

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K039 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 06/06/2024 |
|---|--|--|--|---|
| NAME OF PROVIDER OR SUPPLIER LIFE'S TOUCH HOME HEALTH INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 7164 GRAHAM ROAD SUITE 120, INDIANAPOLIS, Indiana, 46250 | | |
| (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 481.102.</p> <p>Survey Dates: 06-04, 06-05, and 06-06-2024.</p> <p>Active Census: 30</p> <p>At this Emergency Preparedness survey, Life's Touch Home Health Incorporated 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 6-10-2024.</p> | E0000 | | |
| G0000 | <p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification and State Re-Licensure survey of a Home Health Provider.</p> <p>Survey Dates: 06-04, 06-05, and 06-06-2024.</p> <p>12-Month Unduplicated Skilled Admission: 46</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>QR completed by Area 3 on 6-10-2024.</p> | G0000 | | |
| G0614 | <p>Visit schedule</p> <p>CFR(s): 484.60(e)(1)</p> <p>Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the agency failed to ensure all patients were provided a written visit schedule or were made aware of the visit schedule, including the frequency of visits by the home health agency staff for 2 of 3 home visits conducted.</p> | G0614 | | |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|

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| G0614 | <p>Continued from page 1 (Patients: #2, and 3)</p> <p>Findings Include:</p> <p>1. During a home visit at Patient #2's residence on 06-05-2024 at 10:05 AM, 2 green admission folders were reviewed and failed to provide evidence Patient #2 received a written schedule for the visits provided by the home health agency staff. The Home Health Aide (HHA) 1 confirmed the folder contained an old plan of care dated 03-13-2024 through 05-11-2024 and a 2021 plan of care.</p> <p>During an interview on 06-05-2024 at 10:30 AM at the residence of Patient #2, Patient #2 indicated the staff did not write on their calendar when they were coming to visit. Patient #2 further indicated they had yet to receive a schedule of visits from the home health agency staff.</p> <p>2. During a home visit at Patient #3's residence on 06-05-2024 at 10:50 AM, a review of the green admission folder was reviewed and failed to provide evidence Patient #3 received a written schedule for the visits provided by the home health agency staff. HHA 2 confirmed the folder contained an old plan of care dated 02-15-2024 through 04-14-2024.</p> <p>During an interview on 06-05-2024 at 11:25 AM, when asked about a schedule and the agency folder showing when the staff would do visits, Patient #3 and HHA 2 laughed. Patient #3 stated, "No, that is a joke. I know they do not give me a schedule."</p> | G0614 | | |
| G0616 | <p>Patient medication schedule/instructions</p> <p>CFR(s): 484.60(e)(2)</p> <p>Patient medication schedule/instructions, including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the agency failed to ensure a medication list was provided to the patient in plain language for 2 of 3 home visits conducted. (Patients: #2, and 3)</p> <p>Findings Include:</p> <p>1. A review of a revised 02-08-2022 Life's Touch Home Health policy titled "Medication Profile" indicated but</p> | G0616 | | |

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| G0616 | <p>Continued from page 2</p> <p>was not limited to, “ ... The Medication Profile shall be reviewed by a Registered Nurse every sixty (60) days and updated whenever there is a change ... Medication profiles created ... will have a copy in the patient's record and patient's home ... ”</p> <p>2. During a home visit at Patient #2's residence on 06-05-2024 at 10:05 AM, 2 green admission folders were reviewed and failed to evidence Patient #2 received a medication list. The Home Health Aide (HHA) 1 confirmed the patient did not have a medication list in their home.</p> <p>During an interview on 06-05-2024 at 10:30 AM at the residence of Patient #2, Patient #2 indicated the Clinical Manager came to their home and did not provide a medication list. When questioned if they had any medication lists in the home, they indicated they had not.</p> <p>3. During a home visit at Patient #3's residence on 06-05-2024 at 10:50 AM, a review of the green admission folder was reviewed and failed to provide evidence Patient #3 received a written medication list. HHA 2 confirmed the folder contained an old plan of care dated 02-15-2024 through 04-14-2024.</p> <p>During an interview on 06-05-2024 at 11:25 AM, when queried about a medication list, Patient #3 and HHA 2 laughed. Patient #3 stated, “No, that is a joke. No one has updated that folder for 8 months now.”</p> | G0616 | | |
| G0618 | <p>Treatments and therapy services</p> <p>CFR(s): 484.60(e)(3)</p> <p>Any treatments to be administered by HHA personnel and personnel acting on behalf of the HHA, including therapy services.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the agency failed to ensure the patients were informed and received instruction regarding the plan of care treatments and services to be provided by the home health agency staff in 2 of 3 home visits. (Patients: #2 and 3)</p> <p>Findings Include:</p> <p>1. A review of a revised 02-08-2022 Life's Touch Home Health policy titled “Plan of Care” indicated but was not limited to, “ ... Planning for care is a dynamic process that addresses the care, treatment, and</p> | G0618 | | |

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| G0618 | <p>Continued from page 3 services to be provided ... The patients ... and other agency personnel shall participate in developing the Plan of Care ... The patients shall be informed ... "</p> <p>2. During a home visit at Patient #2's residence on 06-05-2024 at 10:05 AM, 2 green admission folders were reviewed and failed to evidence Patient #2 received a plan of care that contained services and treatments to be by the home health agency staff. The Home Health Aide (HHA) 1 confirmed the folder contained an old plan of care dated 03-13-2024 through 05-11-2024 and a 2021 plan of care.</p> <p>During an interview on 06-05-2024 at 10:30 AM, at the residence of Patient #2, Patient #2 indicated they had not received a plan of care containing the services and treatments the home health agency provided.</p> <p>3. During a home visit at Patient #3's residence on 06-05-2024 at 10:50 AM, a review of the green admission folder was reviewed and failed to provide evidence Patient #3 received an updated plan of care outlining the treatment and services being provided by the home health agency staff. HHA 2 confirmed the folder contained an old plan of care dated 02-15-2024 through 04-14-2024.</p> <p>During an interview on 06-05-2024 at 11:25 AM, when questioned about the services and treatments or plan of care provided by the home care agency, Patient #3 and HHA 2 laughed. Patient #3 stated, "No, that is a joke. That hasn't been updated in over 8 months."</p> | G0618 | | |