STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157701	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REMEDY HOME HEALTHCARE, LLC	813 MAIN ST, SUITE A, BROOKVILLE, IN, 47012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N0000	Initial Comments This visit was for a State Re-licensure survey of a Home Health provider. Survey Dates: March 26th, 27th, 28th and April 1st of 2024. 12-Month Unduplicated Skilled Admissions: 71 QR completed on 04/08/2024 by A4	N0000		
N0464	Home health agency administration/management 410 IAC 17-12-1(i) Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient	N0464	Plan of Correction: All appropriate staff were re-inserviced/trained on the initial TB screening and annual verification requirements. All those re-trained verbalized understanding that upon hire to establish a negative TB baseline, the documentation provided must be within 12 months of hire. Those employee files that were noted to not have compliant documentation upon hire were instructed to obtain a 2-step TST (1-3 weeks apart) or BAMT, prior to any further patient contact. Upon completion, said employees	2024-04-02

	contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. (3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii)completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest rediograph to exclude a diagnosis of tuberculosis. (4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3). (5) Any person having a positive finding on a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:		were instructed to submit documentation to HR so that it may be filed. Process to Prevent Reoccurrence: 100% of newly hired, direct care personnel records will be audited within 30 days of hire for evidence that an initial baseline TB screen using TST or BAMT was completed. Threshold is 100% compliance. Once threshold is met, 50% of direct care personnel records will be audited annually. Person responsible to ensure compliance: Administrator and/or HR Director	

	(A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months. Based on record review and interview the agency failed to obtain a baseline 2-step tuberculin skin (TB) test for 2 of 7 direct care staff members upon hire. (Home Health Aide (HHA) 1 and Occupational Therapist (OT) 1) Findings Include: A policy titled, "TB Infectious Control Policy," indicated but was not limited to, "At time of hire, all direct care personnel will have skin testing and prevention (PPD) or x-ray screening performed in accordance with the Center for Disease Control (CDC) guidelines. The 2-step Mantoux TST test or FDA-approved IGRA testing shall be required for all agency field staff with patient contact upon hire. If a newly employed individual has had a documented negative Mantoux TST test result within the previous twelve (12) months			

	result may count as the first step and an additional single Mantoux TST test can be administered upon hire representing as the 2nd stage of the 2-step of the two-step testing". A personnel document for HHA 2, hire date 10/17/2022, indicated a negative TB test administered on 03/25/2022. The agency failed to obtain a 2-step TB skin test for HHA 2. A personnel document for OT 1, hire date 12/01/2023, indicated a TB test was administered on 08/22/2015 & 09/26/2017 with no result recorded. An additional TB test was administered on 11/11/2023 with a documented negative result. The agency failed to obtain a 2-step TB skin test for OT 1. During an interview on 03/28/2024 at 3:15 PM, the Human Resource Manager stated that all new employees should have a 2-step TB skin test upon hire. During an interview on 03/28/2024 at 3:40 PM, the Administrator stated that a 2-step TB skin test should be			

	administered to all direct care staff upon hire with a history of negative TB tests. The 2-step TB skin test should be administered 21 days apart. If the staff member has a negative TB skin test that was completed 12 months upon hire, that TB test can be used as the first TB test in the 2-step requirement. A second TB skin test would then need to be administered.			
N0524	Patient Care 410 IAC 17-13-1(a)(1) Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations.	N0524	Plan of Correction: All Staff were re-inserviced/trained on the requirement to reconcile medications at every visit and provide communication to the Physician overseeing the POC, the Care Team & DON, and complete documentation to update the plan of care to reflect the current medication regimen. It was further instructed to all team members that if anyone becomes aware of a change in medications that this must be communicated to the direct supervisor and/or care team members. Specifically for Patient #1 & 2 the RN on the case was instructed to immediately update the medication profile and to notify the Physician, as well as obtain a verbal order to update the POC to reflect the following discharged or changed prescriptions: Patient #1: Aspirin (pain reliever) 1 mg daily & Selenium Sulfide-Aloe Vera External Shampoo 1% Patient #2: Percocet 10-325 discharged and 3 liters of Oxygen to be changed to PRN for SOB.	2024-04-02

	(vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. Based on record review and interview the agency failed to update the Plan of Care (POC) with the most up-to-date/current medications in 2 of 3 record reviews with home visits. (Patient #1, #2) Findings Include: A policy titled, "Medication Profile" indicated but was not limited to, "The medication list is collectively maintained in the clinical record. The plan of care will demonstrate the patient's/client's current medication regimen, and additions and/or modifications will be identified in clinical notes, progress notes, summary reports, or communication		Verification: Both charts were audited by the Quality Assurance Auditor and approved. Process to Prevent Reoccurrence: Audit 10% of all active patient's charts to ensure the medication profile and POC accurately reflects the patient's current medication regimen for at least 5 weeks. Target threshold is 100%. Once threshold is met, will continue to audit 10% of all patient records quarterly. Person Responsible for ensuring compliance: Administrator and/or Quality Assurance Auditor	

profile must contain" ... "All current patient medication(s)" ... "Medication profiles must be updated at least every 60 days and whenever there is a change in the medication regime" ... "The Profile will include both prescription and non-prescription medications".

1. The Plan of Care and Medication Profile for Patient #1 indicated the following:

Aspirin (pain reliever) 1 mg daily & Selenium Sulfide-Aloe Vera External Shampoo 1% (shampoo to treat dandruff & dermatitis--skin inflammation) topical to head

During an interview on 03/27/2024 at 8:45 AM, Patient #1 indicated he/she had not been taking Aspirin 81 mg for quite some time and was unable to verbalize exactly when the physician discontinued this medication.

During an interview on 03/27/2024 at 10:00 AM, the Administrator indicated that when a new patient's medication is started and/or discontinued, a verbal order is created. This order is sent to the

	the Plan of Care is updated. During an interview on 03/27/2024 at 8:45 AM, HHA 1 indicated that she has never used the Selenium Sulfide-Aloe Vera 1% Shampoo to wash Patient #1's hair. 2. The Plan of Care and Medication Profile for Patient #2 indicated the following: Oxygen 3 Liters per minute-continuous-nasal canula & Percocet (pain reliever) 10-325 milligrams by mouth every six hours as needed During an interview on 03/27/2024 at 11:25 AM, Patient #2 indicated he/she was no longer taking Percocet 10-325 milligrams as needed. Patient #1 could not verbalize when the physician discontinued this but indicated it had been a while ago. Patient #2 indicated he/she no longer uses 3 Liters of Oxygen via nasal cannula continuously and has not for some time. Only uses Oxygen as needed. During an interview on 03/27/2024 at 11:25 AM, RN 1 indicated being unaware that			

	Percocet and that the Oxygen order needed to be updated to indicate as needed.			

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lane Wood	Administrator	4/24/2024 10:51:54 AM