

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157555	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/17/2025	
NAME OF PROVIDER OR SUPPLIER A PLUS HOME HEALTH CARE INCORPORATED		STREET ADDRESS, CITY, STATE, ZIP CODE 2246-A INDUSTRIAL DR, HIGHLAND, IN, 46322		
(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 in accordance with 42 CFR 484.102 by the Indiana Department of Health.</p> <p>Survey Dates: 3/13/2025, 3/14/2025, and 3/17/2025</p> <p>Census: 27</p> <p>At this Emergency Preparedness survey, A Plus Home Health Care Inc was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p>	E0000	Thank you for your review of our emergency preparedness plan.	
G0000	INITIAL COMMENTS	G0000	Please find our corrections in the following G tags. Thank you for your consideration.	

	<p>This visit was for a Federal Recertification and State Re-licensure survey of a Home Health provider.</p> <p>Survey Dates: 3/13/2025, 3/14/2025, and 3/17/2025</p> <p>Unduplicated skilled admissions: 51</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>A partially Extended Survey was announced to the Administrator on 3/17/2025 at 11:15 AM.</p> <p>Abbreviations used in report: Home Health Aide [HHA], Registered Nurse [RN], Plan of Care [POC], Skilled Nurse [SN], and Physical Therapist (PT).</p> <p>QR: 3/26/2025 A 1</p>			
G0572	<p>Plan of care</p> <p>484.60(a)(1)</p> <p>Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed</p>	G0572	<p>All agency staff were educated in an inservice (see Attachments A and B) about the importance of maintaining the visit frequencies listed in the plan of care and rescheduling any missed visits. Quality Assurance staff will audit 100% of all</p>	2025-04-21

by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician or allowed practitioner refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician or allowed practitioner is consulted to approve additions or modifications to the original plan.

Based on record review and interview, the agency failed to ensure each patient received the home health services as ordered and written in the individualized plan of care that identifies patient-specific measurable outcomes and goals in 2 of 5 active clinical records reviewed (Patient #1, 4) and 2 of 2 closed clinical records reviewed (Patients #6, 7).

Findings include:

1. The clinical record for Patient #1 included an initial POC dated 2/24/2025 to 4/24/2025 for SN visits once a week for two weeks then every other week for 4 weeks and PT services. The clinical record failed to evidence an SN visit was conducted the week of 3/12/2025 nor an attempt to reschedule the missed visit on 3/12/2025.

During an interview on 3/17/2025 beginning at 10:00 AM, the Administrator relayed there were no attempts to reschedule the missed visit

charts monthly (see Attachment C) to ensure that any missed visits are rescheduled if possible, and the attempts to reschedule the visits will be documented. The QA staff will also ensure that if the missed visit cannot be rescheduled, the doctor will be notified via a doctor's order.

The schedule of visits must be made with the input of the patient and/or his/her caregiver or decision maker, if applicable. The people involved in creating the visit schedule will be documented in the SOC Order or Recert Order in the patient's chart. If the patient misses more than one visit during a certification period, the nurse will discuss with the patient and/or caregiver or decision maker whether the visit schedule should be changed. If the patient, caregiver, or decision maker requests a change to the visit schedule, the patient's physician will be notified. For multiple missed visits in a certification period (three or more missed visits), the patient's physician will be consulted to determine if the

around Patient's appointment.

2. The clinical record for Patient #4 included a POC dated 12/27/2024 to 2/24/2025 for SN visits once a week for 8 weeks and HHA visits twice a week for eight weeks and a subsequent POC dated 2/25/2025 to 4/25/2025 for SN visits once a week for nine weeks and HHA visits twice a week for 9 weeks. The clinical record included HHA missed visit documentation for 1/30/2025, 2/20/2025, and 2/25/2025 due to Patient not answering the door. The clinical record failed to evidence attempts to reschedule HHA visits.

During an interview on 3/17/2025 beginning at 10:00 AM, the Administrator relayed the visits were missed because Patient did not answer the door and there were no attempts to do a wellness check nor reschedule the visits.

3. The closed clinical record for Patient #6 included a POC dated 1/2/2025 to 3/2/2025 for SN visits once a week for eight weeks. The clinical record included missed visit documentation on Monday,

plan of care requires changes to best suit the patient and his/her health care needs, or whether the patient should be discharged.

The revisions to the plan of care will be relayed to the agency staff in an inservice on 4/21/25. The agenda and attendance sheet for this inservice will be uploaded to the IDOH gateway on the night of 4/21/25.

This correction will be completed by 4/21/2025. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.

1/13/2025 and Monday, 2/3/2025 due to 'cancellation of care'. The clinical record failed to evidence attempts to reschedule care during the week of 1/13/2025 and 2/3/2025.

During an interview on 3/17/2025 beginning at 10:00 AM, the Administrator relayed there were no attempts to reschedule Patient's missed visits on 1/13/2025 and 2/3/2025.

	<p>4. The closed clinical record for Patient #7 included a POC dated 12/27/2024 to 2/24/2025 for SN services once a week for one week then every other week for four weeks. A SN visit was documented and dated 01/3/2025. The clinical record included a physician order dated 1/16/2025 to change the SN visit frequency to once a week for two weeks. The record evidenced SN visit were conducted weekly for 3 weeks, the SN visits were dated weekly and included the date of 01/30/2025. The clinical record failed to evidence an order nor physician communication for SN services the week of 1/30/2025.</p> <p>During an interview on 3/17/2025 beginning at 10:00 AM, the Administrator relayed there was not an order for a SN visit the week of 1/30/2025.</p> <p>410 IAC 17-13-1(a)</p>			
G0576	<p>All orders recorded in plan of care</p> <p>484.60(a)(3)</p> <p>All patient care orders, including verbal orders, must be recorded in the plan of care.</p>	G0576	<p>All agency staff were educated in an inservice (see Attachments A and B) about the importance of including the therapy frequency of visits in the plan of care. The therapists will perform</p>	2025-04-04

Based on record review and interviews, the agency failed to ensure all patient care orders were recorded in the POC in 3 of 3 active clinical records reviewed with PT services (Patients #1, 3, 5) and 1 of 1 closed clinical record with PT services (Patient #7).

Findings include:

1. The clinical record for Patient #1 included an initial POC dated 2/24/2025 to 4/24/2025 for SN visits and one PT evaluation. A PT evaluation was documented on 2/26/2025 that included PT frequency ordered as twice a week for 3 weeks, interventions, goals, and was signed by the physician on 3/7/2025. The clinical record failed to evidence a POC that included PT orders, frequencies, interventions and goals on the POC nor an addendum to the initial POC.

2. The clinical record for Patient #3 included an initial POC dated 2/26/2025 to 4/26/2025 for SN, HHA, and one PT evaluation visit. The clinical record included a PT evaluation documented on 2/27/2025 that indicated PT frequency ordered as once a week for one week then twice a week for three weeks. The PT evaluation included interventions, goals, and was

the initial evaluation as soon as possible after the start of care or recertification visit. The prescribed visit frequency will be added to the plan of care if possible. If the initial evaluation is not completed in time to include the frequency in the plan of care, then a plan of care addendum doctor's order will be sent to the physician for signature. Quality Assurance staff will audit 75% of all charts monthly (see Attachment C) to ensure that all therapy frequencies are included either in the original plan of care or a plan of care addendum order.

This correction will be completed by 4/4/2025. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.

signed by the physician on 3/12/2025. The clinical record failed to evidence the POC included the PT orders, frequencies, interventions and goals on nor an addendum to the initial POC.

3. The clinical record for Patient #5 included a POC dated 1/19/2025 to 3/19/2025 for SN services and one PT evaluation visit. The clinical record included a PT evaluation documented on 1/20/2025 that indicated PT frequency ordered as twice a week for three weeks, included interventions and goals, and was signed by the physician on 2/3/2025. The clinical record failed evidence the POC included PT orders, frequencies, interventions, and goals nor on an addendum to the initial POC.

4. The closed clinical record for Patient #7 included a POC dated 12/27/2024 to 2/24/2025 for SN, HHA, and a PT evaluation visit. The record included a PT evaluation that was documented on 01/03/2025 that indicated PT frequency order once a week for one week then twice a week for three weeks, included

	<p>was signed by the physician on 01/21/2025. The clinical record failed to evidence the POC included the PT orders, frequencies, interventions and goals nor an addendum to the initial POC.</p> <p>During an interview on 2/14/2025 beginning at 10:00 AM, a clinical record review interview was conducted with the Administrator for Patients #1, 3, 5, and 7. The administrator relayed the PT evaluation documentation was the PT POC and orders. She revealed PT orders were not included in the POC nor was there an addendum to the POC.</p>			
<p>G0580</p>	<p>Only as ordered by a physician</p> <p>484.60(b)(1)</p> <p>Drugs, services, and treatments are administered only as ordered by a physician or allowed practitioner.</p>	<p>G0580</p>	<p>All agency staff were educated in an inservice (see Attachments A and B) about the importance of prompt notification of supervising physicians regarding the therapy frequency of visits after performing the initial evaluation. The therapist or the nurse will call the supervising physician within two business days of the initial evaluation visit being completed to seek a verbal order for the proposed therapy visit frequency. Quality</p>	<p>2025-04-04</p>

Based on record review and interviews, the agency failed to ensure services and treatments were administered only as ordered by a physician in 3 of 3 active clinical records reviewed with PT services (Patient #1, 3, 5) and 1 of 1 closed clinical records reviewed with PT services (Patient #7).

Findings include:

1. The clinical record for Patient #1 included an initial POC dated 2/24/2025 to 4/24/2025 for SN visits and one PT evaluation. A PT evaluation was documented on 2/26/2025 that included PT frequency ordered as twice a week for 3 weeks, interventions, goals, and was signed by the physician on 3/7/2025. PT visits were documented on 2/28/2025 and 3/5/2025. The clinical record failed to evidence a verbal nor written order was received for the PT therapy provided on 2/28/2025 and 3/5/2025, prior to the PT evaluation being signed by the attending on 3/7/2025.

2. The clinical record for Patient #3 included an initial POC dated 2/26/2025 to 4/26/2025 for SN, HHA, and one PT evaluation visit. The clinical record included a PT evaluation documented on 2/27/2025 that indicated PT

Assurance staff will audit 75% of all charts monthly (see Attachment C) to ensure that all therapy frequencies are called into the doctor's office within two business days of the initial evaluation visit.

This correction will be completed by 4/4/2025. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.

frequency ordered as once a week for one week then twice a week for three weeks. The PT evaluation included intervention and goals and was signed by the physician on 3/12/2025. PT visits were documented on 2/28/2025, 3/4/2025, and 3/6/2025. The clinical record failed to evidence a verbal nor written order was received for the PT therapy provided on 2/28/2025, 3/4/2025, and 3/6/2025, prior to the PT evaluation was signed on 3/10/2025.

3. The clinical record for Patient #5 included a POC dated 1/19/2025 to 3/19/2025 for SN services and one PT evaluation visit. The clinical record included a PT evaluation documented on 1/20/2025 that indicated PT frequency ordered as twice a week for three weeks, included intervention and goals, and was signed by the physician on 2/3/2025. PT visits were documented on 1/22/2025, 1/27/2025, and 1/29/2025. The clinical record failed to evidence a verbal nor written order was received for the PT therapy provided on 1/22/2025, 1/27/2025, and 1/29/2025, prior

on 2/3/2025.

4. The closed clinical record for Patient #7 included a POC dated 12/27/2024 to 2/24/2025 for SN, HHA, and a PT evaluation visit. The record included a PT evaluation that was documented on 1/3/2025 that indicated PT frequency order once a week for one week then twice a week for three weeks, included interventions and goals, and was signed by the physician on 1/21/2025. PT visits were documented on 01/6/2026, 01/8/2025, 01/13/2025, 01/17/2025, and 01/20/2025. The clinical record failed to evidence a verbal nor written order was received for the PT therapy provided on 01/6/2026, 01/8/2025, 01/13/2025, 01/17/2025, and 01/20/2025, visits prior to the PT evaluation was signed on 01/21/2025.

During an interview on 3/17/2025 beginning at 10:00 AM, interviews were conducted with the Administrator regarding the chart review of Patients #1, 3, 5, and 7. The Administrator relayed the PT evaluations included the PT POC orders and there were no

	<p>verbal orders, nor written ordered received, for the PT therapy provided, prior to the physician signing patients PT evaluation.</p> <p>410 IAC 17-13-1(a)</p>			
<p>G0682</p>	<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 observations and interviews, the agency failed to ensure accepted standards of practice to prevent the transmission of infections and diseases were followed in 1 of 3 active clinical records reviewed with home visits (Patient 1).</p> <p>Findings include:</p> <p>During a home visit observation for Patient #1 on 3/14/2025 beginning at 12:44 PM, PT 2 used a blood pressure cuff and a thermometer from a supply bag to assess Patient. After use, PT 2 used Radiance disinfectant wipes to disinfect the blood</p>	<p>G0682</p>	<p>All agency staff were educated in an inservice (seeAttachments A and B) about the importance of following the directions of anydisinfectant used during a visit. Fieldstaff were instructed to read the directions on the disinfectant package andensure that all equipment that was disinfected is allowed the required dryingtime before it is put away or used. Thefield staff were further instructed on the appropriate drying time for thedisinfectant wipes that are currently being used.</p> <p>This correction will be completed by 4/4/2025. The Director of Nursing will be responsiblefor monitoring these corrective actions to ensure that this deficiency iscorrected and does not recur.</p>	<p>2025-04-04</p>

	<p>and then returned the items to the supply bag within 5 seconds after wiping. The direction for use [DFU] on the disinfectant wipes indicated the product required 4 minutes of dry time to disinfect surfaces. PT 2 failed to follow the DFU of 4 to sanitize the supplies before returning to their home visit bag.</p> <p>During an interview on 3/17/2025 beginning at 10:00 AM, the Administrator did not know the required dry time of sanitation wipes, staff were not trained on the dry time of wipes, and indicated education would be provided to their staff.</p> <p>410 IAC 17-12-1(m)</p>			
<p>G1022</p>	<p>Discharge and transfer summaries</p> <p>484.110(a)(6)(i-iii)</p> <p>(i) A completed discharge summary that is sent to the primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) within 5 business days of the patient's discharge; or</p> <p>(ii) A completed transfer summary that is sent within 2 business days of a planned transfer, if the patient's care will be immediately continued in a health care facility; or</p> <p>(iii) A completed transfer summary that is sent</p>	<p>G1022</p>	<p>All agency staff were educated in an inservice (see Attachments A and B) about the importance of prompt transmission of a discharge summary being sent to the supervising physician within 5 business days of the patient being discharged. The staff were also instructed to ensure that a transfer summary (see Attachment D) is sent to the supervising physician within 2 business days of the</p>	<p>2025-04-04</p>

	<p>within 2 business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a health care facility at the time when the HHA becomes aware of the transfer.</p> <p>Based on record review and interview the agency failed to ensure the contents of the clinical record included a completed transfer summary that was sent to the primary care provider within 2 business days if the patient was admitted into a health care facility in 1 of 1 active clinical record reviewed with a hospitalization in the current care period (Patient #4) and 2 out of 2 closed clinical records reviewed (Patient #6, 7).</p> <p>Findings include:</p> <p>1.The clinical record for Patient #4 included a POC dated 2/25/2025 to 4/25/2025 for SN visits once a week for nine weeks and HHA visits twice a week for 9 weeks. The clinical record included a physician order dated 3/4/2025 that indicated Patient was admitted into a hospital on 3/3/2025 due to a fall. The clinical record failed to evidence a transfer summary sent to the physician within 2 business days of the notification of the Patient's hospitalization.</p> <p>2. The closed clinical record for</p>		<p>patient's transfer. Quality Assurance staff will audit 75% of all charts and all discharge patients monthly (see Attachment C) to ensure that discharge summaries are sent within 5 business days and transfer summaries are sent within 2 business days.</p> <p>This correction will be completed by 4/4/2025. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.</p>	
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dated 1/2/2025 to 3/2/2025 for SN visits once a week for eight weeks. The clinical record included documentation that Patient was admitted into a hospital for respiratory problems dated 2/27/2025. The clinical record failed to evidence a transfer summary sent to the physician within 2 business days of the notification of the Patient's hospitalization.

3. The closed clinical record for Patient #7 included a POC dated 12/27/2024 to 2/24/2025 for SN, HHA, and PT services. The clinical record included documentation that Patient was admitted to a hospital on 2/22/2025 due to fainting and weakness. The clinical record failed to evidence a transfer summary sent to the physician within 2 business days of the notification of the Patient's hospitalization.

During an interview on 3/17/2025 beginning at 10:00 AM, the records for Patient 4, Patient 6, and Patient 7 were reviewed with the Administrator. The Administrator revealed the agency did not send transfer summaries for these patients

	<p>that were transferred for emergent care and hospitalized.</p> <p>410 IAC 17-15-1(a)(7)</p>			
<p>N0000</p>	<p>Initial Comments</p> <p>This visit was for a State Re-licensure Survey of a Home Health provider.</p> <p>Survey Dates: 3/13/2025, 3/14/2025, and 3/17/2025</p> <p>Unduplicated skilled admissions: 51</p> <p>QR: A 1 3/25/2025</p>	<p>N0000</p>	<p>Please find our corrections in the following G tags. Thank you for your consideration.</p>	
<p>N9999</p>	<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</p>	<p>N9999</p>	<p>The agency's Home Health Aide has completed 6 hours of dementia-related training from the Indiana Association for Home and Hospice Care (IAHHC). She has passed examinations for all of the training. (Please see Attachments 16-24). The agency will ensure that any newly hired Home Health Aides will receive at least 6 hours of dementia-related training from IAHHC in the first</p>	<p>2025-04-19</p>

care of individuals described in subsection (a)(2); and

(2) that has been approved by the state department under subsection (f).

(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 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,

12 months of employment, and at least 3 hours of dementia-related training each year thereafter.

This correction was completed on 4/19/2025. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.

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 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.

(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 interviews the agency failed to ensure that their home health aides completed a minimum of dementia training hours,

approved by the IDOH, who provided care to an individual diagnosed with dementia or a related cognitive disorder in 1 of 1 clinical record reviewed with a diagnosis of dementia and who received HHA services (HHA 1 with Patient #3).

Findings include:

The clinical record for Patient #3 included an initial POC dated 2/26/2025 to 4/26/2025 for SN and PT services and HHA services twice a week for one week then four times a week for 8 weeks. The POC included Patient's diagnosis of dementia. Patient HHA visits were documented by HHA 1 on 2/27/2025, 2/28/2025, 3/3/2025, 3/5/2025, 3/6/2025, and 3/7/2025.

The personnel record for HHA 1 included a start date of 5/19/2023. The file included documentation of dementia training for HHA 1 which included 2.5 contact hours dated 11/20/2023, which was not an approved training from Entity 1. The agency records failed to evidence 6 hours of approved dementia training

hours of approved dementia training annually nor within 60 days of providing care to a patient identified with a cognitive deficit.

During an interview on 3/17/2025 at 10:00 AM, the Administrator relayed there was not 6 hours of approved dementia training for HHA 1. during the first 60 days nor 3 hours of approved dementia training per year.

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

Marietta Alegre

TITLE

RN, BSN, Administrator,
Director of Nursing

(X6) DATE

4/19/2025 6:41:40 PM