

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K110	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  11/25/2024	
NAME OF PROVIDER OR SUPPLIER  1ST OPTION ADULT DAY SERVICES & HOME HEALTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE  6111 HARRISON STREET SUITE 225, MERRILLVILLE, IN, 46411		
(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
N0000	<p>Initial Comments</p> <p>This visit was for a State Re-Licensure of a Home Health Provider.</p> <p>Survey dates: 11/22/24 and 11/25/24</p> <p>12-Month Unduplicated Skilled Admissions: 0</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p> <p>Abbreviations used in report: Home Health Aide [HHA], Director of Nursing [DON], Clinical Supervisor [CS], Registered Nurse [RN], Plan of Care [POC]</p> <p>QR: 12/02/2024 A1</p>	N0000		

N0458	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(f)</p> <p>Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:</p> <ol style="list-style-type: none"> <li>(1) Receipt of job description.</li> <li>(2) Qualifications.</li> <li>(3) A copy of an employee's national/expanded criminal history background check pursuant to IC 16-27-2.</li> <li>(4) A copy of current license, certification, or registration.</li> <li>(5) Annual performance evaluations.</li> </ol> <p>Based on record review and interview, the agency failed to evidence employees, caring for patients, were certified to perform the respective service, were kept current and included documentation of a national criminal history check for 1 of 3 HHA personnel records reviewed with a date of hire in 2024 [HHA1].</p>	N0458	<p><b>0458</b></p> <p>On 11/26/2024, The human resource manager reviewed all recently hired employees and identified the affected employee personnel file, and went through the affected employee file to ensure consent for National background check is filled out by the employee. The human resource manager ran the affected employee National background history, printed a copy and put it in the employee personnel file.</p> <p><a href="#">The human resource manager will audit 50% agency employee's personnel files quarterly to ensure background history is completed prior to employee's first contact with the patient. Newly hired employees will be verbally educated on the importance of having their national background check done prior to first contact with assigned patient.</a></p> <p>The human resource manager is responsible for monitoring this corrective action, and to ensure 100% compliance of regulatory requirements.</p> <p>This corrective action is set to be implemented by 12/25/2024 to ensure this deficiency does not reoccur.</p>	2024-12-25
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	<p>Findings include:</p> <p>The personnel file for HHA 1 indicated a date of hire of 9/12/24; the record failed to evidence a national criminal history check or an active home health aide certification.</p> <p>During an interview on 11/25/24 beginning at 2:00 p. m., the administrator indicated they did not have a national criminal history check for HHA 1.</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 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>	N0464	<p><b>0464</b></p> <p>On 12/13/2024, agency reviewed personnel file home healthAide 1-4 with the affected deficiency and immediately contacted the employeesrespectively.</p> <p><a href="#">For the personnel file HHA #1,agency instructed employee to get a two-step Tuberculosis evaluation as requiredby state regulation prior to first patient contact.</a></p> <p>For the personnel file HHA #2, agency instructed theemployee to fax chest Xray result with full name legibly written on the resultidentifying the employee's chest Xray result. On 12/16/2024, agency receivedthe affected employee chest Xray with employee's full name on the result.</p> <p>For the personnel file HHA #3, agency instructed employee toget a two-step Tuberculosis</p>	2024-12-25

(B) newly positive results to the tuberculin skin test;

must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.

(4) After baseline testing, tuberculosis screening must:

(A) be completed annually; and

(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).

(5) Any person having a positive finding on a tuberculosis evaluation may not:

(A) work in the home health agency; or

(B) provide direct patient contact;

unless approved by a physician to work.

(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:

(A) working for the home health agency; or

(B) having direct patient contact;

has had a negative finding on a tuberculosis examination within the previous twelve (12) months.

Based on record review and interview, the home health agency failed to ensure that all employees, were evaluated for tuberculosis and documentation of evaluation was maintained for 4 of 4 HHA records reviewed [HHA 1, 2, 3, and 4].

The Findings Include:

The personnel file for HHA 1, indicated a date of hire [DOH] of 9/12/2024 and a first contact date of 9/16/24; the record failed to evidence a two-step tuberculosis evaluation. The personnel file for HHA 2 indicated a DOH of 9/23/2024 and a first patient contact date of 9/23/24; the record failed to evidence a

regulation prior to first patient contact.

For the personnel file HHA #4, the employee completed chest X-ray and copy is in the employee personnel file.

The administrator has in serviced the administrative assistant regarding being in compliance with two step Tuberculosis evaluation prior to employee's first contact with patient to ensure this deficiency does not reoccur.

The agency secretary/administrative assistant will quarterly audit 50% of all employee's personnel file to ensure this deficiency will not reoccur again, and to be 100% compliance with the state regulation.

The secretary/administrative assistant is responsible for monitoring this corrective action to ensure compliance, and this is set to be completed by 12/25/2024.

	<p>personnel file for HHA 3, indicated a DOH of 7/12/2024 and a first patient contact of 7/22/2024; the record failed to evidence a two-step tuberculosis evaluation. The personnel file for HHA 4, indicated a DOH of 7/22/16, failed to evidence an annual tuberculosis risk assessment.</p> <p>During an interview on 11/25/24 beginning at 2:00 p. m., the clinical supervisor indicated they did not understand that a two-step tuberculosis [TB] screening was required and indicated screening for latent TB was not completed for HHA 1, 2, or 3. The clinical supervisor further indicated there was no record that an annual tuberculosis risk assessment was completed for HHA 4, since 2022.</p>			
N0472	<p>Q A and performance improvement</p> <p>410 IAC 17-12-2(a)</p> <p>Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p>	N0472	<p><b>0472</b></p> <p>The director of nursing reviewed agency QAPI documents on 12/13/2024, and identified the patient problem needed to be tracked, measured, and intervention put in place to improve patients' outcome. The director of nursing has in-serviced the Quality Assurance Nurse and other clinical staff on the importance of tracking and measuring patients' identified problems to improve their health outcomes.</p> <p>The Quality Assurance Nurse will audit agency QAPI binder quarterly to ensure patients identified problems during admissions</p>	2024-12-25

Based on record review and interview, the agency failed to implement and maintain a quality assessment and performance improvement program in one of one agency.

Findings include:

The agency policy titled "Quality Assurance/Performance Improvement" indicated the quality assurance performance improvement (QAPI) plan included identifying deviations from agency professional standards and continuously measure and assess to improve patient outcomes.

The agency QAPI documents failed to evidence a review occurred since 12/30/2022. The most recent annual program evaluation was dated and signed 12/30/2022 by Administrator and DON. The QAPI documentation failed to evidence the agency identified problems, tracked trends, how information was measured, nor interventions in place to improve patient care. The Administrator provided a 2024 annual program evaluation on 11/25/24 at 11:40 AM, that was dated 11/28/24, which indicated

andrecertifications are monitored. Data collected will be tracked, analyzed,measured, and used to determine trend/percentage of such incident among agencyclients. Interventions will be put in place to improve patient outcome.

The Quality Assurance Nurse is responsible for monitoringthis corrective action to ensure this deficiency does not reoccur again.

This corrective action is set to be completed by12/25/2024 to ensure 100% compliance with state regulations.

no corrective actions were needed by agency to improve care. The Administrator relayed the 2024 evaluation was completed after the initial review of the QAPI documents provided on the same date at 11:11 AM. The Administrator provided a urinary tract infection tracking documentation, on 11/25/24 at 3:32 PM; the tracking documentation was not available during the initial QAPI review.

During an interview on 11/25/24 beginning at 12:00 PM, the Administrator relayed the clinical staff headed by the Director of Nursing (DON) identified problems and maintained QAPI.

During an interview on 11/25/24 beginning at 12:08 PM, Alternate DON relayed the problems identified for QAPI included fall safety and urinary tract infections; she indicated her information for fall safety and urinary tract infections was not documented in QAPI.

N0488

Q A and performance improvement

N0488

**0488**

2024-12-25

	<p>410 IAC 17-12-2(i) and (j)</p> <p>Rule 12 Sec. 2(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least fifteen (15) calendar days before the services are stopped.</p> <p>(j) The fifteen (15) day period described in subsection (i) of this rule does not apply in the following circumstances:</p> <p>(1) The health, safety, and/or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency continued to provide services to the patient.</p> <p>(2) The patient refuses the home health agency's services.</p> <p>(3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home health agency informs the patient of community resources to assist the patient following discharge; or</p> <p>(4) The patient no longer meets applicable regulatory criteria, such as lack of physician's order, and the home health agency informs the patient of community resources to assist the patient following discharge.</p>		<p>The administrator/designee immediately reviewed agency policy on patient discharge. The administrator/designee revised the agency policy to read "Notify the patient, the patient's legal representative fifteen (15) calendar days before discharge". The administrator instructed ADON to review all client's chart to ensure any possible pending discharge patient receives fifteen days' notice prior to discharge.</p> <p>The ADON has created a binder with lists of possible pending patient discharges and placed in a secure location, and will weekly review the binder where possible to call, email, text message, WhatsApp the patients/patient representative, decision maker with notice of fifteen (15) calendar days prior to be discharged. The avenue of communication/conversation regarding fifteen days' notice of discharge will be documented in the patient chart. The agency will further draft a letter to be sent out by certified mail to the patient/patient representative, decision maker notifying the</p>	
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	<p>Based on record review and interview the agency failed to ensure they developed and implemented a discharge policy, that included a 15-day notice prior to discharge, and exceptions for 1 of 1 agency.</p> <p>Findings include:</p> <p>The agency policy titled "Client Discharge Process" indicated the agency will notify the patient 3 days before date of discharge. The policy failed to evidence a 15-day notification period prior to discharge and when the 15 days would not be required.</p> <p>During an interview on 11/25/24 beginning at 11:10 AM, DON relayed the agency maintains open communication with patients, who are kept informed of discharge plans.</p>		<p>patient of the upcoming fifteen days discharge notice.</p> <p>The ADON is responsible for monitoring this corrective action to ensure this deficiency does not happen again.</p> <p>This corrective action is set to be completed by 12/25/2024 ensuring 100% compliance with the state regulations.</p>	
N0496	<p>Patient Rights</p> <p>410 IAC 17-12-3(b)</p>	N0496	<p><b>0496</b></p> <p>The DON has audited client chart affected with this deficiency and scheduled a</p>	2024-12-25

	<p>Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows:</p> <p>(1) The patient's family or legal representative may exercise the patient's rights as permitted by law.</p> <p>Based on record review and interviews, the agency failed to ensure the patient or legal representative may exercise the patient's rights in 1 of 1 active clinical record reviewed of a patient with a diagnosis of dementia (Patient #1).</p> <p>Findings include:</p> <p>The clinical record for Patient #1 included a comprehensive assessment completed by Assistant DON on 10/30/2024. The mental status documentation indicated Patient was oriented, forgetful, depressed, with cognitive impairment and Dementia. The summary included a notation that Patient was "very forgetful," unable to perform any minimal task, and totally dependent on caregiver or HHA for activities of daily living (eating, dressing, showing, toileting). The clinical record failed to include signature by Patient's health care representative. The record</p>		<p>return to patient home on 11/27/24 for clinical documentation to be signed by the decision maker. The agency Director of Nursing has in-serviced the ADON and all clinical staff that prior to admitting client with Dementia/Cognitive impairment; The patient referral will identify who is legally responsible to sign admission forms, and if no family member, healthcare representative, decision maker available, the agency will contact social worker/services or case manager to initiate guardianship process. The agency will notify patient physician of any delay in admission as a result of no immediate responsible party to sign patient's clinical documents.</p> <p>50% of agency's clients will be audited by the DON quarterly to ensure all clients with cognitive impairment/dementia clinical documentations are signed on admission by patient's health care representative/POA or any responsible party appointed to prevent the deficiency from recurring in the future. The</p>	
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	<p>documents were signed by Patient and dated 11/09/2024: Consent form and acknowledgment of privacy practices, an admission checklist, back up services agreement, client choice statement, emergency information, advanced directive decisions, contract for participation in care, release form for medical information, and client waiver of liability.</p> <p>During an interview on 11/25/2024, CS relayed that Patient did have mild Dementia and cognitive impairment; CS revealed Patient was able to carry a conversation.</p>		<p>Agency will notify client identified decision maker/healthcare representative and physician of any changes in client's cognitive status for further evaluation. Any changes to client cognitive status will be made known to the decision maker. All missed visits will be faxed to the client physician.</p> <p>The agency DON will be responsible for monitoring this corrective action to ensure 100% compliance with the state regulation.</p> <p>This corrective action is set to be completed by 12/25/2024.</p>	
N0533	<p>Nursing Plan of Care</p> <p>410 IAC 17-13-2</p> <p>Rule 13 Sec. 2(a) A nursing plan of care must be developed by a registered nurse for the purpose of delegating nursing directed patient care provided through the home health agency for patients receiving only home health aide services in the absence of a skilled service.</p> <p>(b) The nursing plan of care must contain the following:</p>	N0533	<p><b>0533</b></p> <p>Agency pulled out all active client's charts and identified the client with this deficiency and reviewed its plan of care. The DON called the home health Aide to the office and re-in-serviced the aide on the importance of consistently recording indwelling catheter care not limited to documentation of emptying urine from foley bag, securing</p>	2024-12-25

- (1) A plan of care and appropriate patient identifying information.
- (2) The name of the patient's physician.
- (3) Services to be provided.
- (4) The frequency and duration of visits.
- (5) Medications, diet, and activities.
- (6) Signed and dated clinical notes from all personnel providing services.
- (7) Supervisory visits.
- (8) Sixty (60) day summaries.
- (9) The discharge note.
- (10) The signature of the registered nurse who developed the plan.

Based on record review and interview, the agency failed to ensure the nurse initiated an appropriate plan of care and necessary revisions in 1 of 1 active clinical record reviewed with an indwelling urinary catheter (Patient #1).

Findings include:

The clinical record for Patient #1 revealed a plan of care dated 11/3/24 to 1/1/25 with home health aide services ordered 6 hours a day, five days a week. The POC indicated Patient had an indwelling urinary catheter with the following related tasks

foley bag prior to assisting client to get out of bed.

The DON has instructed the agency administrative assistant to remind the home health aide assigned to care for client to document all hands-on care in the home health aide notes prior to submitting it to be printed out to put in the client chart.

Home health aide notes submitted will be reviewed upon submission by DON for proper documentation of client indwelling catheter care such as emptying urine from foley bag, and to secure foley prior to assisting client to get out of bed. Notes with no proper documentation will be rejected. Home health aide will be notified to document properly and resubmit. This will ensure consistency and compliance with state regulations.

The DON is responsible for monitoring this corrective action to ensure 100% compliance.

This corrective action is set to be completed by 12/25/2024.

	<p>catheter bag to walker prior to assisting to get out of bed, empty urine from urinary catheter bag, and do not perform catheter care at all. The ordered HHA tasks failed to evidence consistency in care for indwelling urinary catheter.</p> <p>During an interview on 11/25/24 beginning at 11:10 AM, the DON relayed the HHA do not record amounts emptied from urinary catheter nor provide urinary catheter care; she revealed the HHA do empty urinary catheter bags.</p>			
N0542	<p>Scope of Services</p> <p>410 IAC 17-14-1(a)(1)(C)</p> <p>Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:</p> <p>(C) Initiate the plan of care and necessary revisions.</p> <p>Based on record review and interview, the agency failed to ensure the nurse initiated an appropriate plan of care and necessary revisions in 1 of 1 active clinical record reviewed with an indwelling urinary</p>	N0542	<p><b>0542</b></p> <p>Agency pulled out all active client's charts and identified the client with this deficiency and reviewed its plan of care. The ADON updated the client plan of care to include <a href="#">emptying urine from foley bag, securing foley bag prior to assisting client to get out of bed to ensure consistency in the care of client indwelling catheter</a>. The ADON has re-in-serviced the home health aide on the importance of consistently recording indwelling catheter care not limited to documentation of emptying urine from foley bag, securing</p>	2024-12-25

	<p>catheter (Patient #1).</p> <p>Findings include:</p> <p>The clinical record for Patient #1 revealed a plan of care dated 11/3/24 to 1/1/25 with home health aide services ordered 6 hours a day, five days a week. The POC indicated Patient had an indwelling urinary catheter with the following related tasks for the aide: secure urinary catheter bag to walker prior to assisting to get out of bed, empty urine from urinary catheter bag, and do not perform catheter care at all. The ordered HHA tasks failed to evidence consistency in care for indwelling urinary catheter.</p> <p>During an interview on 11/25/24 beginning at 11:10 AM, the DON relayed the HHA do not record amounts emptied from urinary catheter nor provide urinary catheter care; she revealed the HHA do empty urinary catheter bags.</p>		<p>foley bag prior to assisting client to get out of bed to ensure consistency in the care of client indwelling catheter.</p> <p>The ADON has instructed the administrative assistant to remind the home health aide assigned to care for client to document all hands-on care in the home health aide notes prior to submitting it to be printed out to put in the client chart.</p> <p>Home health aide notes submitted will be reviewed upon submission by ADON for proper documentation of client indwelling catheter care such as emptying urine from foley bag, and to secure foley prior to assisting client to get out of bed. Notes with no proper documentation will be rejected. Home health aide will be notified to document properly and resubmit. This will ensure consistency and compliance with state regulations.</p> <p>The administrative assistant is responsible for monitoring this corrective action set to be completed by 12/25/2024.</p>	
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N0586	<p>Scope of Services</p> <p>410 IAC 17-14-1(h)</p> <p>Rule 14 Sec. 1(h) Home health aides must receive continuing education. Such continuing education shall total at least twelve (12) hours from January 1 through December 31, inclusive, with a minimum of eight (8) hours in any eight (8) of the following subject areas:</p> <p>(1) Communications skills, including the ability to read, write, and make brief and accurate oral presentations to patients, caregivers, and other home health agency staff.</p> <p>(2) Observing, reporting, and documenting patient status and the care or service furnished.</p> <p>(3) Reading and recording temperature, pulse, and respiration.</p> <p>(4) Basic infection control procedures and universal precautions.</p> <p>(5) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.</p> <p>(6) Maintaining a clean, safe, and healthy environment.</p> <p>(7) Recognizing emergencies and knowledge of emergency procedures.</p> <p>(8) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health agency, including the need for respect for the patient, the patient's privacy, and the patient's property.</p> <p>(9) Appropriate and safe techniques in personal hygiene and grooming that include the following:</p>	N0586	<p><b>0586</b></p> <p><a href="#">The administrator/designee immediately pulled out all employee personnel files and identified the employee affected with this deficiency. On 12/16/2024, the ADON conducted annual evaluation for the employee affected with this deficiency. On 12/19/2024, agency contracted with the state approved training agency (Relias). The Relias agency has scheduled 1<sup>st</sup> option Adult Day Services &amp; Home Health to begin contract on 01/01/2025. Employee HHA #4 will complete dementia training by 01/10/2025. The agency will begin annual training of all staff with 50% completion by 01/15/2025, with a 100% compliance by 01/25/2025.</a></p> <p>Agency has instructed all employee that mandatory annual education will be done via online Relias state approved Training Agency. Employees will print their Certificate of completed training and it will be filed in their personnel files. The human resource manager will audit 50% employee personnel file quarterly to ensure staff education/annual evaluation are up to date. This will prevent the deficiency from reoccurring and to ensure 100% compliance of the state regulations.</p> <p>The agency secretary/administrative assistant is responsible for</p>	2025-01-25

- (A) Bed bath.
- (B) Bath; sponge, tub or shower.
- (C) Shampoo, sink, tub, or bed.
- (D) Nail and skin care.
- (E) Oral hygiene.
- (F) Toileting and elimination.
- (10) Safe transfer techniques and ambulation.
- (11) Normal range of motion and positioning.
- (12) Adequate nutrition and fluid intake.
- (13) Medication assistance.
- (14) Any other task that the home health agency may choose to have the home health aide perform.

Based on record review and interview, the agency failed to ensure the administrator, employed qualified personnel and ensured adequate staff education or evaluations for 1 of 1 HHA personnel record reviewed employed for more than 4 years [HHA 4].

Findings Include:

monitoring this correction action to ensure 100% compliance.

This correction action will be completed by 1/25/2025 to ensure compliance with the state regulation.



	<p>The personnel file for home health aide 4 (HHA 4) indicated a date of hire of 7/22/16; the record failed to evidence annual staff education for the last 2 years.</p> <p>During an interview on 11/25/24 beginning at 2:00 p. m., the clinical supervisor indicated there was an in-service 10/9/24 for dementia, there was no no other training / education provided.</p>			
N9999	<p>Final Observations</p> <p>Authority IC 16-27-1.5-5 "Approved dementia training for home health aides"</p> <p>Sec. 5 (a) This section applies to a registered home health aide who:</p> <p>(1) is employed as a home health aide; and</p> <p>(2) provides care to an individual who has been diagnosed with or experiences symptoms of Alzheimer's disease, dementia, or a related cognitive disorder.</p> <p>(b) As used in this section, "approved dementia training" refers to a dementia training program:</p> <p>(1) for use in training home health aides in the care of individuals described in subsection (a)(2); and</p> <p>(2) that has been approved by the state department under subsection (f).</p> <p>(c) Not later than sixty (60) days after the date on which a home health aide is initially hired to care for an individual with Alzheimer's disease, dementia, or a related cognitive disorder, the home health aide shall complete</p>	N9999	<b>9999</b>	2025-01-25

at least six (6) hours of approved dementia training.

(d) Before December 31 of each year, a home health aide who has been employed as a home health aide for at least one (1) year shall complete at least three (3) hours of approved dementia training.

(e) A home health aide who:

(1) has received the training required by subsections (c) and (d);

(2) has been employed as a home health aide for at least twenty-four (24) consecutive months; and

(3) is hired by a home health agency; is not required to repeat the training required by this section.

(f) The state department shall do the following:

(1) Identify and approve each dementia training program that meets the following requirements:

(A) The dementia training program includes education concerning the following:

(i) The nature of Alzheimer's disease, dementia, and other related cognitive disorders.

(ii) Current best practices for caring for and treating individuals with dementia.

(iii) Guidelines for the assessment and care of an individual with dementia.

(iv) Procedures for providing patient centered quality care.

(v) The daily activities of individuals with dementia.

(vi) Dementia related behaviors, communication, and positive intervention.

(vii) The role of an individual's family in caring for an individual with dementia.

(B) The dementia training program:

(i) must be culturally competent; and

(ii) may be provided online.

(2) Establish and implement a process for state

On 12/19/2024, 1<sup>st</sup> Option Adult Day Services& Home Health contracted with the state approved training agency (Relias).The Relias agency has scheduled 1<sup>st</sup> option Adult Day Services &Home Health to begin contract on 01/01/2025. Employee HHA #4 will complete dementia training by 01/10/2025. Theagency will begin annual training of all staff with 50% completion by 01/15/2025, with 100% in compliance by 01/25/2025. The ADON has called and notified all employees regarding Relias online trainingfor their annual education to begin 01/01/2025.

All newly hired employees assigned to care for Dementiaclients will have their Dementia training completed prior to first clientcontact. The ADON will audit 50% employee personnel files quarterly and will goto Relias training site to ensure assigned education has been completed. TheADON will call any HHA not in compliance to complete the training as requiredby the state and print the certificate of completion to put in their employeepersonnel file to ensure all Aides are in compliance with the

department approval of a dementia training program.

(g) To the extent allowed by 42 CFR 484.80, the hours of approved dementia training completed under this section satisfies an equivalent number of hours of the home health aide training required by 42 CFR 484.80.

(h) An entity that provides approved dementia training shall provide to each home health aide who successfully completes the training a certificate of completion.

(i) A home health aide:

(1) is responsible for maintaining the home health aide's certificate of completion; and

(2) may use the certificate of completion as proof of compliance with this section.

As added by P.L.44-2022, SEC.1.

Authority IC 16-27-1.5-6 "Conditions required to administer gastrointestinal and jejunostomy tube feedings; training"

Sec. 6 (a) A registered home health aide may administer gastrointestinal and jejunostomy tube feedings to a specific patient only if the following conditions are met:

(1) The registered home health aide has completed the training curriculum described in subsection (b).

(2) A registered nurse, providing registered nursing under IC 25-23-1-1.1(b)(6), either:

(A) supervises the registered home health aide in administering the gastrointestinal and jejunostomy tube feedings; or

(B) delegates responsibility for administering the gastrointestinal and jejunostomy tube feedings to the registered home health aide based on the registered nurse's assessment of the registered home health aide's competency to administer gastrointestinal and jejunostomy tube feedings.

training requirement.

The ADON is responsible for monitoring this corrective action to ensure it does not reoccur.

This corrective action will be completed by 01/25/2025.

(3) The home health agency that the registered home health aide is employed with:

(A) allows the registered home health aide to administer gastrointestinal and jejunostomy tube feedings;

(B) establishes a procedure for:

(i) the delegation of the administration of gastrointestinal and jejunostomy tube feedings from a registered nurse to a registered home health aide that includes patient specific clinical parameters based on the registered nurse's assessment of the patient and the registered home health aide's competency to administer the gastrointestinal and jejunostomy tube feedings; and

(ii) the assessment by the registered nurse of the patient specific clinical parameters;

(C) retains documentation that the registered home health aide has completed the training curriculum described in subsection (b); and

(D) notifies each patient requiring gastrointestinal and jejunostomy tube feedings upon admission that the home health aide agency may allow registered home health aides to administer gastrointestinal and jejunostomy tube feedings.

(b) Training curriculum for home health aides to administer gastrointestinal and jejunostomy tube feedings must:

(1) be approved by the state department; and

(2) include the following concerning the administration of gastrointestinal and jejunostomy tube feedings:

(A) At least four (4) hours and not more than eight (8) hours of classroom training.

(B) At least two (2) hours and not more than four (4) hours of practical training.

(C) A written and practical examination administered by the trainer.

(c) A registered home health aide may not administer gastrointestinal and jejunostomy tube feedings until the home health aide has successfully:

(1) completed the curriculum described in

subsection (b); and

(2) passed the examinations described in subsection (b)(2)(C).

(d) The state department may require a registered home health aide who administers gastrointestinal and jejunostomy tube feedings under this section to annually complete not more than one (1) hour of in service training specific to the administration of gastrointestinal and jejunostomy tube feedings.

(e) Before January 1, 2024, the state department must approve at least one (1) training curriculum described in subsection (b).

As added by P.L.117-2023, SEC.6.

Based on record review and interview the agency failed to ensure dementia training was provided for 1 of 1 home health aides with greater than 12 months employment (HHA 4).  
The Findings Include:

The clinical record for Patient #1 included a comprehensive assessment completed dated 10/30/2024. The assessment documented Patient was forgetful, depressed, with cognitive impairment, and Dementia. The summary included that Patient was "very

minimal task(s), and dependent on caregiver and HHA for activities of daily living (eating, dressing, showing, toileting). The clinical record included evidenced HHA 4 provided aide services from 10/28/2024 to 11/02/2024.

The personnel file for HHA 4, indicated a date of hire of 7/22/16; the file failed to evidence of annual approved dementia training.

During an interview on 11/25/24 beginning at 2 PM, the alternate CS indicated they were unaware there was approved dementia training, nor do they have a record of the content nor the length of time of the in-service(s) completed.

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  
Willy Okwara

TITLE  
Administrator

(X6) DATE  
12/23/2024 4:21:19 PM