will confirm that all current personnel files have documentation that all necessary training has been completed as stated above by 3/22/2024.</p> <p>updated 3/15/24:</p> <p>To ensure qualified home health aides, the agency completes a competency evaluation program. To be eligible for the competency evaluation program, the candidate has had training in the past that addresses all or some of the topics listed below which mirrors with COP 484.80(a)(1):</p> <p style="padding-left: 40px;">Communication skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff.</p> <p style="padding-left: 40px;">Observation, reporting, and documentation of patient status and the care or service furnished.</p> <p style="padding-left: 40px;">Reading and recording</p>	
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			<p>respiration.</p> <p>Basicinfection prevention and control procedures</p> <p>Basicelements of body functioning and changed in body function that must be reportedto an aide’s supervisor.</p> <p>Maintenanceof a clean, safe, and healthy environment</p> <p>Recognizingemergencies and the knowledge of instituting emergency procedure and theirapplication</p> <p>Thephysical, emotional, and developmental needs of and ways to work with thepopulations served by the HHA, including the need for respect for the patient,his or her privacy, and his or her property.</p> <p>Appropriateand safe techniques in performing personal hygeine and grooming tasks thatinclude</p> <p>Bedbath</p> <p>Sponge,tub, and shower bath</p> <p>Hairshampooing in sink, tub, and bed</p>	
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			<p>Nailand skin care</p> <p>Oralhygeine</p> <p>Toiletingand elimination</p> <p>Safetransfer techniques and ambulation</p> <p>Normalrange of motion and positioning</p> <p>Adequatenutrition and fluid intake</p> <p>Recognizingand reporting changes in skin condition</p> <p>The agency will verify this previous training for each HHAapplicant by written attestation from the employee.</p> <p>All prospective aides must also complete a PCA checklistduring the hiring process to determine prior training, skill set, healthcareexperience, and knowledge of care for home health patients including personalcare, following of an aide care plan, observing, and reporting of abnormalfindings, and more, before eligibility is established for competencyevaluation. The PCA checklist must be reviewed by a</p>	
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		<p>registered nurse and he or she must decide based on the completed PCA checklist if the prospective aide is eligible for competency evaluation. An individual may not proceed through competency evaluation if the above requirements are not met. If the HHA applicant does not meet the requirements making him/her eligible for the competency evaluation program, they will be required to obtain proof of training to include a total of 75 hours with 16 of those hours being supervised practical training. Agency will maintain documentation for proof of all previous training verified through attestation and/or certificate.</p> <p>How to prevent the deficiency from occurring in the future.</p> <p>Moving forward, the Administrator/Alternate Administrator audit 100% of personnel files for new hires to ensure all requirements of this standard have been met. Any deficiencies noted will be directed to the branch staff for correction. Once deficiencies are corrected by the branch, the Administrator/Alternate</p>	
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			<p>Administrator will complete a final review and will sign the HHA registry application before submission.</p> <p>updated 3-22-24</p> <p>To ensure qualified home health aides, the agency completes a competency evaluation program. To be eligible for the competency evaluation program, the candidate has had training in the past which mirrors COP 484.80(a)(1). Per agency's Competency Assessment policy (which is uploaded as a supporting document), "A Home Health Aide will not be permitted to provide HHA services until evidence of adequate training and/or competency has been determined by the designated professional in the agency."</p> <p>All new hire personnel files are audited to ensure that necessary requirements have been met. No employee will be permitted to work as a HHA without completing a competency assessment. Administrator/Alternate Administrator will audit 100% to ensure all HHA files have a completed competency assessment present prior to first shift --- this is true for all new hires including if they have been actively working as a HHA/CNA, or if they have not worked in that capacity for any length of time.</p>	
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		<p>Responsible Party(ies): Administrator or Alternate Administrator</p> <p>Completion Date: 3/22/24</p> <p>IDR response in relation to finding #4:</p> <p>Help at Home Skilled Care ("Help at Home") formally requests a video conference informal dispute resolution ("IDR") meeting to discuss the findings at G750, G760, G762, G766, G948 (portion of this tag), and G952 from the February 7, 2024 survey.</p> <p>As evidenced from prior audits, Help at Home has historically complied with the regulations which require home health aides to be properly trained and demonstrate competency in performing tasks prior to providing patient care. Help at Home's processes and procedures have not changed, and these practices have been reviewed and determined to be compliant by the Indiana Department of Health ("IDOH") without question. Since Help at Home is not aware that there has been any change in administrative requirements regarding training and</p>	
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			<p>reporting of training completion, Help at Home understands that it has been and remains in compliance and thus there is no basis for a condition level finding for this tag.</p> <p>In compliance with regulatory administrative standards, Help at Home ensures employees are determined to be qualified home health aides prior to providing direct patient care. 42 CFR § 484.80(a) sets forth four different ways in which an individual may be deemed to be a qualified home health aide, which may include the agency training the individual with at least 75 hours of trainings. Alternatively, the agency may ensure staff are properly qualified by having a home health aide complete a competency evaluation program that meets certain requirements. Help at Home frequently uses this competency evaluation method to verify its aides are properly trained and certified prior to patient care.</p> <p>Help at Home understands a competency training evaluation is only appropriate where the</p>	
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		<p>background to enable them to likely pass the competency evaluation without prompting or coaching. In order to ensure qualified employees are put through the evaluation, Help at Home requires a new employee to self-attest to their training and experience in fifty-five (55) different skills. (see uploaded "PCA Skills Checklist"). The attestation is reviewed by a registered nurse, who then determines whether the employee has the proper training to address the required topics in order to be permitted to attempt to pass the competency evaluation program. Thereafter, if the employee successfully passes the competency evaluation as determined by a registered nurse, it is "assume[d] that the candidate has had training in the past that addresses all or some of the topics" laid forth in the regulations. (See State Operations Manual, Appendix B at G754).</p> <p>When an employee does not possess the relevant training and experience to be able to qualify for the competency evaluation, Help at Home</p>	
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		<p>proper training prior to providing patient care. All of these procedures are in line with the law and are set forth in Help at Home's Competency Assessment Policy (see uploaded "Competency Assessment Policy"). Notably, the survey findings do not allege that this policy is deficient, or that Help at Home failed to comply with its policy.</p> <p>The survey findings also do not indicate that any employee's file was missing the skills checklist to support the competency evaluations. Furthermore, although the survey findings allege the agency did not provide the 75 hours of required training, such a finding is erroneous because the Agency was not required to provide this training when, under the regulations, it had the option to perform a competency evaluation on new employees instead.</p> <p>Because Help at Home's longstanding process (which has been previously approved by IDOH) properly verifies the training and experience of employees and then puts them through a competency</p>	
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			<p>evaluation program, Help at Home understands that it complies with the requirements at 42 CFR 484.80 and ensures that all home health aides are properly qualified.</p> <p>We look forward to the opportunity to engage in a conference to discuss these issues and to provide any additional information that IDOH may need to understand that Help at Home has at all times been in compliance with the home health aide qualification requirements and that there is no basis for a finding for these G-tags. Thank you for your attention and consideration of this important matter.</p>	
G0952	<p>Ensure that HHA employs qualified personnel</p> <p>484.105(b)(1)(iv)</p> <p>(iv) Ensure that the HHA employs qualified personnel, including assuring the development of personnel qualifications and policies.</p> <p>Based on record review and interview, the Administrator failed to ensure the agency hired qualified Home Health Aides, for 5 of 5 active Home Health Aide files reviewed for</p>	G0952	<p>Administrator reviewed current Competency Assessment Policy on 2/8/2024, which matches the Conditions of Participation Standard 484.80 Home Health Aide Qualifications. Specifically, "a qualified home health aide is a person who has successfully completed: A training and competency evaluation program that must include classroom and supervised practical training in a practicum</p>	2024-03-22

aide qualifications. (HHA 2, 3, 4, 5, 6)

Findings include:

1. A review of agency policy "Competency Assessment," last revised 03/20/2023, indicated "... The Home Health Aide must demonstrate evidence of a. Successful completion of a training program totaling at least seventy-five (75) hours. At least sixteen (16) of those hours must have been devoted to supervised practical training. The individual must complete at least sixteen (16) hours of classroom training before beginning the supervised practical training OR b. Successful completion of a competency evaluation program ... if he/she demonstrates competency in a minimum of eleven (11) of the twelve (12) areas required by Federal guidelines."

2. A review of the personnel record for HHA 2, date of hire 09/30/2020, failed to evidence HHA 2 had received 75-hours of classroom and supervised practical training as a home health aide, including a

laboratory or other setting in which the trainee demonstrates knowledge while providing service to an individual under the direct supervision of a registered nurse, or a licensed practice nurse who is under the supervision of a registered nurse. Classroom and supervised practical training must total at least 75 hours; **OR** a competency evaluation program that observes the prospective aide's performance with a pseudo patient.

Provider's Competency Assessment policy aligns with the Interpretive Guidelines for 484.80(a)(1) which states: "The candidate may successfully complete a competency evaluation program only. This assumes that the candidate has had training in the past that addresses all of some of the topics in paragraph (b) of this section. The competency evaluation program must address all requirements in 484.80 (c). Provider ensures that on hire, all staff are required to document their training/experience with an enumerated list of home health aide tasks as described on Provider's PCA Skills Checklist

minimum of 16 hours of classroom training which preceded a minimum of 16 hours of supervised practical training as part of the 75 hours.

3. A review of the personnel record for HHA 3, date of hire 07/19/2022, failed to evidence HHA 3 had received 75-hours of classroom and supervised practical training as a home health aide, including a minimum of 16 hours of classroom training which preceded a minimum of 16 hours of supervised practical training as part of the 75 hours.

4. A review of the personnel record for HHA 4, date of hire 01/25/2024, failed to evidence HHA 4 had received 75-hours of classroom and supervised practical training as a home health aide, including a minimum of 16 hours of classroom training which preceded a minimum of 16 hours of supervised practical training as part of the 75 hours.

5. A review of the personnel record for HHA 5, date of hire 01/04/2024, failed to evidence HHA 5 had received 75-hours of classroom and supervised

Form, which includes all the requirements set forth in 484.80(c). If an employee lacks sufficient training/experience based on the results of this form, the employee is not permitted to participate in the competency evaluation. Provider's competency assessments and records of the aides' assessments are compliantly conducted and maintained in accordance with stated requirements.

updated 3/11/2024:

1 How the deficiency will be corrected.

On 3/8/2024, Administrator reviewed with all branches the personnel requirements for individuals to provide home health aide services as stated in COP 484.80 which aligns with Agency document named "Competency Assessment Policy". Administrator/Alternate Administrator will audit 100% of personnel files to ensure all above requirements are met and proof of such will be maintained within the employee's file. To accomplish this auditing, Administrator/Alternate

practical training as a home health aide, including a minimum of 16 hours of classroom training which preceded a minimum of 16 hours of supervised practical training as part of the 75 hours.

6. A review of the personnel record for HHA 6, date of hire 01/27/2024, failed to evidence HHA 6 had received 75-hours of classroom and supervised practical training as a home health aide, including a minimum of 16 hours of classroom training which preceded a minimum of 16 hours of supervised practical training as part of the 75 hours.

7. On 02/05/2024 at 2:17 PM, the Administrator indicated all Home Health Aides complete a written test and a skills competency evaluation at the time of hire, using either a live or pseudo patient. When asked about verification of 75-hours of documented classroom and practical training, the Administrator indicated the regulation required either 75-hours of training or successful completion of the written and practical evaluation testing and indicated caring for

Administrator will confirm that 50% of the current personnel files have all necessary requirements as stated above by 3/15/2024.

Administrator/Alternate Administrator will confirm that all current personnel files have documentation that all necessary training has been completed as stated above by 3/22/2024.

updated 3/15/24:

To ensure qualified home health aides, the agency completes a competency evaluation program. To be eligible for the competency evaluation program, the candidate has had training in the past that addresses all or some of the topics listed below which mirrors with COP 484.80(a)(1):

Communication skills, including the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers, as well as to other HHA staff.

Observation, reporting, and documentation of patient status and the care or

a loved one or family member qualified as experience and if the individual had no experience, they could work for Entity F, a personal services agency, then take the written and skills competency evaluations after they obtained experience at Entity F. The Administrator indicated Entity F was not licensed under this agency's provider number and was not licensed to provide home health aide level of care to patients. The Administrator was unable to evidence Home Health Aide applicants were screened for classroom and practical training as a requirement for qualified Home Health Aide employment.

IAC 410 17-12-1(d)(3)

servicefurnished.

Readingand recording temperature, pulse, and respiration.

Basicinfection prevention and control procedures

Basicelements of body functioning and changed in body function that must be reportedto an aide's supervisor.

Maintenanceof a clean, safe, and healthy environment

Recognizingemergencies and the knowledge of instituting emergency procedure and theirapplication

Thephysical, emotional, and developmental needs of and ways to work with thepopulations served by the HHA, including the need for respect for the patient,his or her privacy, and his or her property.

Appropriateand safe techniques in performing personal hygeine and grooming tasks thatinclude

Bedbath

Sponge,tub, and shower bath

Hairshampooing in sink, tub, and bed

Nail and skin care

Oral hygiene

Toileting and elimination

Safe transfer techniques and ambulation

Normal range of motion and positioning

Adequate nutrition and fluid intake

Recognizing and reporting changes in skin condition

The agency will verify this previous training for each HHA applicant by written attestation from the employee.

All prospective aides must also complete a PCA checklist during the hiring process to determine prior training, skill set, healthcare experience, and knowledge of care for home health patients including personal care, following of an aide care plan, observing, and reporting of abnormal findings,

established for competency evaluation. The PCA checklist must be reviewed by a registered nurse and he or she must decide based on the completed PCA checklist if the prospective aide is eligible for competency evaluation. An individual may not proceed through competency evaluation if the above requirements are not met. If the HHA applicant does not meet the requirements making him/her eligible for the competency evaluation program, they will be required to obtain proof of training to include a total of 75 hours with 16 of those hours being supervised practical training. Agency will maintain documentation for proof of all previous training verified through attestation and/or certificate.

2 How to prevent the deficiency from occurring in the future.

Moving forward, the Administrator/Alternate Administrator audit 100% of personnel files for new hires to ensure all requirements of this standard have been met. Any deficiencies noted will be

directed to the branch staff for correction. Once deficiencies are corrected by the branch, the Administrator/Alternate Administrator will complete a final review and will sign the HHA registry application before submission.

3 Responsible Party(ies): Administrator or Alternate Administrator

4 Completion Date: 3/22/24

IDR response:

Help at Home Skilled Care ("Help at Home") formally requests a video conference informal dispute resolution ("IDR") meeting to discuss the findings at G750, G760, G762, G766, G948 (portion of this tag), and G952 from the February 7, 2024 survey.

As evidenced from prior audits, Help at Home has historically complied with the regulations which require home health aides to be properly trained and demonstrate competency in performing tasks prior to providing patient care. Help at Home's processes and

procedures have not changed, and these practices have been reviewed and determined to be compliant by the Indiana Department of Health (“IDOH”) without question. Since Help at Home is not aware that there has been any change in administrative requirements regarding training and reporting of training completion, Help at Home understands that it has been and remains in compliance and thus there is no basis for a condition level finding for this tag.

In compliance with regulatory administrative standards, Help at Home ensures employees are determined to be qualified home health aides prior to providing direct patient care. 42 CFR § 484.80(a) sets forth four different ways in which an individual may be deemed to be a qualified home health aide, which may include the agency training the individual with at least 75 hours of trainings. Alternatively, the agency may ensure staff are properly qualified by having a home health aide complete a competency evaluation

requirements. Help at Home frequently uses this competency evaluation method to verify its aides are properly trained and certified prior to patient care.

Help at Home understands a competency training evaluation is only appropriate where the employee has the relevant background to enable them to likely pass the competency evaluation without prompting or coaching. In order to ensure qualified employees are put through the evaluation, Help at Home requires a new employee to self-attest to their training and experience in fifty-five (55) different skills. (see uploaded "PCA Skills Checklist"). The attestation is reviewed by a registered nurse, who then determines whether the employee has the proper training to address the required topics in order to be permitted to attempt to pass the competency evaluation program. Thereafter, if the employee successfully passes the competency evaluation as determined by a registered nurse, it is "assume[d] that the candidate has had training in the past that addresses all or some of the topics" laid forth in

the regulations. (See State Operations Manual, Appendix B at G754).

When an employee does not possess the relevant training and experience to be able to qualify for the competency evaluation, Help at Home requires the employee to obtain proper training prior to providing patient care. All of these procedures are in line with the law and are set forth in Help at Home's Competency Assessment Policy (see uploaded "Competency Assessment Policy"). Notably, the survey findings do not allege that this policy is deficient, or that Help at Home failed to comply with its policy.

The survey findings also do not indicate that any employee's file was missing the skills checklist to support the competency evaluations. Furthermore, although the survey findings allege the agency did not provide the 75 hours of required training, such a finding is erroneous because the Agency was not required to provide this training when, under the regulations, it had the

competency evaluation on new employees instead.

Because Help at Home's longstanding process (which has been previously approved by IDOH) properly verifies the training and experience of employees and then puts them through a competency evaluation program, Help at Home understands that it complies with the requirements at 42 CFR 484.80 and ensures that all home health aides are properly qualified.

We look forward to the opportunity to engage in a conference to discuss these issues and to provide any additional information that IDOH may need to understand that Help at Home has at all times been in compliance with the home health aide qualification requirements and that there is no basis for a finding for these G-tags. Thank you for your attention and consideration of this important matter.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

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 Amber Armuth	TITLE Governing Body	(X6) DATE 3/22/2024 1:04:58 PM
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