

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401			
(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	Initial Comments		E0000				
	*						
G0000	INITIAL COMMENTS		G0000				
	This visit was for an Immediate Jeopardy Removal.						
	Dates: 07/01/2024-07/02/2024						
	12-month Unduplicated Census: 673						
	An Immediate Jeopardy was announced on 06/17/2024 at 11:15 AM at Condition of Participation 42 CFR 484.60 Care Planning, Coordination, and Quality of Care. The immediate jeopardy was identified as beginning on 6/06/2024. The Immediate Jeopardy was unremoved at exit on 06/18/2024. The facility's 3rd removal of the Immediacy Plan was accepted on 06/20/2024. On 07/02/2024, the Immediate Jeopardy continued to remain unremoved.						
	QR completed by Area 3 on 7/08/2024.						
	QR completed by Area 4 on 07/10/2024						
G0570	Care planning, coordination, quality of care		G0570				
	CFR(s): 484.60						
	Condition of participation: Care planning, coordination of services, and quality of care.						
	Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training.						

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401			
(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	
G0570	<p>Continued from page 1 Services must be furnished in accordance with accepted standards of practice.</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>Based on record review and interview, the agency failed to ensure patients had an individualized plan of care (POC), received all services outlined on the POC; failed to revise the plan of care regarding wounds; and failed to ensure all home health aides (HHA) received and understood in-service (education) by the agency regarding following the aide plan of care (POC), reporting patient refusal of care, and wound education.</p> <p>An Immediate Jeopardy was announced on 06/17/2024 at 11:15 AM at Condition of Participation 42 CFR 484.60 Care Planning, Coordination, and Quality of Care. The Immediate Jeopardy was identified as beginning on 6/06/2024. The Immediate Jeopardy was unremoved at exit on 06/18/2024. The facility's 3rd removal of the Immediacy Plan was accepted on 06/20/2024. On 07/02/2024, the Immediate Jeopardy continued to remain unremoved.</p> <p>1. A policy titled "Wound Assessment" indicated the purpose of the policy was to identify new or changes in existing wounds and to prevent their worsening. The policy indicates a nurse should do an assessment and care the day the wound is reported or the next day. The nurse will assess the wound and its surroundings, measure, obtain a photo, clean and cover the wound, report to the physician, and obtain wound orders.</p> <p>2. A 06/18/2024 "In-Service Wound Assessment, Care, and Reporting" document indicated nursing staff were to follow the Wound Assessment policy. The document indicated the nurse was to assess the skin for wounds at every visit. If a new wound was reported, the nurse was to conduct a home visit that day or the next day. The nurse was to take a photo of the wound, clean and dress it, and call the physician and the agency's office. The nurse was to read and review 5 policies regarding wound assessments, management, and measurements. The nurse was to ensure a communication book was in use in the patient's home and to also review the book at each visit.</p> <p>3. A 06/18/2024 "HHA [home health aide] In-Service-Wound Reporting, Documentation, Communication" document was provided by the Administrator on 07/02/2024. The document indicated the HHA was to call the office to report any skin changes, document in the communication log for other staff to access, refusal of care, and to call the office to</p>		G0570				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401			
(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	
G0570	<p>Continued from page 2 report any changes. The document indicated the HHA was to read the plan of care for each shift and to call the office if the patient refused care. The document indicated that the HHA was to read the "Documentation Policy C-800" as part of the in-service. The HHA was to sign and date they acknowledged the received, read and understood the contents of the in-service and to call the office nurse or human resources if they had questions.</p> <p>4. A policy titled "Management/Prevention of Pressure Ulcers" indicated the Braden scale should be used to predict pressure ulcer (PU) risk in patients. The policy indicated the lower the score, the higher the risk of a PU. The areas addressed in Braden are pain, sensory perception, moisture, activity, mobility, nutrition, and friction and shearing.</p> <p>5. The record review for Patient #2, certification period 05/20/2024 to 07/18/2024, included an unrevised POC with no indication of wounds being present on the patient. The agency failed to update the POC, notify physicians of patient changes in condition, and collect physician orders for new wounds as evidenced by:</p> <p>A "Skin Assessment" dated 06/24/2024 indicated Patient #2 had three skin areas of concern: a non-blanchable (skin redness that does not turn white when pressed) red area on the right lower buttock and a yeast infection under the abdominal folds and both breasts.</p> <p>"Skilled Nursing Visits" indicated no wound assessments were conducted on Patient #2 for the following Skilled Nursing Visits: 06/26/2024, 06/27/2024, 06/28/2024, 06/29/2024, 06/30/2024, & 07/01/2024,</p> <p>During an interview on 07/02/2024 at 12:00 PM, The Director of Clinical Services was asked to locate skin assessment for Patient #2 between 06/25/2024 to the present date; she reviewed 06/25/2024, 06/29/2024, and 06/30/2024 but did not locate assessments for wounds reported on 06/24/2024. She could not locate a wound care order from the physician or a fax confirmation the physician was notified. She indicated staff should follow up with the physician for wound orders and continue to evaluate the wound at each visit.</p> <p>6. The record review for Patient #3, certification period 06/13/2024 to 08/11/2024, included a POC unsigned by the physician, with no indication of wounds present on the patient. The agency failed to update the POC, notify the physician of the patient's change in condition, and collect physician orders for the new wound as evidenced by:</p>		G0570				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401			
(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	
G0570	<p>Continued from page 3</p> <p>A "Skin Assessment" dated 06/21/2024 indicated a stage 2 pressure ulcer measuring 1.0 cm X 0.5 cm x 0.1 cm on the left buttocks. The wound was cleaned with normal saline, and a hydrocolloid (moisture-retentive dressing) was applied.</p> <p>A "Skilled Nursing Visit Note" dated 06/27/2024 indicated the wound measured 2.00cm x 1.5 cm x 0.1 cm, and wound care was provided to the left buttocks as ordered. A confirmation fax with a physician-signed wound care order dated 06/28/2024 indicated Elders Journey SN to change the Hydrocolloid dressing to the left buttock wound every three days. The agency failed to provide a physician order for wound care during nursing visits on 06/21/2024 and 06/27/2024.</p> <p>During an interview on 07/02/2024 at 10:30 AM, Registered Nurse (RN) 6 indicated on 06/21/2024, she did a skin assessment. She identified a stage 2 pressure ulcer in the left buttocks, which she measured and provided wound care for. RN 6 indicated she reported the wound to her supervisor, who approved wound care for Patient #3 without a Physician's order. RN 6 confirmed that wound care was provided to Patient #3's left buttocks on 06/21/2024 and 06/27/2024. RN 6 indicated she was not able to notify Patient #3's Nurse Practitioner (NP) of the new wound on 06/21/2024 due to NP being out of the office until 06/25/2024. RN 6 indicated she was unsure if a follow-up call was made to get wound care orders. RN 6 reviewed Patient #3's record and indicated due to power failure on 06/25/2021, the physician was not notified; she was unable to locate signed wound care orders in Patient #3's chart and indicated if the physician had signed off on fax, it would be on the system. She indicated there should have been a follow-up by phone when the fax was not sent on 06/25/2024. RN 6 indicated when notifying the physician, the agency writes the notification as a verbal order even though no verbal contact is made with a physician, then faxes it to the physician for signature. RN 6 indicated the office sometimes gets faxed and the information does not always upload into patient records.</p> <p>7. The record review for Patient #4, certification period 06/24/2024 to 08/22/2024, failed to include an updated Plan of Care, skilled nursing visits, or physician notification of wound as evidenced by:</p> <p>A document titled " Clinical Site Agreement," dated 08/01/2023 indicated there is no agreement regarding who provides/manages wound care to patients living at Entity 1.</p>		G0570				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401			
(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	
G0570	<p>Continued from page 4</p> <p>An "Oasis Assessment" dated 06/24/2024 indicated the patient had a pressure ulcer to the left buttocks, 0.4 cm x 0.3 cm x 0.1 cm, and the assisted living nurse was not able to provide a date wound to the buttocks started, and indicated zinc oxide (treats or prevents skin irritation like cuts, burns or diaper rash) paste or zinc oxide spray was being used on the wound.</p> <p>A "Case Conference (f/u fall, wound" dated 06/19/2024 indicated Patient #4 had a fall with a change in mental status change and a new wound to the left buttock. The record included two fax receipts that had failed to be delivered. The record did not include documentation the physician was notified of the patient's fall or new wound.</p> <p>During an interview on 07/02/2024 at 12:00 PM, The Director of Clinical Services indicated she could not locate a current Plan of care (POC) in Patient #4 records. She indicated there would be no skilled nursing visits due to Patient #4 being a Home Health Aide (HHA) only; she confirmed the next skilled nursing visit would be the recertification visit on 08/19/2024 and that the agency was not managing the wound, the assisted living was managing wound and the unlocated POC should show the assisted living facility was managing wound. She indicated Patient #4's "Case Conference f/u fall, wound" document was faxed to the physician; she was asked for fax confirmation, but could not locate a successful fax had been sent to physician. She did provide two failed attempts of the fax being sent to a physician on 06/19/2024, confirming the physician was not notified of Patient #4 fall with a change in mental status or new wound to the buttocks on 06/24/2024.</p> <p>During an interview on 07/02/2024 at 1:25 PM, the Administrator indicated the assisted living facility was managing the wound on Patient #4 and indicated the assisted living facility should be called to confirm they were managing the wound.</p> <p>During a phone interview on 07/02/2024 at 1:55 PM, Person 1 indicated that Entity 1 does not collect wound measurements, does not provide wound care that requires dressing changes and does not obtain orders for wound care from a physician. Person 1 indicated Entity 1 would have home health agencies come into the facility to manage patients' wounds at Entity 1.</p> <p>During an interview on 07/02/2024, at 02:45 PM, the Director of Clinical Services provided the "Home Health Plan of Care and Certification" signed by RN 5 on</p>		G0570				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401			
(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	
G0570	<p>Continued from page 5</p> <p>06/19/2024, unsigned by the physician. The plan included the 60-day clinical summary indicating the patient had a wound to the left buttocks, which the assisted living nurse indicated was being treated with zinc oxide or zinc spray.</p> <p>During an interview on 07/02/2024 at 3:10 PM, the Administrator was provided information obtained from Person 1. The Administrator indicated the agency could not enter the facility to provide wound care due to the facility being a Medicaid facility and new rules only allow the agency to provide HHA care. She indicated that an assisted living facility nurse had told the agency nurse that the facility was providing treatment. The agency wound care policy was read to the Administrator, which indicated the agency was to report new wounds to a physician and obtain orders; the Administrator was asked how the agency could prevent this in the future; she indicated in this case, if they followed the policy it would be doubling up work of information being sent to a physician, as well as the services being provided to patients and that the agency is only allowed to provide attended care at Entity 1.</p> <p>During an interview on 07/02/2024 at 4:40 PM, the Director of Clinical Services indicated a QA Nurse provided her with the Home Health Plan of Care and Certification but was not aware where she got it from.</p> <p>8. A review of Patient #5's Aide Plan of Care dated 06/27/2024 indicated but was not limited to, the patient was to receive a shower, sponge bath up in a chair, personal care, and check for pressure points at each aide visit.</p> <p>A review of Patient #5's "Aide Visit Note" dated 07/01/2024 indicated Patient #5 refused bathing. The note did not indicate why Patient #5 refused bathing and failed to ensure a nurse was notified of the patient's refusal, as indicated by the aide POC and documented in the record.</p> <p>During an interview on 07/02/2024 at 11:25 AM, HHA 13 stated she did not provide any hands-on care for Patient #5. HHA 13 stated she swept, mopped, and vacuumed during the visit. HHA 13 stated the patient informed her of what needed to be done at the visit. The agency aide failed to follow the aide POC.</p> <p>9. A review of Patient #7's record, certification period 06/24/2024 to 07/22/2024, start of care date 12/27/2017 included a POC dated 05/20/2024 for home health aide services. The POC's 60-day summary indicated Patient #7 had a chronic pressure ulcer to</p>		G0570				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401			
(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	
G0570	<p>Continued from page 6</p> <p>the left buttock, which was non-observable due to an intact dressing. The note indicated the family provides wound care per the physician's order. The agency failed to evidence the patient's wound was assessed and measured, the current wound treatment listed, and measurable outcomes and goals identified, as well as who was responsible for managing the pressure ulcer.</p> <p>A review of the "Skin Assessment" dated 06/20/2024, signed by RN 6, indicated Patient #7's skin assessment was unchanged since the non-OASIS recertification assessment performed on 05/20/2024. The note stated the patient had a chronic pressure ulcer on the left buttock that was covered by a dressing and was not visible. The note indicated the family provided treatment. The agency failed to assess, measure, and determine if the wound was responding to treatment or if there was a need to change the treatment to promote healing.</p> <p>During an interview on 07/01/2024 at 11:44 AM, the Administrator indicated if families are managing wounds, the agency would still evaluate and report any changes to the physician; this information should be documented in the patient's chart.</p> <p>During an interview on 07/02/2024 at 10:32 AM, RN 6 stated she did not call the family to inquire about Patient #7's wound assessment, measurement, treatment, progress toward healing, and meeting goals. RN 6 stated she had not spoken to the family in a while. When asked why wound care orders and treatments were not included in the patient's POC, she responded the agency did not specify it on the plan of care because wound orders change frequently. RN 6 stated most patients prefer to manage their wounds and they need to contact their physician for orders. When asked to describe the appearance of the wound, RN 6 could not provide a clear description. RN 6 stated the family had provided wound treatment for the patient. The nurse failed to provide evidence that she coordinated with the family promptly to ensure the wound was responding to the treatment, showing improvement, and meeting goals.</p> <p>During an interview on 07/02/2024 at 4:54 PM, the Director of Clinical Services (DCS) reviewed Patient #7's record and stated there were no wound measurements for Patient #7. The DCS stated Patient #7 was not receiving skilled nursing services. The DCS was not able to find a physician's order for the specific wound treatment and who manages the patient's wound.</p> <p>10. During an interview on 07/01/2024 at 3:16 PM, HHA 10 was asked if she received in-service training</p>		G0570				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401			
(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
G0570	<p>Continued from page 7 regarding following the aide POC, reporting patient refusal of services, and reporting wounds to a nurse within the last two weeks, which she did not recall. HHA 10 was asked if they had received an email from the agency regarding any training that needed to be completed. HHA 10 stated she did not know if she was getting emails from the agency and did not know if she had a work email.</p> <p>11. A review of the "HHA [home health aide] In-Service-Wound Reporting, Documentation, Communication" dated 06/20/2024 and signed by HHA 10 indicated she acknowledged, read, and understood the in-service content. The agency failed to ensure the aide was followed up to ensure the HHA received, understood, and retained and provided a means to ask questions regarding in-service training.</p> <p>12. During a confidential interview with an employee on 07/02/2024, the agency employee stated she could not find the aide POC for a recent home visit. The agency employee stated they did not provide hands-on care and did what the Patient said. The employee stated they mopped and vacuumed during the aide visit. The employee was asked if they had completed any recent in-service training regarding the aide plan of care and wound reporting. The employee checked on their computer to verify that they had completed the in-service. The employee stated they skimmed through the information and checked the box, acknowledging they had completed the training.</p> <p>13. During an interview on 07/02/2024 at 2:20 PM, the HR Director indicated there was no way to prove the HHA read the information provided to them on the ADP document since they could scroll to the bottom and select acknowledged without reading it. She indicated that many in-services have quizzes, but this one did not. She indicated they had not contacted any HHA to ask what in-service was about or if they had any questions.</p> <p>14. During an interview on 07/02/2024 at 2:20 PM, the Administrator indicated the in-service information was a reminder of what the HHA job is and should already be doing.</p> <p>15. During an interview on 07/01/2024 at 3:00 PM, HHA 23 indicated she had not received an email regarding in-service training in the last two weeks. She did receive an email regarding the agency needing proof of driver's license and vehicle insurance. HHA 23 indicated in the past, she normally gets reminder emails and text messages when education items were due.</p>			G0570			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401			
(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	
G0570	<p>Continued from page 8</p> <p>HHA 23 indicated a second time she had not received any training in the last two weeks related to following the Aide POC.</p> <p>16. During an interview on 07/02/2024 at 4:00 PM, HHA 22 stated she could not recall if she had training or received notification on her personal email or from ADP regarding following the aide POC and reporting wounds and refusing care in the last two weeks. HHA 22 was asked a second time if she recalled completing training, to which she stated she remembered she should report wounds but was unable to recall information regarding following the aide POC or reporting patients refusing care.</p> <p>17. During a confidential interview with an employee on 07/02/2024 the agency employee expressed dissatisfaction with the coordination between aides, nurses, and other providers. The employee stated they "felt left in the dark" and uninformed about the care they provided for the patient. The employee stated they couldn't find the communication binder or the aide POC while at the home. The employee stated the schedulers at the agency assigned patients without providing adequate information. The employee stated sometimes, they forget to fill out the communication binder.</p>		G0570				