

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157700	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/26/2024
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NAME OF PROVIDER OR SUPPLIER INDIANA MASONIC HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 690 S STATE STREET , FRANKLIN, Indiana, 46131
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E0000	<p>Initial Comments</p> <p>An Emergency Preparedness survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102 for a Home Health Provider and Supplier.</p> <p>Survey Date: 07-24-2024, 07-25-2024, and 07-26-2024</p> <p>Census: 64</p> <p>At this Emergency Preparedness survey, Indiana Masonic Home, Inc. was found in compliance at 42 CFR 484.102 Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers for Home Health Agencies.</p> <p>QR completed by Area 3 on 8-01-2024.</p>	E0000		
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Condition Revisit for a Federal Complaint Survey of a Deemed Home Health Provider, conducted by the Indiana Department of Health.</p> <p>Complaint: IN00104969 Non-compliant, with related and unrelated deficiencies cited.</p> <p>Survey Dates: 07-24-2024, 07-25-2024, and 07-26-2024</p> <p>12-month unduplicated skilled admissions: 339</p> <p>Two (2) previously cited Conditions were corrected. Ten (10) previously cited deficiencies were corrected. One (1) previously cited deficiency was re-cited. One (1) new deficiencies were cited.</p> <p>Indiana Masonic Home Health was found to be back in compliance with 42 CFR 484.60 Care Planning, Coordination, Quality of Care, and 484.70 Infection Prevention, as related to the complaint.</p> <p>Based on the Condition level deficiencies during the 06-17-2024 survey, your Home Health Agency continues to be subject to an extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on 06-13-2024. Therefore and pursuant to section 1891 (a)(3)(D)(iii)</p>	G0000		

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
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G0000	Continued from page 1 of the Act, your agency remains precluded from operating a home health aide training, skills competency and/or competency evaluation programs for a period of two years beginning June 17, 2024 and continuing through June 16, 2026. QR completed by Area 3 on 8-01-2024.	G0000		
G0536	A review of all current medications CFR(s): 484.55(c)(5) A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. This ELEMENT is NOT MET as evidenced by: Based on observation, interview, and record review the agency failed to ensure all medications taken by the patient were recorded in the clinical record, in 1 of 3 home visit observations. Findings include: 1. Review of undated agency policy titled 'MEDICATION MANAGEMENT C-705' stated, "... Comprehensive client assessment performed at start of care and other defined points in time include a review of all medications the client is taking (prescribed, samples, over the counter, herbal remedies, PRN medications) and records this in the client record. Information that must be available in the record following the assessment includes: ... medications ..." 2. On 07-25-2024 at 9:30 AM during a home visit observation of Registered Nurse (RN)1 providing wound care for Patient #5, the patient indicated had used their sublingual Nitroglycerin (a medication in the form of a tablet, to be taken under the tongue and allowed to dissolve, which prevents and treats chest pain by relaxing your blood vessels) two nights ago after experiencing intense pain, and subsequently experienced complete relief after taking a second dose, praying, and laying down. RN 1 asked nothing further of the patient regarding the Nitroglycerin. 3. Review of the clinical record for Patient #5 with a start of care date 05-03-2024, contained diagnoses, which included but were not limited to: Atherosclerotic heart disease of native coronary artery without angina	G0536		

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G0536	Continued from page 2 pectoris (a condition of the heart where there is a buildup of fats, cholesterol, and other substances in and on the artery walls, usually causes coronary artery disease, the buildup, called plaque, makes the arteries of the heart become narrowed, symptoms from the lack of blood flow to the heart may include chest pain (called angina) and shortness of breath. A complete blockage of blood flow can cause a heart attack) and old myocardial infarction (previous heart attack). Further review of the record failed to evidence Nitroglycerin had been included in the Medication profile. 4. On 07-25-2024 at 2:30 PM, RN 1 was queried as to the client's record failing to evidence the medication, indicated they were not aware Patient #5 had this medication and would be calling the patient's primary care physician to obtain more information.	G0536		
G0682	Infection Prevention CFR(s): 484.70(a) Standard: Infection Prevention. The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. This STANDARD is NOT MET as evidenced by: Based on observation, record review, and interview the agency failed to ensure staff followed appropriate infection control practices while providing patient care in 1 of 3 home visits conducted. (Registered Nurse (RN) 1) Findings include: 1. A review of an undated agency policy titled, 'INFECTION PREVENTION/CONTROL B-403' stated, "... STANDARD PRECAUTIONS - TIER ONE ... 2. Hands are washed ... immediately after gloves are removed, between client contacts, and when indicated to prevent transfer of microorganisms ..." 2. On 07-25-2024 at 9:30 AM during a home visit, Registered Nurse (RN) 1 was observed providing care for Patient #5. After the old wound dressing to the left lower leg was removed, the RN contacted the provider via phone to amend wound care orders. While the nurse's cell phone was wedged between the right shoulder and right ear, the nurse began to sanitize both hands with sanitizer, then donned a fresh left glove, the phone	G0682		07/12/2024

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G0682	<p>Continued from page 3 call ended and the nurse handled the cell phone with the right ungloved hand, set the phone down, then proceeded to don a new glove to the right hand, and proceeded to apply ointment to the wound. The nurse failed to perform hand hygiene after handling the cell phone and before resuming wound care.</p> <p>3. On 07-25-2024 at 9:50 AM, when queried regarding the breach in infection control, RN 1 indicated should have stopped to complete the phone call and then proceeded with the wound care or should have used the speakerphone setting.</p> <p>4. On 7-25-2024 at 2:30 PM, RN 1 indicated had returned to the home of Patient #5, redressed the wound, and had also notified the provider of same.</p> <p>5. On 07-25-2024 at 2:40 PM, when discussing the infection control breach at Patient #5's home visit, the Clinical Manager indicated RN 1 should have performed hand hygiene between touching the cell phone and performing wound care.</p>	G0682		