

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:  15K024	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  03/04/2025	
NAME OF PROVIDER OR SUPPLIER  Above & Beyond Homecare Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 MAIN STREET, ANDERSON, IN, 46016		
(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	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Dates: February 26, 27, and 28, and March 3 and 4, 2025</p> <p>Active Census: 133</p> <p>At this Emergency Preparedness survey, Above &amp; Beyond Homecare was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p> <p>Abbreviations:</p> <p>EP Emergency Preparedness</p> <p>QR 3/7/25</p>	E0000		

G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification and State Re-Licensure survey of a Home Health Provider.</p> <p>Survey Dates: February 26, 27, and 28, and March 3 and 4, 2025</p> <p>12-Month Unduplicated Skilled Admissions: 2</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p> <p>Abbreviations:</p> <p>RN      Registered Nurse</p>	G0000		
G0682	<p>Infection Prevention</p> <p>484.70(a)</p> <p>Standard: Infection Prevention.</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>Based on observation and record review, the home health agency failed to ensure employees followed standards of practice for bag technique to</p>	G0682	<p><b>1. Describe what the Agency did to correct the deficient practice for each client cited:</b></p> <p><b>The Agency Clinical Manager has held an in-service for nursing staff to re-educate clinicians on the appropriate steps to take when sanitizing equipment utilized during the home visit assessments. Re-addressed what is considered sanitary</b></p>	2025-03-13

reduce the spread of infections for 1 of 1 home visit observations with the alternate Clinical Manager.

Findings include:

1. The agency policy "Bag Technique", last updated 4/21/22, indicated the bag should be kept closed when not in use; soiled reusable items must be cleaned and disinfected prior to returning to the bag, per agency protocol with the one (1) minute dwell time per manufactures instructions on the disinfecting wipes and once reusable items are cleaned, place them on a clean surface.

2. During a home visit observation conducted with Patient #2 and Alternate CM on 2/28/25 beginning at 9:59 AM, Alternate CM cleaned the vitals equipment with a hydrogen peroxide disinfecting wipe and then sat the items on a clean barrier pocket of the nurse bag to air dry. The dirty paper barrier the nurse bag was sitting on draped over this clean area touching the blood pressure cuff. Later in the visit, Alternate

**technique. Additionally, re-educated on making sure your clean part of bag does not touch paper barrier used by agency.**

**The Agency will continue to provide all clinicians and field staff with Clorox hydrogen peroxide wipes to have a uniform dwell time requirement. Agency also re-educated on dry time with disinfectant.**

**2. Describe how the Agency reviewed all clients in the agency that could be affected by the same deficient practice and actions the agency to address the deficiency for any client the agency identified as being affected.**

**Agency management staff have made random unannounced visits all RN Case managers while they are making their home visits to evaluate and ensure compliance with the agency's infection control processes and will continue this process. This includes observations of handwashing, bag technique, and equipment sanitization.**

**3. Describe the steps or the**

CM cleaned the tablet and clipboard with a disinfecting wipe and placed the items immediately back into the nurse bag. Alternate CM failed to allow the items to air dry.

3. During an interview on 2/28/25 at 11:26 AM, Alternate CM relayed the dry time of the hydrogen peroxide disinfecting wipe was one minute. She relayed the nurse bag was sat on a different chair during the visit and she confirmed the dirty barrier touched the clean area of the nurse bag.

410 IAC 17-12-1(m)

**systemic changes the agency has made to ensure the deficient practice does not recur.**

**Agency management staff will continue to make random unannounced visits of clinicians while they are making their home visits to ensure that appropriate infection control measures continue to be performed per policy guidelines by all field staff.**

**4. Describe how the corrective action will be monitored to ensure ongoing compliance.**

**The Clinical Manager will perform routine supervisory visits of all RN Case Managers to evaluate their compliance with agency infection control practices.**

**The RN Case Managers will perform routine supervisory visits of all Home Health Aides to evaluate their compliance with agency infection control practices.**

**5. Date of corrective action:**

			<p><b>3/13/2025.</b></p> <p><b>6. Employee position responsible for ensuring ongoing compliance with G682</b></p> <p><b>The Administrator and Clinical Manager are responsible for ensuring ongoing compliance with G682.</b></p>	
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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
Cody Kendall	Administrator	3/11/2025 12:49:25 PM