

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15K039</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>02/12/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>LIFE'S TOUCH HOME HEALTH INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>4701 KEYSTONE AVE STE 505 , INDIANAPOLIS, Indiana, 46205</b>			
(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
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal/State complaint survey of a Home Health Provider.</p> <p>Survey Dates: 02-10-2025, 02-11-2025, and 02-12-2025</p> <p>Complaint: IN00112626 with related deficiencies cited.</p> <p>12 Month Unduplicated Skilled Admissions: 6</p> <p>QR completed by A3 on 2-17-2025.</p>			G0000			
G0952	<p>Ensure that HHA employs qualified personnel</p> <p>CFR(s): 484.105(b)(1)(iv)</p> <p>(iv) Ensure that the HHA employs qualified personnel, including assuring the development of personnel qualifications and policies.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview the Administrator failed to ensure an employee was qualified and in good standing to provide care, in 1 of 5 Home Health Aide (HHA) hired in the last 30 days. (Employee: HHA 2).</p> <p>Findings include:</p> <p>1. A review of an agency policy dated 02-08-2022, titled 'EMPLOYMENT' stated, "... the agency will employ only individuals who meet the licensure or certification requirements and are in good standing thereunder ... 8. License Certification: ... all applicants must be able to furnish for inspection their current license or certificate ..."</p> <p>2. A review of the Personnel File for HHA 2 evidenced a date of hire of 12-27-2024, with a first patient contact date of 1-04-2025, and a Home Health Aide certification issued 1-14-2025.</p>			G0952			

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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G0952	Continued from page 1		G0952				
	<p>3. On 02-12-2025 at 12:50 PM, the Director of Nursing (DON) indicated staff can't see patients until they were on the aide registry, the DON further revealed they were unaware HHA 2 had been issued their HHA certification on 1-14-2025, but had been seeing one patient, Patient #5, a family member, since 01-04-2025.</p> <p>4. On 02-12-2025 at 1:42 PM, the Administrator indicated they were unaware HHA 2's date of first patient contact was 01-04-2025 and their Home Health certification had not been issued until 1-14-2025. The Administrator indicated the aide should have received their certification before providing care to a patient.</p> <p>410 IAC 17-12-1(d)(8)</p>						
G1058	<p>Home Health Aide</p> <p>CFR(s): 484.115(d)</p> <p>Standard: Home health aide.</p> <p>A person who meets the qualifications for home health aides specified in section 1891(a)(3) of the Act and implemented at §484.80.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview the agency failed to ensure a Home Health Aide (HHA) was qualified to provide care, in 1 of 1 HHA hired in the last 30 days. (Employee: HHA 2).</p> <p>Findings include:</p> <p>1. A review of an agency policy dated 02-08-2022, titled 'EMPLOYMENT' stated, "... the agency will employ only individuals who meet the licensure or certification requirements and are in good standing thereunder ... 8. License Certification: ... all applicants must be able to furnish for inspection their current license or certificate ..."</p> <p>2. A review of the Personnel File for HHA 2 evidenced a date of hire of 12-27-2024, with a first patient contact date of 1-04-2025, and a Home Health Aide certification was not issued until 1-14-2025.</p>		G1058				

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G1058	<p>Continued from page 2</p> <p>3. On 02-12-2025 at 12:50 PM, the Director of Nursing indicated staff can't see patients until they were on the aide registry, were not aware HHA 2 had been issued their Home Health Aide certification on 1-14-2025, but had been seeing one patient, Patient #5, a family member, since 01-04-2025.</p> <p>4. On 02-12-2025 at 1:42 PM, the Administrator indicated they were unaware HHA 2's date of first patient contact had been on 01-04-2025 and their Home Health certification had not been issued until 1-14-2025. The Administrator indicated the aide should have received their certification before providing care to a patient.</p> <p>410 IAC 17-14-1(l)(1)(A) and (B)</p>			G1058			