

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/30/2025	
NAME OF PROVIDER OR SUPPLIER ANGELS OF MERCY HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2509 W 2ND STREET, MARION, IN, 46952		
(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 was a Post Condition Revisit for the Home Health Agency Federal Recertification and State Re-licensure survey conducted on 3/17/25</p> <p>Survey Dates: April 29, 30, 2025</p> <p>12-Month Unduplicated Skilled Admissions: 1305</p> <p>One previously cited condition was corrected. Six previously cited deficiencies were corrected. One previously cited deficiency were re-cited.</p> <p>Based on the Condition-level deficiencies during the 3/17/25 survey, Angels of Mercy Homecare was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on [date of the extended survey]. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency is precluded from operating a home health aide training, skills competency and/or competency evaluation programs for a period of two years beginning 3/17/25 and continuing through 3/16/27.</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p> <p>Abbreviations:</p>	G0000		

	<p>LPN - Licensed Practical Nurse, CM - Clinical Manager</p> <p>QR 5/2/25 A2</p>			
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, policy review, and interview, the home health agency failed to ensure all staff followed standard precautions and infection control policies and procedures for 1 of 1 home visit observations with a nurse (Patient #19).</p> <p>Findings include:</p> <p>1. The agency policy Hand Hygiene, last revised 5/01/19, indicated staff were to perform hand hygiene after contact with & non-intact skin, wound dressings & before and after removal of personal protective equipment (PPE) &.</p> <p>2. During a home visit observation with Patient #19 on 4/30/25 beginning at 3:00 PM,</p>	G0682	<p>Staff are required to perform hand hygiene prior to, at specified time points during, and following patient contact. Hand hygiene will be performed using soap and water or an alcohol –based hand sanitizer.</p> <p>Staff perform hand hygiene by handwashing with soap and water or using an alcohol-based hand sanitizer:</p> <p>a. before direct contact with patients.</p> <p>b. before performing an aseptic task (e.g., insertion of invasive devices, wound care).</p> <p>c. after contact with blood, body fluids or excretions, mucous membranes, non-intact skin, wound dressings, or contaminated surfaces</p> <p>d. if moving from a contaminated body site to a clean body site during patient</p>	2025-05-08

wounds on both of Patient's lower legs. During the wound care procedure, LPN 4 removed her gloves and failed to immediately perform hand hygiene prior to gathering more supplies on three occasions. The nurse also failed to perform hand hygiene between glove changes on one occasion.

3. During an interview on 4/30/25 beginning at 4:07 PM, LPN 4 reported hand hygiene should be performed in between glove changes.

4. During an interview on 4/30/25 beginning at 4:25 PM, CM reported hand hygiene should be performed before and after removing gloves.

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care.

e. after contact with inanimate objects (including medical equipment but excluding

the point of care device which is cleaned at the beginning and end of the patient

visit) in the immediate vicinity of the patient.

f. before and after removal of personal protective equipment (PPE).

g. at the conclusion of the visit after contact with a patient's intact skin, (e.g., when

taking vital signs, and lifting a patient

Executive Director is ultimately responsible for implementing this plan of correction.

Beginning the week of 5/11/25, the ED or Patient Care Manager will perform 2 observation visits per week for patients receiving wound care to ensure hand hygiene occurs when donning and doffing gloves.

			<p>Monitoring will continue for 12 weeks and until 100% compliant for 4 consecutive weeks.</p> <p>Monitoring results will be reported to the QualityAssessment Performance Improvement Team quarterly until goals are met.</p> <p>For instances of non-compliance, 1:1 remediation will be provided to the individual clinician.</p>	
N0000	<p>Initial Comments</p> <p>This visit was for a Revisit for the State Re-licensure Survey completed on 3/17/25.</p> <p>Survey Dates: April 29, 30, 2025</p> <p>12-Month Unduplicated Skilled Admissions: 1305</p>	N0000		

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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 Angela Schave	TITLE RN Executive Director	(X6) DATE 5/8/2025 5:56:33 PM
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