

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157695	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2024
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NAME OF PROVIDER OR SUPPLIER FIRST HORIZON HOME HEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 745 BEACHWAY DRIVE , INDIANAPOLIS, Indiana, 46224
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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 Home Health Agencies.</p> <p>Survey Dates: 10/17/2024, 10/18/2024, 10/21/2024 and 10/22/2024</p> <p>Census: 133</p> <p>At this Emergency Preparedness Survey, First Horizon Home Health Care was found to be 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 10-25-2024.</p>	E0000		
G0000	<p>INITIAL COMMENTS</p> <p>This was a Federal complaint survey of a deemed home health provider conducted by the Indiana Department of Health.</p> <p>Complaint: IN109923 compliant with unrelated deficiencies cited.</p> <p>Survey dates: 10/17/2018, 10/18/2024, 10/21/2024, and 10/22/2024</p> <p>Facility #: 157695</p> <p>12 Month Unduplicated Skilled Admissions: 12</p> <p>During this Federal Complaint Survey, First Horizon Home Health Care was found to be in compliance with Conditions of Participation at 42 CFR 484.80 Home Health Aide Services and 42 CFR 484.115 Personnel</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 Qualifications as related to complaint IN109923. This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Abbreviations HHA Home Health Aide RN Registered Nurse PSA Personal Service Agency CNA Certified Nurses Aide QR completed by Area 3 on 10-24-2024.	G0000		
G0514	RN performs assessment CFR(s): 484.55(a)(1) A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician or allowed practitioner - ordered start of care date. This ELEMENT is NOT MET as evidenced by: Based on record review and interview, the agency failed to ensure an RN performed an initial start of care	G0514		

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G0514	<p>Continued from page 2 assessment before a HHA provided care for 1 of 1 active clinical record reviewed where the patient's services were placed on hold. (Patient #2)</p> <p>Findings Include:</p> <p>1. An undated policy titled "Comprehensive Client Assessment," Policy No. C-145, indicated but was not limited to, " ... A thorough, well-organized, comprehensive and accurate assessment, consistent with the client's immediate needs will be completed for all clients in a timely manner ... 1. The Comprehensive Assessment will be completed by a Registered Nurse ..."</p> <p>2. A review of Patient #2's clinical record evidenced a Plan of Care (POC) with a Start of Care date 09-29-2017 and a certification period from 06-24-2024 to 08-22-2024. The POC indicated the HHA provided service 5 days a week for 6 hours a visit. The "Orders" section evidenced HHA orders dated 08-01-2024 which indicated the patient's HHA services were placed on hold. The POC included an order dated 10-18-2024 and evidenced the patient's hold orders were until 08-31-2024.</p> <p>Patient #2's clinical record failed to evidence a comprehensive assessment was completed before the HHA provided care on 09-02-2024. The last comprehensive assessment completed was 06-20-2024 by RN 2.</p> <p>During an interview with the Alternate Administrator/Director of Nursing (DON) on 10-18-2024 at 9:44 AM, they indicated for Patient #2 there were issues with their insurance and they had to place the patient on hold until the insurance issue was fixed. They evidenced RN 1 for the patient was newer and there was a miscommunication regarding when the insurance covered the services again. The DON confirmed RN 1 had not performed an assessment on the patient before HHA 12 started providing care for the patient again.</p> <p>During an interview with RN 1 on 10-18-2024 at 3:33 PM, they evidenced another nurse had placed the hold order for Patient #2 on 08-01-2024. They indicated they had not been informed the patient's insurance was corrected and they were cleared to restart services. They evidenced they were unable to remember the last time they saw the patient, but confirmed they saw the patient 10-18-2024 for a SOC assessment. RN 1 indicated if a patient resumed services outside of the certification period, they would readmit the patient.</p> <p>410 IAC 17-14-1(a)(1)(A)</p>	G0514		
G0574	Plan of care must include the following	G0574		

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G0574	<p>Continued from page 3</p> <p>CFR(s): 484.60(a)(2)(i-xvi)</p> <p>The individualized plan of care must include the following:</p> <ul style="list-style-type: none"> (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors. (xiii) Patient and caregiver education and training to facilitate timely discharge; (xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient; (xv) Information related to any advanced directives; and (xvi) Any additional items the HHA or physician or allowed practitioner may choose to include. <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the agency failed to ensure a plan of care was completed for 1 of 1 active clinical record reviewed where the patient's services were placed on hold. (Patient #2)</p>	G0574		

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G0574	<p>Continued from page 4</p> <p>Findings Include:</p> <p>1. An undated policy titled "Care Plans," Policy No. C-660, indicated but was not limited to, " ... 2. The Care Plan shall be reviewed, evaluated, and revised (minimally every sixty (60) days and as needed) ..."</p> <p>2. A review of Patient #2's clinical record evidenced a POC with a SOC date 09-29-2017 and a certification period from 06-24-2024 to 08-22-2024. The POC evidenced HHA orders dated 08-01-2024 which indicated the patient's HHA services were placed on hold. The POC included an order dated 10-18-2024 and evidenced the patient's hold orders were until 08-31-2024.</p> <p>Patient #2's clinical record evidenced a POC with a SOC date of 10-18-2024 and a certification period from 10-18-2024 to 12-16-2024. The clinical record failed to evidence a POC with a certification period dated when HHA services resumed on 08-31-2024.</p> <p>During an interview with the Alternate Administrator/Director of Nursing (DON) on 10-18-2024 at 9:44 AM, they indicated for Patient #2 there were issues with their insurance and they had to place the patient on hold until the insurance issue was fixed. They evidenced RN 1 was newer and there was a miscommunication regarding when the insurance covered the services again. The DON indicated there was no current POC for Patient #2 because RN 1 had not gone out to see the patient.</p> <p>During an interview with RN 1 on 10-18-2024 3:33 PM, they evidenced another nurse, Person 15 (a previous employee) had placed the hold order for Patient #2 on 08-01-2024. They evidenced they were unable to remember the last time they saw the patient, but confirmed they saw the patient 10-18-2024 for a SOC assessment and complete the POC.</p> <p>410 IAC 17-13-1(a)(1)(B)(C)(D)(I, ii, iii, iv, v, vi, vii, viii, ix, x, xi, xii, xiii)</p>	G0574		
G0580	<p>Only as ordered by a physician</p> <p>CFR(s): 484.60(b)(1)</p> <p>Drugs, services, and treatments are administered only as ordered by a physician or allowed practitioner.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the agency failed</p>	G0580		

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G0580	<p>Continued from page 5 to ensure physician orders were received before providing care for 1 of 1 active clinical record reviewed where the patient's services were placed on hold. (Patient #2)</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. An undated policy titled "Physician/Allowed Non-Physician Practitioner (NPP) Orders," Policy No. C-635, indicated but was not limited to, "... All medications, treatments and services provided to clients must be ordered by a physician ..." 2. A review of Patient #2's clinical record evidenced a Plan of Care (POC) with a Start of Care date 09-29-2017 and a certification period from 06-24-2024 to 08-22-2024. The POC indicated the HHA provided service 5 days a week for 6 hours a visit. The POC evidenced HHA orders dated 08-01-2024 which indicated the patient's HHA services were placed on hold. An order on the POC dated 10-18-2024 evidenced the patient's hold orders were until 08-31-2024. <p>A review of Patient #2's clinical record evidence HHA visit notes dated from 09-02-2024 to 10-17-2024.</p> <p>The clinical record failed to evidence orders for the HHA to provide services starting 09-02-2024.</p> <p>During an interview with the Alternate Administrator/Director of Nursing (DON) on 10-18-2024 at 9:44 AM, they indicated for Patient #2 there were issues with their insurance and they had to place the patient on hold until the insurance issue was fixed. They evidenced the nurse for the patient was newer and there was a miscommunication regarding when the insurance covered the services again. They indicated they had no orders for the HHA to provide care form 09-02-2024 to 10-17-2024. They indicated they had a nurse call and receive orders for care today, 10-18-2024.</p> <p>During an interview with RN 1 on 10-18-2024 at 3:33 PM, they evidenced another nurse had placed the hold order for Patient #2 on 08-01-2024. They indicated they were not informed the patient's services were supposed to resume on 08-31-2024. They indicated another nurse, Person 40, had received the orders to resume care for the patient from the physician on 10-18-2024.</p> <p>During an interview with HHA 12 on 10-18-2024 at 3:21 PM, they indicated they stopped providing services for Patient #2 on 08-01-2024. They evidenced HHA 16 informed them to resume services on 09-02-2024.</p>	G0580		

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G0580	Continued from page 6 During an interview with HHA 16 on 10-22-2024 at 10:14 AM, they indicated they were a scheduler and an HHA. They indicated Patient #2's services were stopped from 08-01-2024 to 08-31-2024. They evidenced when they were informed the patient could receive services again, they were told to schedule an HHA to see the patient. They indicated a nurse had informed them to schedule the HHA for the patient, but was unable to recall the name of the nurse. During an interview with a nurse, Person 28, and Patient #2's primary care provider's, Person 24, office, Entity 18 on 10-22-2024 at 10:45 AM, the nurse indicated most of what they received from the agency was faxed to them. Person 28 indicated there were no orders received from the agency since 08-14-2024, which was a POC with a certification period from 08-05-2024 to 10-03-2024. They explained the patient's record did not evidence orders for the agency to hold care and restart care. They evidenced the physician, Person 24, potentially had other documents and orders from the agency which may not been incorporated into the patient's clinical record. 410 IAC 17-13-1(a)	G0580		
G0608	Coordinate care delivery CFR(s): 484.60(d)(4) Coordinate care delivery to meet the patient's needs, and involve the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities. This ELEMENT is NOT MET as evidenced by: Based on record review and interview, the agency failed to ensure the physician was notified of the need to restart services for 1 of 1 active clinical record reviewed where the patient's services were placed on hold. (Patient #2) Findings Include: 1. An undated policy titled "Medical Supervision," Policy No. C645, indicated but was not limited to, " ... 4. Physician ... will be contacted when any of the following occur: ... e. Any changes in client condition or agency services ..." 2. A review of Patient #2's clinical record evidenced a POC with a SOC date 09-29-2017 and a certification	G0608		

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G0608	<p>Continued from page 7 period from 06-24-2024 to 08-22-2024. The POC indicated the HHA provided service 5 days a week for 6 hours a visit. The HHA orders in the POC dated 08-01-2024 evidenced the patient's HHA services were placed on hold. The POC included an order dated 10-18-2024 and evidenced the patient's hold orders were until 08-31-2024.</p> <p>Patient #2's active clinical record failed to evidence communication to the physician regarding the resumption of care.</p> <p>During an interview with the Alternate Administrator/Director of Nursing (DON) on 10-18-2024 at 9:44 AM, they indicated for Patient #2 there were issues with their insurance and they had to place the patient on hold until the insurance issue was fixed. They indicated they had a nurse, Person 41 call and receive orders for care today, 10-18-2024. The DON confirmed there was no prior contact to the physician regarding restarting services since the patient was placed on hold.</p> <p>During an interview with RN 1 on 10-18-2024 3:33 PM, they indicated they were not informed the patient's services were supposed to resume on 08-31-2024. They evidenced another nurse, Person 41, had received the orders to resume care for the patient from the physician on 10-18-2024, no prior contact to the physician because they were unaware the patient was able to resume care.</p> <p>During an interview with a nurse, Person 28, and Patient #2's primary care provider's, Person 24, office, Entity 18 on 10-22-2024 at 10:45 AM, the nurse indicated most of what they received from the agency was faxed to them. Person 28 indicated there were no orders received from the agency since 08-14-2024, which was a POC with a certification period from 08-05-2024 to 10-03-2024. They explained the patient's record did not evidence orders for the agency to hold care and restart care. They evidenced the physician, Person 24, potentially had other documents and orders from the agency which may not been incorporated into the patient's clinical record.</p> <p>410 IAC 17-14-1(a)(1)(F)</p>	G0608		
G0682	<p>Infection Prevention</p> <p>CFR(s): 484.70(a)</p> <p>Standard: Infection Prevention.</p>	G0682		

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G0682	<p>Continued from page 8</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>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the agency failed to ensure infection control practices were upheld for hand hygiene and gloving for 2 of 3 home visits with HHAs (HHA 3 and 7) and 1 of 1 home visits with an RN (Alternate Clinical Supervisor) providing care.</p> <p>Findings Include:</p> <p>1. An undated policy titled "Infection Prevention/Control," Policy No. B-403, indicated but was not limited to, " ... Standard Precautions ... 2. Hands are washed ... immediately after gloves are removed ... 3. Gloves are worn when touching blood, body fluids, secretions, excretions, non-intact skin, mucous membranes, or contaminated items ..."</p> <p>An undated policy titled "Nursing Bag," indicated but was not limited to, " ... The inside of the bag and its contents are considered clean. ... Hand washing must occur before entering the bag for any reason ..."</p> <p>2. During an observation on 10-22-2024 at 1:30 PM, the Alternate Clinical Supervisor performed an assessment and set up Patient #6's medications. The Alternate Clinical Supervisor wore gloves and listened to the patient's heart and lung sounds. Wearing the same gloves, they reached into their nursing bag and retrieved a black box containing an automatic blood pressure cuff. The automatic blood pressure cuff was not working, and using the same gloves, cleaned the automatic blood pressure cuff and put it back in their bag. They grabbed a bag with the manual blood pressure cuff without changing gloves from their nursing bag, took the patient's blood pressure, cleaned the manual blood pressure cuff, and placed it back in the nursing bag. Without changing gloves and performing hand hygiene, the Alternate Clinical Supervisor reached into their bag and retrieved a thermometer. The Alternate Clinical Supervisor failed to perform hand hygiene before entering their nursing bag.</p> <p>During an interview with the Alternate Clinical Supervisor on 10-22-2024 at 2:20 PM, they indicated hand hygiene was to be performed before entering their nursing bag.</p> <p>3. During an observation on 10-18-2024 at 9:00 AM, HHA</p>	G0682		

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G0682	<p>Continued from page 9</p> <p>3 prepared Patient #3 for a bed bath. With gloved hands HHA 3 removed the external catheter, placed the external catheter in the trash, and shut the storage drawer. HHA 3 removed their gloves, performed hand hygiene, and put on clean gloves. HHA 3 washed the patient's peri area (area between scrotum and anus). Wearing the same gloves, HHA 3 obtained an adult diaper, placed the diaper around the patient's ankles, obtained and put on socks, obtained and put on shoes, assisted the patient to sit on the side of the bed, washed the patient's back with the same washcloth, and assisted the patient with a t-shirt and a flannel button down shirt. HHA 3 removed their gloves, and buttoned the flannel. HHA 3 failed to remove their gloves at appropriate intervals, perform hand hygiene at appropriate intervals, and performed a bath going from a dirty area to a clean area.</p> <p>During an interview with the Alternate Administrator/Director of Nursing on 10-18-2024 at 12:00 PM, they indicated they would remind the HHA "what is the last spot to wash in a bath and when to change gloves and perform hand hygiene". They also indicated they know it can be "a lot of gloves and hand hygiene".</p> <p>4. On 10-18-2024 at 9:30 AM, during a home visit, HHA 7 was observed providing care for Patient #4. The HHA proceeded to wash their hands in the bathroom sink, turned on the faucet, and used soap and running water to wash their hands for greater than 30 secs, used their left bare hand to shut off each faucet handle and used disposable paper towel to dry their hands. The HHA disposed of the paper towel, but returned to the right of the sink and reached for a white hand towel hanging from a towel rack and dried their hands again, rearranged the towel and returned it to the towel rack. The HHA then went to the left of the sink, opened a drawer by pulling on the drawer's small metal knob with their left bare hand to reveal a box of gloves, then donned gloves from this box. When queried as to touching the faucet handles with bare hands, drying hands on the hand towel, and putting a bare hand to the drawer knob, HHA 7 indicated acknowledged should have done this differently.</p> <p>On 10-18-2024 at 12:20 PM, when discussing the home visit with HHA 7, the Alternate Administrator/Director of Nursing indicated there would be corrective education regarding going from 'area to area in the proper sequencing'.</p> <p>410 IAC 17-12-1(m)</p>	G0682		