

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K161	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER 1ST PRIORITY HEALTHCARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2804 E 55TH PLACE SUITE R, INDIANAPOLIS, IN, 46220		
(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
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal and State Complaint investigation of a Home Health agency conducted by the Indiana Department of Health.</p> <p>Survey dates: 04-15-2024, 04-16-2024, 04-17-2024, 04-18-2024, and 04-19-2024</p> <p>Complaint: IN00105687. Related and unrelated Federal and State deficiencies were cited.</p> <p>12-month unduplicated skilled census: 10</p> <p>1st Priority Healthcare, Inc. was found to be out of compliance with 42 CFR 484.75 (c)(1) Nursing Services and 484.50 Patient Rights as related to this complaint. This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State form for</p>	G0000	<p>G0000</p> <p>1st Priority Healthcare Inc respectfully disagrees with someof the citations which were cited.</p> <p>1st PriorityHealthcare Inc. will respond as required by State and Federal laws todemonstrate intent to comply with applicable laws and by providing a plan ofcorrection.</p>	

	additional State findings.			
G0682	<p>Infection Prevention</p> <p>484.70(a)</p> <p>Standard: Infection Prevention.</p> <p>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</p> <p>Based on observation, record review, and interview, the agency failed to ensure Home Health Aides (HHA) followed appropriate infection control practices per agency policy while providing patient care in 1 of 3 home visits conducted.</p> <p>(Employee: HHA 4)</p> <p>Findings include:</p> <p>1. An agency's policy dated November 2022, titled, 'STANDARD PRECAUTIONS Policy No. 70007' revealed, " ... C. Gloves are to be changed: 1. Between tasks and procedures on the same patient ... "</p> <p>An agency's policy dated November 2022, titled, 'HAND HYGIENE Policy No. 7-009' revealed, " ... When hands are not visibly soiled, they should</p>	G0682	<p>G0682</p> <p>How the deficient practice was corrected.</p> <p>All staff were reminded that supplies are available in the agency office for infection control including paper towels, gloves, soap, and hand sanitizer.</p> <p>All home health aide staff will be provided hand washing education and competency check off individually in office or patient home by an RN Case manager or supervisor.</p> <p>RN Case Managers will continue to monitor infection control when aides are present during supervisory visits.</p> <p>How we plan to prevent</p>	2024-05-19

<p>be washed using an alcohol-based hand rub for routinely decontaminating hands. An alternative to use of an alcohol-based hand rub is to wash hands with an antimicrobial soap and water</p> <p>... 3. Hand decontamination</p> <p>... E. when moving from a contaminated body site to a clean body site ... G. After removing gloves ... Hand washing with Soap and Water</p> <p>... 3. Rinse with warm water and dry the hands with a disposable towel 4. Use a dry disposable towel to turn off the faucet ... "</p> <p>2. On 04/17/2024 at 8:00 AM, during a home visit at Patient #7's residence, observed HHA 4, provide personal care. HHA 4 entered Patient #7's home, went to the kitchen, washed hands appropriately, turned the water off with bare hands but did not have paper towels to dry their hands, so they patted their hands on their pant legs, and donned a pair of gloves. HHA 4 escorted Patient #7 to their bathroom, assisted Patient #7 with undressing, with Patient #7 stepped into the shower. HHA 4 assisted Patient #7 with</p>		<p>100% of activeHome Health Aides will attend education regarding picking up supplies andhandwashing competency for infection control until 100% compliance is achieved.</p> <p>To ensureinfection control continues, the Case Managers will continue to observe the100% of HHA's for technique for infection control while in the home conductingsupervisory visits. The agency will document compliance of home health visitsobserved to achieve 100% compliance.</p> <p>The Casemanagers will report all deficient practice to the Clinical Supervisor foradditional education until 100% are in compliance with infection control ismaintained and consistent.</p> <p>Re-educationwill be provided to any HHA who does not perform infection control properly andwill be documented in the personnel file.</p>	
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	<p>Patient #7 shower was completed, HHA 4 handed Patient #7 their towel, and assisted Patient #7 with drying off and dressing. HHA 4 went to the kitchen, doffed their gloves, washed their hands appropriately, turned the water off with their bare hands, and patted their pant legs with their wet hands.</p> <p>3. On 04/17/2024 at 8:35 AM, during an interview, HHA 4 indicated they should have used paper towels to turn the water off and dry hands.</p> <p>On 04/17/2024 at 3:05 PM, the Alternate Administrator indicated HHA 4 should have used paper towels to turn the water off and dry their hands, and should have performed hand hygiene and changed their gloves after assisting with shower.</p> <p>410 IAC 17-12-1(m)</p>		<p>The Clinical Supervisor will report infection control issues to QAPI meetings.</p> <p>Who will be responsible:</p> <p>Clinical Supervisor will be responsible.</p> <p>Date completed:</p> <p>05/19/2024</p>	
G0766	<p>HHA maintains documentation of training</p> <p>484.80(b)(4)</p>	G0766	<p>G0766</p> <p>1st Priority Healthcare Inc. respectfully disagrees</p>	2024-05-19

<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 ensure documentation for home health aide training was complete and accurate, in 3 of 5 home health aide personnel records reviewed. (Home Health Aide (HHA) 1, 4, and the Administrator (who is also a HHA))</p> <p>Findings include:</p> <p>1. Review of an agency document titled 'TRAINING/INSERVICE EDUCATION Policy No. 1-028.1' stated, "... POLICY ... Paraprofessional personnel will receive education as follows: 1. Aides (CNAs/HHAs) must receive at least twelve (12) hours of in-service training per calendar year ... PROCEDURE ... 3. A record will be maintained for each session, including: ... C. Speaker, and his or her qualifications ... 4. An in-service log will be kept to track the number of in-service hours the aides (CNAs/HHAs) and all staff have obtained on a cumulative basis ..." 2. Review of the personnel file</p>		<p>and that any tag related to in-services education was cited.</p> <p>The agency has not offered formal educational classes to individuals who are not certified home health aides and has not taught classes to become a home health aide.</p> <p>The agency plans to offer classes in the future as 3 RNs were certified to teach HHA classes by IAHHC.</p> <p>The agency currently only hires individuals who are verified as active HHA's and CNA's on the Indiana government PLA Webb cite.</p> <p>The agency is struggling to find State or Federal regulations that require the process the surveyors cited and informed a staff nurse and administrator that is required to be in place to demonstrate compliance.</p> <p>1st Priority Healthcare Inc. was not asked for all the manuals or documents that demonstrate the robust HHA in-service and Onboarding screening and educational process for certified HHA and CNAs.</p>	
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<p>for Home Health Aide (HHA) 1 with a date of hire of 03-15-2022 evidenced in-service trainings, 'Personal and In-home Safety Techniques Test', 'Corporate Compliance and Standards of Conduct', 'HIPAA and Confidentiality', 'Complaints and Grievances Test', 'Communication Barriers Test', 'Agency Emergency Test Plan', 'QAPI Test', 'Nutrition', 'Personal Care and Reporting Changes' were all undated. 'Patient Rights and Responsibilities' was undated, graded, and failed to evidence who had administered or graded the test. 'Ethics Test' dated 03-24-2023, was graded at 70% and marked, "FAIL ... reviewed 4-17-2023 [illegible] 100%" and failed to evidence who had administered or graded the test. 'Standard Precautions and Infection Control Test' was graded and failed to evidence who had administered or graded the test. The documentation failed to evidence any in-service trainings for 2024.</p> <p>3. Review of the personnel file for Home Health Aide (HHA) 4 with a date of hire of</p>		<p>The Administrator/Home health aide interviewed would not have been the individual administering the in-service program.</p> <p>1st Priority Healthcare Alternate Administrator and/or Clinical Supervisor, who provide all in-service education was not asked for the educational program, educational manuals that were developed by a Masters prepared RN with more than 37 years' experience in home health and a former instructor at IU School of Nursing.</p> <p>How the deficient practice was corrected.</p> <p>1st Priority Process follows:</p>	
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	<p>in-service training 'Patient Rights and Responsibilities' which was undated, graded, but failed to evidence who had administered or graded the test. 'Ethics Test' failed to evidence who answered the test questions, was undated, graded, and failed to evidence who had administered and graded the test. 'Standard Precautions and Infection Control Test' failed to evidence who had answered the test questions, was undated, was graded and failed to evidence who had administered and graded the test. The documentation failed to evidence any in-service trainings for 2024.</p> <p>4. Review of the personnel file for the Administrator who is also a Home Health Aide (HHA) with a date of hire of 09-10-2017 evidenced an in-service training, 'Corporate Compliance and Standards of Conduct' which was undated. 'HIPAA and Confidentiality' was undated, ungraded, and failed to evidence who had administered the test. 'Personal and In-home Safety Techniques Test' was undated. 'Complaints and Grievances Test', 'Communication Barriers Test',</p>	<ul style="list-style-type: none"> The AlternateAdministrator, who is an RN, with 37 years home health experience and 12 years teaching at IU School of Nursing, develops the in-service material annually, including lesson plans, test, and test answers and places material in In-service Manuals. The Manuals are available in the Clinical Office. The office manager makes appointments for all active HHA employees to take in-service with the Clinical Supervisor. The Clinical Supervisor administers all the in-services to employees; grades test and provides education for all missed answers to ensure understanding of material. The Alternate Administrator will provide in-service education when the Clinical Supervisor is not available. The Clinical Supervisor also tracks dates and who attends and what test are completed and passed. All HHA must pass with 80 to 100% before the test sheets are given to the 	
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<p>'Agency Emergency Plan Test', 'QAPI Test', 'Nutrition', and 'Personal Care and Reporting Changes' failed to evidence a date the tests were taken, and failed to demonstrate a Registered Nurse had administered the tests. The documentation failed to evidence any in-service trainings for 2024.</p> <p>5. On 04-19-2024 at 12:35 PM, in an interview with the Administrator, when queried as to why so many of the aide in-service training documents were incomplete, for example, failed to contain names of the test takers, were undated, some had not been graded, some that had been graded were not signed off by a nurse, the Administrator offered nothing further.</p> <p>410 IAC 17-14-1(l)(2)</p>		<p>Clinical Supervisor.</p> <ul style="list-style-type: none"> The AlternateAdministrator also reviews the test scores for quality control of testquestions and records the test scores for each HHA on the in-service trackingexcel spread sheet. The AlternateAdministrator reports to the Governing Body each quarter active HHA who havenot completed quarterly in-services. The GoverningBody/Owner reaches out to all HHA who have not completed in-services quarterlyto complete the in-services in order to continue working at 1st Priority. At the end ofthe calendar year, each home health aide is given a certification of completionfor in-services taken and the number of hours completed. Thecertificate is signed by the Alternate Administrator/RN, Clinical Manager orboth. A copy isgiven the HHA for their records and one is filed in the personnel file. All activehome health aides 	
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			<p>for 1st Priority had at least 22 Hours of training including Dementia training for 2023.</p> <ul style="list-style-type: none"> • The agency uses a program approved by the State for the Alzheimer's and Dementia training. The program used is from the Indiana Association for Home & Hospice Care (IAHHC). <p>New Hires HHA</p> <ul style="list-style-type: none"> • The agency currently only hires individuals who are verified as active HHA's and CNA's on the Indiana government PLA Webb site. • The Clinical Supervisor or Alternate Administrator verify active license and do not interview individuals that are an active HHA or CNA. • All Home health aides upon hire MUST take the IHHAC Home Health Aide competency written test and pass with 80%. • All 1st Priority Healthcare HHA are given the test by the Clinical Supervisor, who grades the test and reviews any missed questions. 	
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			<ul style="list-style-type: none"> The graded test is given to the Alternate Administrator who scores test with IAHHC certification tool and places the document in the HHA personnel file. <p>On Boarding New Staff(HHA)</p> <ul style="list-style-type: none"> All HHA are given Onboarding education with either the Clinical Supervisor or Alternate Administrator/RN. <p>The Onboarding Policies and Acknowledgement Manual includes:</p> <ul style="list-style-type: none"> Personal Contact list, Acknowledgement of Employee Handbook, Drug Free Workplace and Control Drug Testing Policy, Confidentiality Policy, Privacy of PHI, Privacy Training, Employee Confidentiality Agreement, Conflict of Interest Policy/Statement, Standard of Conduct and Ethical Behavior, Ethical Issues, Security Awareness & HIPAA, Patient Bill of Rights – Federal & Indiana, Attendance and Absenteeism Policy, Dress and Appearance, Communication with Office, Progressive Discipline Policy, Electric 	
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			<p>AuthenticityAgreement, Equipment Form, Criminal Background and OIG Consent, TuberculosisEvaluation Policy, Individual TB Risk Assessment Form, Bloodborne pathogens andHepatitis B Exposure Plan, Hepatitis B Vaccination an Declination Form,Infection Control Plan, Pandemic Influenza Preparedness, Covid VaccineDeclaration and Covid return to work policy, Covid exposure training, HHA JobDescription, HHA Initial Competency (IAHHCA test) Onsite Observation and reviewcheck list.</p> <ul style="list-style-type: none"> · The agency hasadded HHA Position Contract of Understanding which all employees sign afterdiscussion with the Alternate Administrator/RN or Clinical Supervisor. <p>Annual Onsite SkillsObservation</p> <ul style="list-style-type: none"> · HHAs areobserved by an RN while observing care in the patient's home at least annually. · Theobservations are recorded in the personnel file. <p>All personnel fileswere</p>	
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			<p>reviewed to ensure certificates of achievement were in each educationsection of the personnel files for HHA success to education provided by theagency for:</p> <ul style="list-style-type: none">· IAHHC homehealth aide competency test,· OnboardingEducational documents· 12 plus hoursin-service certifications, and· Alzheimer's/Dementia initial and annual certification of completion. <p>Reviewed 2023 AnnualQA Audit for Inservice's education and found all HHA employees successfullycompleted more than 12 hours of in-services and completed initial and annualAlzheimer's and Dementia training required for 2023. And new hires in 2023 completed theOnboarding educations and forms.</p> <p>The AlternateAdministrator reviewed the above agency process for administering Inserviceprogram, onboarding and competency onsite evaluations with the agency</p>	
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			<p>Attorney to determine what was missing in the process.</p> <p>The Alternate Administrator with the Clinical Supervisor prepared a sign in tool for individually administered in-services as instructed was required at the survey.</p> <p>How we plan to prevent</p> <p>Although the agency feels they have a robust program, the agency will respond in attempt to demonstrate intent to comply with a plan of correction preventative plan.</p> <p>· The agency will continue to have the Clinical Supervisor to administer In-services, grade, and review test with HHA and to keep record of attendance.</p> <p>· The agency will create a different tracking and sign-up sheet for appointments to take in-services that gives dates individual in-services were completed.</p> <p>· The agency will initiate the expectations of surveyors by</p>	
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			<p>having the Clinical Supervisor or the RN grading the test to ensure the name of HHA is on in-service packet (and on each page that is stapled in packet), place score, sign their Fullname, license criteria, and date graded instead using known initials with date.</p> <ul style="list-style-type: none">· The agency will continue to have the Clinical Supervisor give the graded test to the Alternate Administrator/RN to record in the excel sheet for tracking and development of annual certification of completion.· Completed in-service test will continue to be filed in filing cabinet by the year taken and not placed in personnel files.· Certification of Completion for Annual In-services will be placed in personnel files, and one given to the HHA for the HHA personal records.· Annual in-services and test are maintained in the Clinical Office.· The Clinical Supervisor and Alternate Administrator will	
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			<p>havenot met the12 hours in-service or Alzheimer's annual requirements.</p> <p>The AlternateAdministrator will audit 100% in-service test for 2024 starting May 6, 2024,monthly until 100% is achieved for:</p> <ul style="list-style-type: none">· Name of HHAtaking test on all pages of the packet· Date ofTest/date graded (Usually same day as test are graded before the HHA leaves thein-service)· The testscore,· RNs full namewith signature and license title and date signed. <p>The Alternate Administrator will then audit 100% ofin-service activity for 2024 each month for 3 months until 100% compliance ismet.</p>	
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			<ul style="list-style-type: none">· The AlternateAdministrator will then audit 100% of in-service activity for 2024 each monthfor 3 months until 100% compliance is met.· The AlternateAdministrator will continue to audit 100% of in-service activity quarterly for100% compliance.· The Alternate Administrator willcontinue to audit 100% of 2024 HHA in-service records in November to ensure allHHA completed outstanding in-services by December 31, 2024.· The AlternateAdministrator will give all HHA a certificate of completion at the end of 2024with the name of in-service and the total hours performed in 2024 signed by theAlternate Administrator/RN and/or Clinical Supervisor or both. <p>Who will beresponsible:</p> <p>Alternate Administrator will be responsible until a newAdministrator is appointed and oriented to the position.</p>	
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			Date completed: 05/19/2024	
G0802	<p>Duties of a HH aide</p> <p>484.80(g)(3)</p> <p>The duties of a home health aide include:</p> <ul style="list-style-type: none"> (i) The provision of hands-on personal care; (ii) The performance of simple procedures as an extension of therapy or nursing services; (iii) Assistance in ambulation or exercises; and (iv) Assistance in administering medications ordinarily self-administered. <p>Based on interviews and record review, the agency failed to ensure home health aide (HHA) followed the patient's aide plan of care (POC) in 1 of 3 home visits. (Employee: HHA 1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An agency's policy dated November 2022, titled 'HOME HEALTH AIDE PLAN OF CARE Policy No. 2-003' revealed, " ... 2. The home health aide plan of care will be individualized to the specific patient ... F. Activities permitted ... " 2. A review of the clinical record for Patient #2 revealed a document titled 'AIDE PLAN OF CARE' revealed the HHA 	G0802	<p>G0802</p> <p>How the deficient practice was corrected.</p> <p>100% of home health aide staff were provided education by an RN on expectations of the home health aide job description and following the aide care plan.</p> <p>After the training, 100% of home health aide staff attending were given a HHA Duties -Contract of Understanding to sign outlining following the HHA care plan, what duties they could perform, not perform, and when to call the RN and other items that were discussed in the in-service.</p> <p>During the education, the staff were re-educated when the surveyors are at 1st Priority Healthcare and surveying 1st Priority, the</p>	2024-05-19

<p>frequency/duration was 3 hours daily which identified the following daily tasks: hair care, skin care, mouth care, foot care, dressing, other – assist and reposition as needed, light laundry, make bed, light housekeeping, meal preparation, encourage fluids, shower, check for pressure points, toileting, assist with wheelchair and transfers as needed, medications reminder, encourage conversation, and take out trash. Weekly tasks were: shampoo (more often if requested), nail care (clean/file), bed linen change (more often if requested), and vacuum (more often if requested).</p> <p>3. During an interview on 04/17/2024 at 9:25 AM, HHA 1 indicated they shower, cook, go shopping and to the bank, and try to clean everyday when they're at Patient #2's home. When queried how do they know what tasks they are to do, HHA 1 indicated it's on the care plan which they access on their own device.</p> <p>4. During an interview on 04/18/2024 at 8:40 AM, Patient #2 indicated HHA 1 cooks, clean, showers them, and go to</p>		<p>surveyors should only be about the care plan and duties performed in their role as a HHA for 1st Priority Healthcare.</p> <p>HHA's that work for more than one agency, were reminded it is their responsibility to respond to questions concerning the HHA role with 1st Priority, not their waiver position and service plan.</p> <p>Any active HHA who does not attend the training by 5/19/2024, will not be allowed to work until the training is complete and contract is signed.</p> <p>How we plan to prevent</p> <p>The RNs will audit 10% of HHA staff notes weekly to ensure the care plan is followed until we reach 90% compliance.</p> <p>Once we reach 90% compliance, the RNs will then audit 10% of</p>	
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	<p>the grocery store.</p> <p>5. During an interview on 04/17/2024 at 3:10, the alternative administrator indicated HHAs are not to run errands for patients. The administrator indicated they would have to research this.</p> <p>410 IAC 17-14-1(h)(1-14)</p>		<p>with Clinical Record Review to obtain 100%.</p> <p>Once we reach 100%, HHA notes will be reviewed quarterly with CRR continue compliance to following the aide care plan.</p> <p>Who will be responsible:</p> <p>Alternate Administrator will be responsible to oversee audits until a new Administrator is appointed and oriented to the position.</p> <p>Date completed:</p> <p>05/19/2024</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</p>	G0952	<p>G0952</p> <p>How the deficient practice was corrected.</p>	2024-05-19

<p>of personnel qualifications and policies.</p> <p>Based on record review and interview, the agency failed to ensure Home Health Aides (HHA) maintained a current certification in their employee record for 1 of 1 HHA without a current certificate. (Employee: HHA 1)</p> <p>Findings Include:</p> <p>1. Review of an agency document revised November 2018, titled 'LICENSURE/CERTIFICATION/REGISTRATION Policy No. 1-007.1' stated, "PURPOSE To ensure that all personnel have current licensure/certification. POLICY All organization personnel will be properly licensed, certified, and/or trained to meet specific job requirements. PROCEDURE 1. Personnel must maintain and show proof of licensure, certification, and/or registration as appropriate. 2. Personnel must comply with requirements to maintain such licensure, certification, and/or registration in accordance with applicable state law and regulation. Human Resource staff will track dates of licensure certifications/registrations</p>		<p>The alternate administrator conducted an audit on 100% of active home health aide staff and verified the home health aide held an active status as a HHA on the PLA government WEBB site.</p> <p>Any current active staff that had an expired HHA certification on the state PLA Webb site was put on immediate suspension and taken off all patient care for 1st Priority Healthcare.</p> <p>Any active HHA staff that had an HHA certificate to expire sometime in late May or June were notified and informed to get renewed.</p> <p>The HR Manager will place all renewal dates in the EMR for tracking that automatically notified Administrator, Alternate Administrator, HR and Clinical Supervisor and Alternate Clinical Supervisor.</p>	
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<p>personnel of upcoming expiration date. Personnel will show proof of updated license, certification and/or registration and a copy will be kept in personnel record. 3. A current copy or other proof of licensure, certification, and/or registration will be kept in the personnel file ... 5. Any employees who fail to maintain a required license, certification or registration will be subject to suspension or termination."</p> <p>Review of an agency document revised November 2018, titled 'CATEGORIES/QUALIFICATIONS OF PERSONNEL Policy No. 1-005.1' stated, "POLICY ... The organization will employ or contract only those individuals who have valid credentials as stipulated by Federal and State requirements ... Home Health Aide ... B. Have a cleared registration status of "registered" on the Home Care Aide Registry ..."</p> <p>2. Review of the personnel file for Home Health Aide (HHA) 1 failed to evidence a current 'Home Health Aide' Certificate.</p> <p>On 04-18-2024, search results on the Indiana State</p>		<p>The employee with expired HHA certification was suspended and continues to be removed from patient care with 1st Priority until an active certification was obtained and facing termination.</p> <p>How we plan to prevent</p> <p>The Alternate Administrator will audit 100% of HHA certifications on the government Webb page and will print a copy, sign with license title and date and place in personnel files.</p> <p>The HR Manager will place all renewal in the EMR for tracking as they are renewed.</p> <p>The HR Manager will audit 10% of personnel files for active HHA certification monthly for 3 months until 100% is achieved.</p>	
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<p>Professional Licensing Agency (PLA) website evidenced HHA 1's Home Health Aide certificate had expired 03-15-2023, indicating "Status: Expired".</p> <p>3. Review of the clinical record for Patient #3 evidenced Home Health Aide (HHA) visits were completed by HHA 1 who had submitted visit notes from 03-15-2024 to 04-12-2024.</p> <p>4. On 04-18-2024 at 11:10 AM, in a telephone interview, Home Health Aide (HHA) 1 indicated sees Patient #3 regularly, "7 days a week". When queried as to the most recent visit completed, indicated that they had just seen the patient that morning and added, "I better make sure I clocked out!" When queried if they ever missed a visit with Patient #3, indicated, "can't remember if I ever missed a visit". When queried about their Home Health Aide certification, indicated it was, "getting reinstated now". When queried as to the date the certification had expired, would only answer "recently". HHA 1 then indicated a scheduler had informed them their home health aide certification had</p>		<p>Once 100% is achieved, the HR Manager will audit 10% of HHA personnel files quarterly with CRR to ensure continued compliance.</p> <p>The HR Manager will provide a report at QAPI meetings regarding license and certification expiration dates for tracking and reminding staff.</p> <p>Who will be responsible:</p> <p>Alternate Administrator will be responsible until a new Administrator is appointed and oriented to the position.</p> <p>Date completed:</p> <p>05/19/2024</p>	
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	<p>expired. When queried as to what that meant, HHA 1 indicated, "Can't go to work". When queried as to what the agency's policy would be when an HHA's certification expires, HHA 1 indicated, "I believe you can't work" and then reconfirmed was with Patient #3 this morning and "got [Patient #3] up".</p> <p>On 04-18-2024 at 3:22 PM in a telephone interview, the Alternate Clinical Supervisor (who is also the case manager for Patient #3), indicated was not aware that HHA 1's certification had expired. When queried further as to what should or should not happen with an HHA whose certification had expired, indicated "shouldn't be giving any care".</p> <p>On 04-19-2024 at 12:20 PM, when queried as to who was responsible for ensuring an HHA with an expired certification was not able to continue to make patient visits, the Administrator indicated the schedulers had been, but would make sure going forward this was tasked to a particular individual, indicated would</p>			
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	<p>aide would be pulled off of a case immediately and made 'inactive' in their system.</p> <p>410 IAC 17-12-1(d)(3)</p>			
G1052	<p>Administrator</p> <p>484.115(a)</p> <p>Standard: Administrator, home health agency.</p> <p>(1) For individuals that began employment with the HHA prior to January 13, 2018, a person who:</p> <ul style="list-style-type: none"> (i) Is a licensed physician; (ii) Is a registered nurse; or (iii) Has training and experience in health service administration and at least 1 year of supervisory administrative experience in home health care or a related health care program. <p>(2) For individuals that begin employment with an HHA on or after January 13, 2018, a person who:</p> <ul style="list-style-type: none"> (i) Is a licensed physician, a registered nurse, or holds an undergraduate degree; and (ii) Has experience in health service administration, with at least 1 year of supervisory or administrative experience in home health care or a related health care program. <p>Based on record review and interview the agency failed to ensure the Administrator was qualified to serve in the role.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of an agency 	<p>G1052</p>	<p>1st Priority Healthcare did not understand why ISDH approved the current Administrator if the individual was not qualified when the application was submitted to the State of Indiana for approval.</p> <p>1st Priority Healthcare will comply by removing the owner of the agency as Administrator and will find and hire a qualified administrator that meets the federal regulations.</p> <p>How the deficient practice was corrected.</p> <p>The alternate administrator will act in the role of Administrator until a new Administrator is found, hired, and oriented to</p>	<p>2024-05-19</p>

	<p>document titled 'Appointment of Executive Director/Administrator Policy No. 8-006' stated, "... The Governing Body will appoint the Executive Director/Administrator ... The Executive Director/Administrator will: ...</p> <p>3. Have at least two (2) years health related experience, education, knowledge, and ability to fulfill his/her responsibilities. A master's degree is preferred ..."</p> <p>2. Review of the personnel file for the Administrator evidenced a document titled 'Job Title/Description' which stated, "Executive Director/Administrator ... Position Qualifications: 1. Is a licensed physician, registered nurse, or holds an undergraduate degree. A bachelor's degree in business administration, master's degree in healthcare or related field is preferred ..." The document was signed by the Administrator on 03-10-2018. Further review of the personnel file for the Administrator failed to evidence required qualifications for the role were met.</p>		<p>the role.</p> <p>The agency has interviewed candidates the week of April 19, 2024, to be considered for the Administrator position.</p> <p>The Owner/Governing Body is working with 1st Priority Healthcare's attorney to review applicant for the role of Administrator and submission of required paperwork to ISDH for the new Administrator.</p> <p>Paperwork will be submitted once applicant accepts and completes confirms start date.</p> <p>A candidate will be offered a position contingent on approval of resume/experience and other documents required to submit to ISDH as soon criminal history and OIG are returned.</p> <p>How we plan to prevent</p>	
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	<p>3. In an interview on 04-17-2024 at 3:21 PM, the Administrator indicated was not a physician, was not a registered nurse, and did not hold an undergraduate degree or degree of any kind, acknowledged a qualified individual was required for the role, and further indicated had recently sought legal counsel regarding the matter and was awaiting referrals/recommendations for a qualified individual.</p>		<p>The Owner/Governing Body of the agency will appoint a qualified Administrator that meets state and federal regulations with assistance of the Agencies Attorney.</p> <p>The Owner/Governing Body of the agency will check with attorney prior to any new hires for positions of: Administrator and Alternate Administrator should they become unfilled.</p> <p>Who will be responsible:</p> <p>The Owner Governing Body of the agency.</p> <p>Date completed:</p> <p>05/19/2024</p>	
N0000	Initial Comments	N0000	N 0000	

	<p>This visit was for a State Complaint investigation of a Home Health agency conducted by the Indiana Department of Health.</p> <p>Survey dates: 04-15-2024, 04-16-2024, 04-17-2024, 04-18-2024 and 04-19-2024</p> <p>Complaint: IN00105687. Related and unrelated State deficiencies were cited.</p> <p>12-month unduplicated skilled census: 10</p> <p>1st Priority Healthcare, Inc. was found to be out of compliance with 410 IAC 17 in regards to a home health complaint survey.</p>		<p>1st Priority Healthcare Inc respectfully disagrees with some of the citations which were cited.</p> <p>1st Priority Healthcare Inc. will respond as required to provide a plan of correction to demonstrate intent to comply with State and Federal regulations for home health agencies.</p>	
N0464	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(i)</p> <p>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 contact are evaluated for tuberculosis and documentation as follows:</p> <p>(1) Any person with a negative history of tuberculosis or a negative test result must</p>	N0464	<p>N0464</p> <p>How the deficient practice was corrected.</p> <p>Personnel files identified were reviewed by the HR Manager and Alternate Director for missing documentation.</p>	2024-05-19

<p>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.</p> <p>(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.</p> <p>(3) Any person with:</p> <p>(A) a documented:</p> <p>(i) history of tuberculosis;</p> <p>(ii) previously positive test result for tuberculosis; or</p> <p>(iii) completion of treatment for tuberculosis; or</p> <p>(B) newly positive results to the tuberculin skin test;</p> <p>must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must:</p> <p>(A) be completed annually; and</p> <p>(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).</p> <p>(5) Any person having a positive finding on a tuberculosis evaluation may not:</p> <p>(A) work in the home health agency; or</p> <p>(B) provide direct patient contact;</p> <p>unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:</p> <p>(A) working for the home health agency; or</p> <p>(B) having direct patient contact;</p> <p>has had a negative finding on a tuberculosis examination within the previous twelve (12)</p>		<p>Any documents in locked filing drawer were filed in personnel records.</p> <p>Any files mentioned for missed documents were corrected with appropriate screening procedure of a blood draw for QuantiFERON, Xray, TB skin test, or screening per agency least restrictive policy for a low incident TB area and using CDC guidelines.</p> <p>Any personnel files missing TB screening, shall undergo the appropriate TB screening to ensure the employee can provide patient care.</p> <p>How we plan to prevent</p> <p>The agency will conduct an audit on 100% of the active employee personnel files who provide patient care to ensure TB skin test, QuantiFERON, X-ray or TB exposure and symptom screening tools</p>	
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<p>months.</p> <p>Based on record review and interview the agency failed to ensure employees with direct patient contact were evaluated for Tuberculosis and failed to document yearly screenings, in 8 of 9 personnel files reviewed. (Employees: Administrator, Clinical Supervisor, Alternate Clinical Supervisor, Home Health Aide (HHA) 1, 2, and 5)</p> <p>Findings include:</p> <p>1. Review of an agency document revised February 17, 2020, titled 'TUBERCULOSIS EVALUATION POLICY' stated, "... Health Requirements ... 1. Personnel With Patient Contact: A. All new personnel who will be in contact with patients and rehires who have not been employed by the organization for over six (6) months, must undergo a physical screening before they are employed or re-employed. B. In addition, personnel must have Mantoux test or show evidence that there is no active Tuberculosis in the past 12 months (by providing a</p>		<p>are in the medical personnel record to identify employees who need immediate screening.</p> <p>The HR director will put the next TB screening due in EMR system that activates reminders to the HR Director to notify employee the TB screening is due.</p> <p>The HR Director will audit 10% of the medical personnel files monthly for 3 months to obtain 100% compliance.</p> <p>The HR Director will then continue to audit 10% of the personnel files quarterly to ensure 100% compliance.</p> <p>HR will report HR issues in quarterly QAPI meetings or sooner as needed to ensure compliance.</p> <p>Who will be responsible:</p> <p>Alternate Administrator will be</p>	
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<p>copy of a negative Mantoux/TB test taken within the past 12 months) prior to providing care.</p> <p>2. Annual Health Requirements</p> <p>... A. Each year, personnel with patient contact must have a Mantoux test or Tuberculosis screen. B. A yearly screening tool must be completed to ensure the employee is free of symptoms. Documentation of these tests will be maintained in the personnel health file. REFER TO ADOPTION OF INDIANA ASSOCIATION FOR HOME HEALTH AND HOSPICE (IAHHC) TB EVALUATION POLICY ADOPTED FEBRUARY 27, 2020</p> <p>..."</p> <p>2. Review of the personnel files for the Administrator, Clinical Supervisor, Alternate Clinical Supervisor, Home Health Aides (HHA) 1, 2, and 5 failed to evidence a yearly Tuberculosis Screening had been documented.</p> <p>3. On 04-17-2024 at 2:04 PM when queried as to which national standard had been adopted for surveillance of latent Tuberculosis screening, the Alternate Administrator indicated she believed it was</p>		<p>responsible until a newAdministrator is appointed and oriented to the position.</p> <p>Date completed:</p> <p>05/19/2024</p>	
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	locate the documentation for this. Indicated the agency required 2-step testing upon hire, or one can bring a negative one-step from another agency, and screening occurs annually, but she prefers twice yearly. When informed there were no screenings found in any of the files reviewed, nothing further was offered.			
N0466	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(j)</p> <p>Rule 12 Sec. 1(j) The information obtained from the:</p> <p>(1) physical examinations required by subsection (h); and</p> <p>(2) tuberculosis evaluations and clinical follow-ups required by subsection (i)</p> <p>must be maintained in separate medical files and treated as confidential medical records, except as provided in subsection (k).</p> <p>Based on record review and interview, the agency failed to ensure the medical component of personnel records was maintained separately, in 9 of 9 personnel records reviewed.</p> <p>(Employees: Administrator, Alternate Administrator, Clinical Supervisor, Alternate Clinical</p>	N0466	<p>N0466</p> <p>How the deficient practice was corrected.</p> <p>Healthinformation is maintained in a separate folder within personnel files.</p> <p>The healthrecords were placed in the personnel file when given to the surveyors to reviewso they would not get separated and were not placed in manila folder markedconfidential.</p> <p>In the future,the health information that is kept in the</p>	2024-05-19

<p>Supervisor, Home Health Aide (HHA) 1, 2, 3, 4, and 5)</p> <p>Findings include:</p> <p>1. Review of an agency document revised November 2018, titled 'PERSONNEL RECORDS CONTENT POLICY NO. 1-020.1' stated, "POLICY 1st Priority Healthcare Inc will maintain current personnel files on all employees and independent contractors. Personnel files are confidential files of the organization. All health-related information on personnel will be kept in a separate file to maintain confidentiality according to the provisions set forth regarding personal health information (PHI) under HIPAA and the Americans with Disabilities Act ..."</p> <p>2. Review of the personnel files for the Administrator, Alternate Administrator, Clinical Supervisor, Alternate Clinical Supervisor, Home Health Aides (HHA) 1, 2, 3, 4, and 5 evidenced each file contained a section titled 'Confidential', which contained a manilla envelope which was marked 'Confidential', but the envelopes</p>	<p>separate folders will be given to surveyor when requested separate from requesting the personnel file.</p> <p>All medical information was filed in medical folder in the agencies personnel filing draws when returned from the surveyors.</p> <p>How we plan to prevent</p> <p>The agency will only provide surveyors the medical portion of personnel files if asked during the survey and will keep information in separate folders.</p> <p>The HR Manager will stay in the room to assist with all confidential personnel information to ensure the files are maintained and assist in finding documents.</p> <p>The HR Manager will audit 100% of personnel files to ensure all medical information is</p>
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were empty. Each personnel file contained confidential medical information for the specified staff member. The agency failed to ensure personnel medical information was kept in a separate file and kept confidential.

3. On 04-17-2024 at 2:04 PM, when queried as to the medical component of the personnel files not being separated from other items, the Alternate Administrator indicated was aware of this. When queried as to who had access to the personnel files, indicated was only herself, Staff Member 6, and the Administrator.

On 4-19-2024 at 11:03 AM, when queried as to who is responsible for maintaining Personnel files, the Administrator indicated the Alternate Administrator and a Staff Member 6.

in medical folder to obtain 100% compliance.

The HR Manager will audit 10% of the medical personnel files monthly for 3 months to obtain 100% compliance.

The HR Manager will then continue to audit 10% of the personnel files quarterly to ensure 100% compliance.

HR will report HR issues in quarterly QAPI meetings or sooner as needed to ensure compliance.

Who will be responsible:

Alternate Administrator will be responsible until a new Administrator is appointed and oriented to the position.

Date completed:

05/19/2024

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

David Benson

TITLE

Executive Director

(X6) DATE

5/14/2024 9:02:47 AM