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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:  157611	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  05/08/2025	
NAME OF PROVIDER OR SUPPLIER  NORTHWEST HOME HEALTH CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE  2834 45TH STREET UNIT 5B, 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 by the Indiana Department of Health in accordance with 42 CFR §484.102</p> <p>Survey Dates 05/6/2025,05/07/2025,and 05/08/2025</p> <p>Active Census:25</p> <p>At this Emergency Preparedness survey, Northwest Home Health Care INC, was found to be in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR §484.102.</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: 05/06/2025, 05/07/2025, and 05/08/2025</p> <p>Unduplicated 12 month skilled admissions: 98</p> <p>A partially extended survey was</p>	G0000		

	<p>announced to the Administrator on 05/06/2025 at 5:00 PM.</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p>			
G0412	<p>Written notice of patient's rights</p> <p>484.50(a)(1)(i)</p> <p>(i) Written notice of the patient's rights and responsibilities under this rule, and the HHA's transfer and discharge policies as set forth in paragraph (d) of this section. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities;</p> <p>Based on record review and interview, the agency failed to ensure the written notice of Patient Rights were provided in a language the Patient/legal representative understood in 1 of 1 clinical record reviewed with Spanish as the primary language. (Patient #3)</p> <p>The findings include:</p> <p>A clinical record review for Patient #3 evidenced a comprehensive assess for the SOC dated 04/11/2025 completed by RN 4 which indicated the Patient <input type="checkbox"/>s preferred language was Spanish. The written notice of Patient Rights signed by the Patient on 04/11/2025 failed to</p>	G0412	<p>During the emergency meeting of GB on May 27, 2022 the Administrator/ Director of Nursing discussed and reviewed regarding Policy on Patient Rights.</p> <p>The clinician visited the patient on May 13<sup>th</sup>, 2025 and provided the patient and patient's spouse a written notice of Patient Rights and Responsibilities in their preferred language which is Spanish.</p> <p>To prevent this deficiency from recurring in the future the Administrator/ Director of Nursing shall ensure that the clinician shall make sure to provide a Written notice understandable to persons who have limited English proficiency and accessible to individuals with disabilities .</p> <p>The clinician admitting the patient to home health services will verbally review with the</p>	2025-05-29

be provided in Spanish.

On 05/07/2025, at 4:20 PM, RN 4 indicated the Patient and Patient's spouse spoke Spanish and the written notice of Patient Rights were not provide in Spanish.

On 05/06/2025, at 4:27 PM, the CM indicated the Patient Rights should have been provided in Spanish and would look for them. No additional documentation or information was provided prior to survey exit on 05/08/2025.

patient and representative (if any) the " Patient's Rights and Responsibilities in a language and manner understandable to the individual.

The Administrator/ Director of Nursing conducted an In-service on May 29, 2025 regarding Policy on Patient Rights.

The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025

On May 29, 2025 The Administrator/ Director of Nursing/Clinical Manager made sure that the clinician shall provide a Written notice understandable to persons who have limited English proficiency and accessible to individuals with disabilities.

( see attachments)

			<p><a href="#">G0412</a> A1 – A3: Policy on Patient Rights</p> <p>G0412 B1 -B4: Spanish Patient's Right and Responsibilities</p> <p><a href="#">G0412</a> C1 – C5: <b>GB meeting</b></p> <p>G0412 D1 -D2: <b>Inservice</b></p>	
G0536	<p>A review of all current medications</p> <p>484.55(c)(5)</p> <p>A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based on record review, and interview, the agency failed to ensure medication interaction concerns identified during a patient □s medication review were reported to the physician in 5 of 5 active clinical records reviewed (Patient #1, 2, 3, 4, 5).</p> <p>Findings include:</p> <p>A review of the clinical record for Patient #1 evidenced a</p>	G0536	<p>During the emergency meeting of GB on May 27, 2025 the Administrator/ Director of Nursing discussed and reviewed regarding Policy on Physician orders, Policy on Medication Profile, Policy on Medication Reconciliation and Medication Management.</p> <p>The Administrator/ Director of Nursing shall make sure that the clinician shall conduct a complete Drug Regimen Review including Drug-Drug Interactions and review and identify the potential clinically significant medication issues upon admission, Recertification, Resumption of care, new/ change of medication during Discharge. Northwest Home</p>	2025-05-29

comprehensive assessment dated 04/07/2025 for the recertification period of 04/09/2025 through 06/07/2025 signed by RN 3 and indicated drug interactions were present but contained no information regarding what medications or interactions were found to have issues or how the Physician was notified and the Physician's response.

During an interview on 05/07/2025 at 2:15 PM the administrator reported drug regimen reviews were done in the office after the RN submitted the medication list to them and was not completed by the RN conducting the comprehensive assessment.

An undated policy, titled, ☐ Physician Orders, indicated when a nurse or therapist received a verbal order from a physician, the clinician would write the order to include the date, specific order and be signed by the title of the person that received the order, and all physician orders would be maintained in the clinical record.

Health Care is using a software (Axxess) and The Drug Regimen Review including Drug-Drug Interactions is accessible under Medication Profile (Drug Interactions).

The Administrator/ Director of Nursing shall make sure that the clinician who received the verbal order from a physician, would write the order to include the date, specific order and be signed by the title of the person that received the order. All physician orders will be maintained in the patient's clinical record.

The Administrator/ Director of Nursing shall make sure that the clinician shall indicate the drug interactions that were present and shall contain the information regarding what medications or interactions were found that have issues.

The Administrator/ Director of Nursing shall make sure that the clinician shall review the medications with the Physician, Patient/PCG for Potential adverse effects, Drug interactions, Ineffective drug therapy, Significant side effects, Significant interactions,

An undated policy, titled, ☐Mediation Profile, indicated at the time of admission the admitting professional would check all medications to identify possible adverse effects, significant side effects and report the identified problems to the physician.

A Comprehensive Assessment for Patient #2, dated 03/18/2025, indicated drug interactions were identified, and the physician and clinical manager were notified, and the physician was already aware of medication interactions and the risk but had determined that it was the best course of treatment for the patient and had taken appropriate precautions and was monitoring the patient for potential complications. The clinical record failed to evidence documentation the physician was notified of specific drug interactions.

An Undated Medication Checker indicated 9 medication

Duplicate drug therapy and Non compliance with drug therapy. The nurse or therapist shall contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues.

The Administrator/ Director of Nursing shall make sure that the clinician shall document in the clinical record that the physician shall be notified of the specific drug/medication interactions.

To prevent the deficiency from recurring in the future the Administrator/ Director of Nursing shall ensure that the clinician shall conduct a complete Drug Regimen Review including Drug-Drug Interactions and review identify potential clinically significant medication issues upon admission, Recertification, Resumption of care, new/ change of medication during Discharge and shall ensure that agency contacted a physician (or physician-designee) by midnight of the next calendar

interactions were found between clonazepam (anti-anxiety medication) and midodrine (medication to treat low blood pressure), clonazepam and risperidone (antipsychotic medication), sertraline (antidepressant medication) and risperidone, sertraline and diclofenac (anti-inflammatory medication), risperidone and midodrine, diclofenac and fludrocortisone (steroid medication). The Medication Checker failed to indicate the physician was notified of the specific medication interactions.

A Comprehensive Assessment for Patient #4, dated 04/16/2025, indicated drug interactions were identified, and the physician and clinical manager were notified, and the physician was already aware of medication interactions and the risk but had determined that it was the best course of treatment for the patient and had taken appropriate precautions and was monitoring the patient for potential complications.

day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues .

[The Administrator/ Director of Nursing](#) conducted an In-service on May 29, 2025 regarding Policy on Medication and Policy on Medication Managements.

The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025

On May 29, 2025 The Administrator/ Director of Nursing/Clinical Manager made sure that the clinician shall conduct a complete Drug Regimen Review including Drug-Drug Interactions and reviewed identify potential clinically significant medication issues upon admission, Recertification, Resumption of care, new/ change of medication during Discharge.

An internet search of drugs.com indicated major drug interactions between buspirone (anti-anxiety medication), buspirone and tramadol (pain medication), aspirin and Eliquis (blood thinner), and buspirone and Imdur (blood vessel dilator). The clinical record failed to indicate documentation the physician was notified of specific drug interactions.

A Comprehensive Assessment for Patient #5, dated 03/24/2025, indicated drug interactions were identified, the physician and clinical manager were notified, and the physician was already aware of the medication interactions between Tradjenta (diabetic medication) and aspirin and the physician determined that that was the best course of treatment for the patient and had taken appropriate precautions and was monitoring the patient for potential complications.

An internet search of drugs.com

( see attachments)

[G0536 A1 – A2:](#) Policy on Physician orders

[G0536 B1 – B2:](#) [Policy on Medication Profile](#)

G0536 C1 – C2: Policy on Medication Reconciliation

G0536 D1 – D5: Policy on Medication Management

G0536 E1 – E 5: **GB meeting**

G0536 F1 – F 2:

**Inservice**



indicated major drug interactions between Tacrolimus (immunosuppression medication) and Venclexta (blood cancer medication). The clinical record failed to evidence documentation the physician was notified of the specific drug interactions.

During an interview on 05/08/2025, beginning at 12:15 PM, Registered Nurse [RN] 1 indicated the electronic medical record would populate medication interactions, she would notify the physician of the interactions by calling the physician's office and would document if a message was left, and if a message was left, she would document the follow up response from the physician.

10 IAC 17-14-1(a)(1)(B)

\* A clinical record review for Patient #3 evidenced a comprehensive assessment for the SOC dated 04/11/2025 and a comprehensive assessment for the resumption of care dated 04/29/2024, both completed by RN 4, which indicated a medication review was completed and issues were

	<p>identified. The comprehensive assessments indicated drug interactions were identified and failed to evidence which drugs interacted. The medication profile dated 04/11/2025 was signed by the CM, and the medication profile dated 04/29/2025 was signed by the Alternate CM. Neither medication profiles were signed by the RN conducting the comprehensive assessment at the time of the assessment.</p> <p>On 05/07/2025, at 3:19 PM, RN 4 indicated she was unaware of what the medication interactions were.</p> <p>On 05/07/2025, at 4:23 PM, the CM indicated either the CM or the Alternate CM reviewed the medications for interactions once the assessing RN submitted the comprehensive assessment.</p>			
G0548	<p>Within 48 hours of the patient's return</p> <p>484.55(d)(2)</p>	G0548	<p>During the emergency meeting of GB on May 27, 2022 the Administrator/ Director of Nursing discussed and reviewed regarding Policy on Patient Reassessment/Update of Comprehensive Assessment.</p>	2025-05-29

Within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests, or on physician or allowed practitioner - ordered resumption date;

Based on record review and interview, the agency failed to ensure the comprehensive assessment was completed within 48 hours of return home from the hospital in 1 of 1 active clinical record reviewed with a hospitalization. (Patient #3)

The findings include:

A clinical record review for Patient #3 evidenced a Physician Order dated 04/29/2025 which indicated the agency resumed home care services after the Patient returned home from the hospital. The clinical record failed to evidence a revised comprehensive assessment following the resumption of care at time of review on 05/06/2025.

On 05/06/2025, at 3:59 PM, the CM indicated the nurse had not yet completed the comprehensive assessment.

The Administrator/ Director of Nursing that the clinician shall complete the comprehensive assessment within 48 hours of patient's return home or knowledge of patient's return home from hospital admission and will have a revised Plan of care.

To prevent this deficiency from recurring in the future the Administrator/ Director of Nursing shall monitor that the clinician shall ensure to complete the comprehensive assessment within 48 hours of patient's return home or knowledge of patient's return home from hospital admission and will have a revised Plan of care following the resumption of care .

The Administrator/ Director of Nursing conducted an In-service on May 29, 2025 regarding Policy on Patient Reassessment/Update of Comprehensive Assessment.

The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective

			<p>actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025</p> <p>On May 29, 2025 The Administrator/ Director of Nursing/Clinical Manager made sure that the clinician shall complete the comprehensive assessment within 48 hours of patient's return home or knowledge of patient's return home from hospital admission and will have a revised Plan of care</p> <p>( see attachments)</p> <p>G0548 A1 – A2: Policy on Patient Reassessment/Update of Comprehensive Assessment.</p> <p>G0548 B1 – B5: <b>GB meeting</b></p> <p>G0548 C1 – C2: <b>Inservice</b></p>	
G0564	<p>Discharge or Transfer Summary Content</p> <p>484.58(b)(1)</p>	G0564	<p>During the emergency meeting of GB on May 27, 2022 the Administrator/ Director of Nursing discussed and reviewed</p>	2025-05-29

Standard: Discharge or transfer summary content.

The HHA must send all necessary medical information pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences, to the receiving facility or health care practitioner to ensure the safe and effective transition of care.

Based on record review and interview, the agency failed to ensure the discharge summary was sent to the physician within 5 business days of discharge per the agency's policy in 1 of 1 closed record review of a patient discharged due to goals met. (Patient #6)

The findings include:

An undated policy titled ☐ Discharge and Transfer indicated the agency would send a discharge summary to the primary care practitioner within 5 business days of discharge from the agency.

A clinical record review for Patient #6 evidenced a Discharge Summary which indicated the Patient discharged on 04/01/2025. The electronic health record ☐s (EHR) activity log indicated the discharge summary was not completed and signed by the CM until 04/08/2025.

regarding Policy on Discharge or Transfer Summary.

The Director of Nursing/ Administrator shall ensure that the clinician shall complete and sign the Discharge Summary. The Director of Nursing/ Administrator shall make sure to send the Discharge summary to the primary care practitioner within 5 business days of discharge from the agency.

The Director of Nursing/ Administrator must send all necessary medical information pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences, to the receiving facility or health care practitioner to ensure the safe and effective transition of care.

This deficiency will be monitored using the Northwest Home Health Care Discharge and Transfer Discharge Summary Tracking.

To prevent this deficiency from recurring in the future the Administrator/ Director of Nursing shall ensure that the clinician shall make sure to send the Discharge summary to

On 05/08/2025, at 1:25 PM, the CM indicated the Discharge Summary was not sent to the physician prior to the completion of the document on 04/08/2025, which was greater than 5 days from the date of discharge from the agency.

the primary care practitioner within 5 business days of discharge from the agency.

The Director of Nursing/ Administrator conducted an In-service on May 29, 2025 regarding Policy on Discharge and Transfer Summary.

The Administrator/ Director of Nursing conducted an In-service on May 29, 2025 regarding Policy on Discharge and Transfer Summary.

The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025

On May 29, 2025 The Administrator/ Director of Nursing/Clinical Manager made sure that the clinician will complete and sign the Discharge Summary and the Discharge summary will be sent to the primary care practitioner within 5 business days of discharge from the agency.

			<p>( see attachments)</p> <p>G0564 A1 – A3: Policy on Discharge or Transfer Summary</p> <p>G0564 B1: Discharge or Transfer Summary Tracking</p> <p>G0564 C1 – C5: GB meeting</p> <p>G0564 D1 – D2: <b>Inservice</b></p>	
G0584	<p>Verbal orders</p> <p>484.60(b)(3)(4)</p> <p>(3) Verbal orders must be accepted only by personnel authorized to do so by applicable state laws and regulations and by the HHA's internal policies.</p> <p>(4) When services are provided on the basis of a physician or allowed practitioner's verbal orders, a nurse acting in accordance with state licensure requirements, or other qualified practitioner responsible for furnishing or supervising the ordered services, in accordance with state law and the HHA's policies, must document the orders in the patient's clinical record, and sign, date, and time the orders. Verbal orders must be authenticated and dated by the physician or allowed practitioner in accordance with applicable state laws and regulations, as well as the HHA's internal policies.</p> <p><b>Based on record review and interview, the agency failed to</b></p>	G0584	<p>During the emergency meeting of GB on May 27, 2022 the Administrator/ Director of Nursing discussed and reviewed regarding Policy on Physician orders.</p> <p>The Administrator/ Director of Nursing/Clinical manager shall ensure that the clinician shall document the verbal order received from the physician and ensure that verbal orders were written ; the clinician shall sign, date, and time the orders in the patient's clinical record . Verbal orders must be authenticated and dated by the physician or allowed practitioner.</p>	2025-05-29

ensure verbal orders were written and sent to the physician for signature in 1 of 1 active clinical records reviewed with a hospitalization. (Patient #3)

The findings include:

A clinical record review for Patient #3 evidenced Home Health Discharge Orders upon discharge from Entity 2 dated 04/28/2025 which indicated home health services were to include SN, PT, and OT and included the medications to continue at home. The POC for the resumption of care for certification period 04/11/2025-06/09/2025 signed and dated by RN 4 on 04/29/2025 was not yet signed by the physician.

The Administrator/ Director of Nursing/Clinical manager shall ensure to send the Verbal orders to the physician for signature.

To prevent this deficiency from recurring in the future the Administrator/ Director of Nursing shall ensure that the clinician will document the verbal order received and to ensure verbal orders were written and will be sent to the physician for signature.

This deficiency will be monitored using the Northwest Home Health Care Orders to be sent Tracking.

The Administrator/ Director of Nursing conducted an In-service on May 29, 2025 regarding Policy on Verbal orders.

The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025

On May 29, 2025 The



	<p>On 05/07/2025, at 4:20 PM, the CM indicated she spoke to the nurse practitioner for the physician responsible for the POC to receive the resumption order for home health. The CM indicated she did not document the verbal order received and indicated the POC upon resumption dated 04/29/2025 was not sent to the physician for signature until 05/06/2025 and was not yet returned signed.</p> <p>410 IAC 17-14-1(a)(H)</p>		<p>Administrator/ Director of Nursing/Clinical Manager made sure that the clinician shall document the verbal order received and to ensure that verbal orders were written and shall ensure to send the Verbal orders to the physician for signature.</p> <p>( see attachments)</p> <p>G0584 A1 – A2: Policy <a href="#">on Physician orders</a></p> <p>G0584 B1: Physician orders Tracking</p> <p>G0584 C1 – C5: <b>GB meeting</b></p> <p>G0584 D1 – D2: <b>Inservice</b></p>	
G0590	<p>Promptly alert relevant physician of changes</p> <p>484.60(c)(1)</p> <p>The HHA must promptly alert the relevant physician(s) or allowed practitioner(s) to any changes in the patient's condition or needs that suggest that outcomes are not being achieved and/or that the plan of care should be altered.</p> <p>Based on record review and interview, the agency failed to notify the physician of a medication discrepancy in 1 of 1</p>	G0590	<p>During the emergency meeting of GB on May 27, 2022 the Administrator/ Director of Nursing discussed and reviewed regarding Policy on Medication Profile, Policy on Medication Reconciliation.</p> <p>The Administrator/ Director of Nursing shall ensure that the clinician shall complete a medication profile and shall reconcile medications for each</p>	2025-05-29

	<p>active clinical record reviewed with a hospitalization. (Patient #3)</p> <p>The findings include:</p> <p>A clinical record review for Patient #3 evidenced Home Health Discharge Orders upon discharge from Entity 2 dated 04/28/2025 which indicated the medications to continue at home included cyanocobalamin (vitamin B12) 2,000 micrograms (mcg) daily and docusate sodium (stool softener) 100 milligrams (mg) twice daily for 10 days. The POC for the resumption of care for certification period 04/11/2025-06/09/2025 signed and dated by RN 4 on 04/29/2025 failed to evidence the docusate sodium to stop after 10 days and indicated 5,000 mcg of vitamin B12 was to be taken daily. The clinical record failed to evidence the agency notified the physician of the discrepancy of the medication orders with docusate sodium and vitamin B12.</p> <p>On 05/07/2025, at 4:20 PM, RN 4 indicated she left a message for the physician but did not</p>		<p>patient and identify medication discrepancies and to ensure to notify the physician of the discrepancy of the medication orders.</p> <p>The Administrator/ Director of Nursing shall ensure that the clinician shall review the medication profile and update as needed to reflect current medications the patient is taking.</p> <p>To prevent this deficiency from recurring in the future the Administrator/ Director of Nursing shall ensure that the clinician will notify the physician of the discrepancy of the medication orders.</p> <p>The Administrator/ Director of Nursing conducted an In-service on May 29, 2025 regarding Policy on Medication.</p> <p>The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025</p> <p>On May 29, 2025 The</p>	
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	<p>hear back from the physician or physician □s representative regarding the resumption orders.</p> <p>On 05/08/2025, beginning at 4:23 PM, the CM indicated she spoke to the physician regarding the resumption orders but did not see the discrepancies with docusate sodium and vitamin B 12, so she did not notify the physician of the medication discrepancies.</p> <p>410 IAC 17-13-1(a)(2)</p>		<p>Administrator/ Director of Nursing/Clinical Manager made sure that the clinician shall notify the physician of the discrepancy of the medication orders.</p> <p>( see attachments)</p> <p><a href="#">G0590 A1 – A2: Policy on Medication Profile</a></p> <p>G0590 B1 – B2: Policy on Medication Reconciliation</p> <p>G0590 C1 – C5: <b>GB meeting</b></p> <p>G0590 D1 – D2: <b>Inservice</b></p>	
G0606	<p>Integrate all services</p> <p>484.60(d)(3)</p> <p>Integrate services, whether services are provided directly or under arrangement, to assure the identification of patient needs and factors that could affect patient safety and treatment effectiveness and the coordination of care provided by all disciplines.</p> <p>Based on record review, and interview, the agency failed to integrate services to assure the identification of patient needs that could affect patient safety and treatment effectiveness and the coordination of care provided by all disciplines in 1</p>	G0606	<p>During the emergency meeting of GB on May 27, 2022 the Administrator/ Director of Nursing discussed and reviewed regarding <a href="#">Policy on Coordination of Patient services</a>.</p> <p>The Administrator/ Director of Nursing shall ensure that the clinician shall integrate the services to assure the identification of patient needs that could affect patient safety and treatment effectiveness and the coordination of care provided by all disciplines.</p> <p>The Administrator/ Director of</p>	2025-05-29

of 1 active clinical records reviewed with a home health aide (Patient #2).

Findings include:

An undated policy titled, ☐ Coordination of Patient Services, indicated the primary nurse would be responsible for the coordination of services to assigned patients for the ongoing evaluation of the patient ☐ s needs, and efficient communication with all care providers would be maintained to ensure prompt transmission of significant information that could require action.

A Plan of Care, for certification period 03/19/2025 to 05/17/2025, for Patient #2, with a start of care date of 11/19/2024, indicated Patient received developmental disability assistance care from Entity 1, a home care provider, 5 hours per day 2 days per week. The Plan of Care indicated the agency would provide home health aide services 2 times per week.

A Professional Services Order from Entity 1, dated 08/12/2022, indicated Patient #2 was to receive home health

Nursing shall ensure that the clinician shall coordinate services to assigned patients for the ongoing evaluation of the patient, and efficient communication with all care providers will be maintained to ensure prompt transmission of significant information that could require action. The clinician shall document the coordination of care or delineation of care in the patient's clinical record needs upon admission and at least every 60 days.

To prevent this deficiency from recurring in the future the Administrator/ Director of Nursing shall ensure that the clinician will coordinate services to assigned patients for the ongoing evaluation of the patient's needs, and efficient communication with all care providers will be maintained to ensure prompt transmission of significant information that could require action. The clinician shall document the coordination of care or delineation of care.

The Administrator/ Director of Nursing conducted an In-service on May 29, 2025

	<p>aide services 5 hours per day 5 days per week from Entity 1.</p> <p>The clinical record review failed to evidence further documentation of coordination of care or delineation of care with Entity 1 after 08/12/2022.</p> <p>During an interview on 05/08/2025, beginning at 1:00 PM, the Administrator, Administrative Staff 1, indicated the last communication with Entity 1 was in 2022, and indicated Patient was discharged and readmitted to the agency after a hospitalization on 11/19/2024. The Administrator indicated she did not know what care Entity 1 provided to Patient, Patient's family member told the agency that Entity 1 did not do bathing for Patient, and the agency was to complete Patient bathing.</p> <p>During a follow up interview on 05/08/2025, beginning at 2:00 PM, the Administrator indicated she had contacted Entity 1 and Patient received services 35 hours per week from Entity 1.</p> <p>410 IAC 17-12-2(g)</p>		<p>regarding Policy on Coordination of care.</p> <p>The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025</p> <p>On May 29, 2025 The Administrator/ Director of Nursing/Clinical Manager made sure that the clinician will coordinate services to assigned patients for the ongoing evaluation of the patient's needs, and efficient communication with all care providers will be maintained to ensure prompt transmission of significant information that could require action. The clinician shall document the coordination of care or delineation of care.</p> <p>( see attachments)</p> <p>G0606 A1 – A2: Policy on Coordination of Patient services.</p> <p>G0606 B1 – B5: <b>GB meeting</b></p> <p>G0606 C1 – C2:</p>	
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			<b>Inservice</b>	
G0644	<p>Program data</p> <p>484.65(b)(1),(2),(3)</p> <p>Standard: Program data.</p> <p>(1) The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program.</p> <p>(2) The HHA must use the data collected to-</p> <p>(i) Monitor the effectiveness and safety of services and quality of care; and</p> <p>(ii) Identify opportunities for improvement.</p> <p>(3) The frequency and detail of the data collection must be approved by the HHA's governing body.</p> <p>Based on record review, and interview, the agency <input type="checkbox"/>s governing body failed to approve the frequency and detail of the data collection for the Quality Assessment and Performance Improvement Program in 1 of 1 agency.</p> <p>Findings include:</p> <p>An undated policy, titled, <input type="checkbox"/>Quality Assurance Performance Improvement Program, indicated the Quality</p>	G0644	<p>During the emergency meeting of GB on May 27, 2022 the Administrator/ Director of Nursing discussed and reviewed regarding Policy on Quality Assurance Performance Improvement.</p> <p><a href="#">The Director of Nursing/ Administrator shall ensure that the agency's governing body shall document and approve the frequency and detail of the data collection for the Quality Assessment and Performance Improvement Program.</a></p> <p>The Administrator/ Governing Body assigned the Clinical Manager/QAPI Team to collect occurrences of hospitalization, infection , fall reported by but not limited to visiting staff, PCG/representatives and other entities providing care in the home, aggregated monthly, then quarterly, data analysis of why adverse events happened, develop a plan of action to prevent recurrence and implement preventative actions. Data collected will be utilized to determine trends and areas for improvement. Develop activities focused on improvement of performance to resolve high risk</p>	2025-05-29

urance and Performance  
Improvement Program activities  
be communicated to the  
governing body.

A Governing Body Board  
Members Meeting Minutes,  
dated 06/27/2024, failed to  
include documentation of the  
governing body's approval of  
frequency and detail of the data  
collection for the Quality  
Assessment and Performance  
Improvement Program.

During an interview on  
05/08/2025, beginning at 12:30  
PM, the Administrator,  
Administrative Staff 1 indicated  
there was no documentation of  
the governing body's  
approval of the performance  
improvement program  
frequency of data collection.

410 IAC 17 17-12-2(a)

or problem prone areas, and  
ensure provision of quality  
health care by reducing  
occurrences of hospitalization,  
infection, and fall.

The Governing body approved  
the frequency and detail of the  
data collection for the Quality  
Assessment and Performance  
Improvement Program.

Hospitalization Log will be  
updated with every occurrence  
and reviewed monthly as  
approved by the Governing  
Body.

Infection Log will be updated  
with every occurrence and  
reviewed monthly as approved  
by the Governing Body.

Incident Log will be updated  
with every occurrence and  
reviewed monthly as approved  
by the Governing Body.

The Administrator/ Director of  
Nursing conducted an  
In-service on May 29, 2025  
regarding Policy on Quality  
Assurance Performance  
Improvement.

The Administrator/ Director of

Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025 .

( see attachments)

[G0644](#) A1 – A9: Policy on Quality Assurance Performance Improvement.

G0644 B1 – B115: Quality Assurance Performance Improvement-

Plan of Action for Continuous Quality Improvement and Performance Improvement Project

G0644 C1 – C5: GB meeting

G0644: D1 – D2:  
**Inservice**



<p>G0646</p>	<p>Program activities</p> <p>484.65(c)</p> <p>(1) The HHA's performance improvement activities must <input type="checkbox"/></p> <p>(i) Focus on high risk, high volume, or problem-prone areas;</p> <p>(ii) Consider incidence, prevalence, and severity of problems in those areas; and</p> <p>(iii) Lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients.</p> <p>Based on record review, and interview, the agency <input type="checkbox"/>s performance improvement activities failed to focus on high volume of hospital admissions to consider the severity of the problem that would lead to a correction of the identified problem in 1 of 1 agency.</p> <p>Findings include:</p> <p>undated policy, titled, <input type="checkbox"/>Quality Assurance Performance Improvement Program, indicated the agency would maintain an ongoing agency wide quality assessment and performance improvement program that would focus on high risk, high volume, and problem prone areas. The policy indicated the agency would take action aimed at</p>	<p>G0646</p>	<p>During the emergency meeting of GB on May 27, 2022 the Administrator/ Director of Nursing discussed and reviewed regarding Policy on Quality Assurance Performance Improvement.</p> <p>The Director of Nursing/ Administrator shall ensure that Quality Assurance Performance Improvement Program, shall indicate that the agency would maintain an ongoing agency wide quality assessment and performance improvement program that would focus on high risk, high volume, and problem prone areas.</p> <p>The Director of Nursing/ Administrator shall ensure that the agency's performance improvement activities shall focus on high volume of hospital admissions to consider the severity of the problem that would lead to a correction of the identified problem and to analyze and implement improvement activities that would lead to corrective actions, and after implementing those actions would ensure the improvements were sustained.</p> <p>The Director of Nursing/</p>	<p>2025-05-29</p>
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	<p>formance improvement and er implementing the actions the ency would measure its success l track performance to ensure t improvements were sustained. : policy indicated the formance improvement ivities would track adverse ient events, analyze their causes l trends, focus on high risk, high ume, or problem prone areas t would lead to an immediate rection of identified problems t potentially threaten the health l safety of patients, implement ventive actions and develop a n of correction to prevent nts from reoccurring.</p> <p>ensus Report, received on 05/06/2025, indicated the agency □s patient unduplicated census for the last 12 months of skilled patients was 98 with an active patient census of 25.</p> <p>ospital Admission Tracking Log, for 05/08/2024 to 05/06/2025, indicated 38 patient hospitalizations, 39% of patient census, hospital that included 8 hospital admissions for 01/01/2025 to 05/06/2025.</p> <p>uality Assessment and Performance Improvement Program review on 05/08/2025,</p>		<p>Administrator shall ensure that Northwest home health care, Inc shall implement an agency plan for the elevated hospitalization rate.</p> <p>The Agency headed by the Administrator/DON will regularly update its performance improvement projects to include specific goals and metrics related to reducing hospitalizations, and will continue to provide ongoing training to staff on this topic.</p> <p>To address increased hospitalization , the Agency will focus on preventative care, patient education, and proactive interventions. Implement strategies like medication reconciliation, follow-up appointments, and after-hospital care plans to reduce readmissions. Utilize data analytics and a culture of continuous improvement to identify areas for improvement and prioritize programs.</p> <p>Identify at-risk patients and implement proactive interventions to address their specific needs, such as individualized care plans, early</p>	
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ed to evidence the agency  
ntified hospital admission high  
ume rate to analyze and  
plement improvement activities  
t would lead to corrective  
ons, and after implementing  
se actions would ensure the  
rovements were sustained.

ing an interview on 05/08/2025,  
beginning at 12:30 PM, the  
Administrator, Administrative  
Staff 1, indicated the agency did  
not implement an agency plan  
for the elevated hospitalization  
rate.

detection of complications, and  
timely access to resources.

Review and reconcile  
medications on initiation of care  
/SOC, RECERT, ROC and before  
discharge to ensure accuracy  
and avoid potential drug  
interactions or adverse effects.

Ensure that leadership ,  
represented by the  
Administrator/DON , Governing  
Body , QAPI team and all  
agency staff involved in the care  
of patients are committed to  
supporting performance  
improvement initiatives and  
creating a culture that  
prioritizes safety and quality.

Employee Education and  
Training:

Provide healthcare workers with  
the necessary knowledge and  
skills to implement preventative  
measures and improve patient  
care.

Teamwork and Communication:

Foster a collaborative  
environment where healthcare  
professionals communicate  
effectively and work together to

			<p>provide optimal care.</p> <p>Blame-free Culture:</p> <p>Create a culture where reporting incidents is encouraged without fear of punishment</p> <p>Monitoring and Evaluation:</p> <p>The Agency will track and analyze data on hospitalizations to evaluate the effectiveness of the corrective actions. Performance improvement projects will be regularly reviewed to ensure they remain relevant and effective.</p> <p>The Administrator/ Director of Nursing conducted an In-service on May 29, 2025 regarding Policy on Quality Assurance Performance Improvement.</p> <p>The Administrator/DON, Governing Body and Quality Assurance/Performance Improvement (QAPI) committee will be responsible for overseeing the implementation of the plan of correction.</p> <p>By implementing a comprehensive plan of correction, the Agency can</p>	
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			<p>address deficiencies, improve quality of care, and ensure that performance activities are focused on areas that most impact patient care</p> <p>The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025 .</p> <p>( see attachments)</p> <p>G0646 A1 – A9: Policy on Quality Assurance Performance Improvement.</p> <p>G0644 B1 – B115: Quality Assurance Performance Improvement-</p> <p>Plan of Action for Continuous Quality Improvement</p> <p>Performance improvement Project</p> <p>G0644 C1 – C5: <b>GB meeting</b></p> <p>G0644 D1 – D2: <b>Inservice</b></p>	
G0800	Services provided by HH aide	G0800	During the emergency meeting of GB on May 27, 2022 the	2025-05-29

	<p>484.80(g)(2)</p> <p>A home health aide provides services that are:</p> <p>(i) Ordered by the physician or allowed practitioner;</p> <p>(ii) Included in the plan of care;</p> <p>(iii) Permitted to be performed under state law; and</p> <p>(iv) Consistent with the home health aide training.</p> <p>Based on record review, and interview, the agency failed to ensure the home health aide provided services that were ordered by the physician and included in the plan of care in 1 of 1 active clinical records reviewed with a home health aide (Patient #2).</p> <p>Findings include:</p> <p>An undated policy, titled, <input type="checkbox"/> Home Health Aide Services, indicated a home health aide worked under the direction of a physician and registered nurse, and the assignment would be made in accordance with a plan of care established by the patient <input type="checkbox"/> s physician.</p> <p>A Home Health Aide Plan of Care, for certification period 03/19/2025 to 05/17/2025, for Patient #2 indicated the home health aide should complete shaving Patient at every visit</p>		<p>Administrator/ Director of Nursing discussed and reviewed regarding Policy on Certified Home Health Aide Services, Home Health Aide Care Plan , Home Health Aide Assignment.</p> <p>The Director of Nursing/ Administrator shall ensure that the Home health aide shall provide services that are: Ordered by the physician or allowed practitioner; Included in the plan of care; Permitted to be performed under state law; and Consistent with the home health aide training; the Home health aide assignment shall be made in accordance with a plan of care established by the patient's physician.</p> <p>The Director of Nursing/ Administrator shall ensure that the Home health aide shall follow and complete the task assigned.</p> <p>The Director of Nursing/ Administrator shall ensure that the Home health aide shall report and shall document the reasons if the task assigned was not completed.</p> <p>The Director of Nursing/ Administrator shall ensure that the Home health aide shall</p>	
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I the home health aide should  
ort a refusal of care.

Home Health Aide Visit Notes,  
for 03/25/2025, 03/28/2025,  
04/01/2025, 04/04/2025,  
04/08/2025, 04/11/2025,  
04/15/2025, 04/18/2025,  
04/29/2025, and 05/02/2025  
indicated Patient refused to be  
shaved. The Home Health Aide  
Visit Notes failed to evidence  
documentation of Patient ☐s  
refusal to be shaved being  
reported.

Home Health Aide Visit Notes,  
for 04/11/2025 and 04/25/2025,  
indicated activities completed  
with Patient included dangling  
on the side of the bed.

The Home Health Aide Plan of  
Care, for certification period  
03/19/2025 to 05/17/2025,  
failed to evidence activity to  
dangle on the side of the bed  
was to be completed.

The Home Health Aide Plan of  
Care, for certification period  
03/19/2025 to 05/17/2025,  
indicated catheter care and  
emptying of the drainage bag  
would be completed at every  
visit.

Home Health Aide Visit Notes,

observe, report and document  
the patient's status and shall  
coordinate with the Nurse or  
Director of Nursing/Clinical  
Manger the following: Refusal  
of care; red or broken skin; no  
bowel movement greater than  
3 days; falls/injury; change in  
patient's condition; new/change  
in medication .

On May 9<sup>th</sup> The Director of  
Nursing/ Administrator made a  
supervisory visit with the Home  
health aide and updated the  
Home health Aide care Plan.

The Director of Nursing/  
Administrator shall ensure that  
the clinician shall coordinate  
with the Home health aide for  
any change in tasks or  
assignments and shall ensure  
that the Home health aide shall  
follow the updated tasks or  
assignment.

The Nurse or Director of  
Nursing/Clinical Manger shall  
ensure that the clinician will  
document it in the Coordination  
of Care form .

The Administrator/ Director of  
Nursing conducted an  
In-service on May 29, 2025  
regarding Policy on Certified  
Home Health Aide Services,

for 04/04/2025 and 04/25/2025, indicated catheter care and emptying of the drainage were not completed due to not applicable and failed to evidence documentation of the reason catheter care and emptying of the drainage bag were not completed or that the task assigned was not completed was reported.

The Home Health Aide Plan of Care, for certification period 03/19/2025 to 05/17/2025, indicated the home health aide would assist with transfer at every visit.

A Home Health Aide Visit Note, dated 04/04/2025, indicated Patient refused assist with transfer and failed to evidence documentation the refusal was reported.

A Home Health Aide Visit Note, dated 04/25/2025, indicated not applicable to assist with transfer and failed to evidence documentation of the reason transfer assistance was not provided or that the refusal was reported.

During an interview on 05/08/2025, beginning at 1:00 PM, the Administrator,

Home Health Aide Crae Plan ,Home Health Aide Assignment.

The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025

On May 29, 2025 The Administrator/ Director of Nursing/Clinical Manager made sure that the Home health aide will observe, report and document the patient's status and will coordinate with the Nurse or Director of Nursing/Clinical Manager the following: Refusal of care; shall report and will document the reasons if the task assigned was not completed; will ensure that the clinician will coordinate with the Home health aide for any change in tasks or assignments and will ensure that the Home health aide shall follow the updated tasks or assignment.

( see attachments)

[G0800](#) A1 – A3: Policy on



	<p>Administrative Staff 1, indicated if a patient refused care the home health aide should report to the nurse and the nurse should follow up with the patient. The Administrator indicated a registered nurse [RN] would instruct the home health aide on the plan of care to identify the care that would be provided to the patient by the home health aide.</p> <p>During an interview on 05/08/2025, beginning at 12:15 PM, RN 3 indicated the home health aide should report to the nurse if a patient refused care that was ordered on the aide plan of care. RN 3 indicated a nurse would follow up with a patient if the patient refused home health aide care, and if a home health aide was performing range of motion on a patient and it was not on the plan of care the nurse should update the plan of care to include range of motion if there were no contraindications for the patient.</p>		<p>Certified Home Health Aide Services</p> <p><a href="#">G0800 B1 – B2: Policy on Home Health Aide Care Plan</a></p> <p>G0800 C1 – C2: Policy on Home Health Aide Assignment</p> <p>G0800 D1 – D5: <b>GB meeting</b></p> <p>G0800 E1 – E2: <b>Inservice</b></p>	
G0818	<p>HH aide supervision elements</p> <p>484.80(h)(4)(i-vi)</p>	G0818	<p>During the emergency meeting of GB on May 27, 2022 the Administrator/ Director of Nursing discussed and reviewed</p>	2025-05-29

Home health aide supervision must ensure that aides furnish care in a safe and effective manner, including, but not limited to, the following elements:

- (i) Following the patient's plan of care for completion of tasks assigned to a home health aide by the registered nurse or other appropriate skilled professional;
- (ii) Maintaining an open communication process with the patient, representative (if any), caregivers, and family;
- (iii) Demonstrating competency with assigned tasks;
- (iv) Complying with infection prevention and control policies and procedures;
- (v) Reporting changes in the patient's condition; and
- (vi) Honoring patient rights.

Based on record review, and interview, the agency failed to ensure the home health aide supervision by a registered nurse [RN] included that the home health aide was following the patient's plan of care for completion of tasks in 1 of 1 active clinical records reviewed with a home health aide (Patient #2).

Findings include:

An undated policy, titled, ☐ Home Health Aide Supervision, indicated supervisory visits were made to patients by the RN to assure that the home health aide services are being provided in accordance with the plan of care. The policy indicated the

regarding Policy on Home Health Aide Supervision, Policy Certified Home Health Aide Services, Policy on Home Health Aide Care Plan, Policy on Home Health Aide Assignment.

The Director of Nursing/ Administrator shall ensure that a Registered nurse or other appropriate skilled professional who is familiar with the patient, the patient's plan of care and written patient care instructions must make a supervisory visit no less frequently than every 14 days to assure that the home health aide services are being provided in accordance with the plan of care. The home health aide does not have to be present during the visit.

The Director of Nursing/ Administrator shall ensure that a Registered nurse or other appropriate skilled professional would assess the home health aide's provision of services as outlined in the assignment sheet to determine if changes are required.

The Director of Nursing/ Administrator shall ensure that a Registered nurse doing the

would assess the home health aide's provision of services as lined in the assignment sheet to determine if changes are required.

2. A Home Health Aide Plan of Care, for certification period 03/19/2025 to 05/17/2025, for Patient #2 indicated the home health aide should completed shaving Patient at every visit and the home health aide should report a refusal of care.

Home Health Aide Visit Notes, for 03/25/2025, 03/28/2025, 04/01/2025, 04/04/2025, 04/08/2025, 04/11/2025, 04/15/2025, 04/18/2025, 04/29/2025, and 05/02/2025 indicated Patient refused to be shaved. The Home Health Aide Visit Notes failed to evidence documentation of Patient's refusal to be shaved being reported.

Home Health Aide Visit Notes, for 04/11/2025 and 04/25/2025, indicated activities completed with Patient included dangling on the side of the bed.

The Home Health Aide Plan of Care, for certification period 03/19/2025 to 05/17/2025, failed to evidence activity to dangle on the side of the bed

supervisory visits were completed by communication with the patient and family to see if they were satisfied with the aide's care, to ensure that the aide's plan of care was being followed.

The Director of Nursing/ Administrator shall ensure that the Supervisory Visits shall document the reasons if the task assigned to the home health aide was not completed, patient's reason for the refusal of task.

The Director of Nursing/ Administrator shall ensure that a Registered Nurse shall follow up with the patient and the aide if care was not being completed as assigned in the aide plan of care.

On May 9<sup>th</sup> The Director of Nursing/ Administrator made a supervisory visit with the Home health aide and updated the Home health Aide care Plan.

The Director of Nursing/ Administrator shall ensure that the Registered Nurse shall assess the home health aide's provision of services as outlined in the assignment sheet to determine if changes are

was to be completed.

The Home Health Aide Plan of Care, for certification period 03/19/2025 to 05/17/2025, indicated catheter care and emptying of the drainage bag would be completed at every visit.

Home Health Aide Visit Notes, for 04/04/2025 and 04/25/2025, indicated catheter care and emptying of the drainage were not completed due to not applicable and failed to evidence documentation of the reason catheter care and emptying of the drainage bag were not completed or that the task assigned was not completed was reported.

The Home Health Aide Plan of Care, for certification period 03/19/2025 to 05/17/2025, indicated the home health aide would assist with transfer at every visit.

A Home Health Aide Visit Note, dated 04/04/2025, indicated Patient refused assist with transfer and failed to evidence documentation the refusal was reported.

A Home Health Aide Visit Note,

required.

The Director of Nursing/ Administrator shall ensure that the clinician shall coordinate with the Home health aide for any change in tasks or assignments and shall ensure that the Home health aide shall follow the updated tasks or assignment.

The Administrator/ Director of Nursing conducted an In-service on May 29, 2025 regarding Policy on Certified Home Health Aide Services.

The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025

On May 29, 2025 The Administrator/ Director of Nursing/Clinical Manager made sure that the home health aide supervisory visits were completed by communication with the patient and family to see if they were satisfied with

dated 04/25/2025, indicated not applicable to assist with transfer and failed to evidence documentation of the reason transfer assistance was not provided or that the refusal was reported.

Home Health Aide Supervisory Visits Notes, dated 03/25/2025, 04/01/2025, 04/08/2025, 04/15/2025, 04/29/2025 and 05/06/2025 indicated the home health aide followed the patient's plan of care for the completion of tasks assigned. The Supervisory Visits failed to evidence documentation of Patient's refusal to be shaved, catheter care and drainage bag being emptied were not completed, and patient dangling on the side of the bed was completed when the plan of care did not include the assignment.

During an interview on 05/08/2025, beginning at 12:15 PM, RN 3 indicated completion of the home health aide supervisory visits were completed by communication with the patient and family to see if they were satisfied with the aide's care, ensure the aide's plan of care was being

the aide's care, ensure the aide's plan of care was being followed, and the Registered Nurse will follow up with the patient and the aide if care was not being completed as assigned in the aide plan of care.

( see attachments)

G0818 A1 – A2: Policy on Home Health Aide Supervision

G0818 B1 – B3: Policy Certified Home Health Aide Services

G0818 C1 – C2: Policy on Home Health Aide Care Plan

G0818 D1 – D2: Policy on Home Health Aide Assignment

G0818 E1 – E5: **GB meeting**

G0818 F1 – F2:  
**Inservice**

	<p>followed, and the RN would follow up with the patient and the aide if care was not being completed as assigned in the aide plan of care.</p> <p>410 IAC 17-14-1(n)</p>			
G1024	<p>Authentication</p> <p>484.110(b)</p> <p>Standard: Authentication.</p> <p>All entries must be legible, clear, complete, and appropriately authenticated, dated, and timed. Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and approved the entry.</p> <p>Based on record review and interview, the agency failed to ensure the timely documentation of clinical notes in 1 of 3 active clinical records reviewed with PT services. (Patient #3)</p> <p>The findings include:</p>	G1024	<p>During the emergency meeting of GB on May 27, 2022 the Administrator/ Director of Nursing discussed and reviewed regarding Policy on Electronic Documentation and Signature Authenticity and Policy on Clinical Records</p> <p>The Director of Nursing/ Administrator shall ensure that The Physical Therapist shall ensure the timely documentation of clinical notes.</p> <p>The Director of Nursing/ Administrator shall ensure that The Physical Therapist clinical notes documentation must be legible, clear, complete, and appropriately authenticated, dated, and timed. Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and</p>	2025-05-29

A clinical record review for Patient #3 evidenced Home Health Discharge Orders upon discharge from Entity 2 dated 04/28/2025 which indicated home health services were to include PT. The clinical record review on 05/06/2025 failed to evidence any PT visit notes.

On 05/06/2025, at 4:54 PM, the CM indicated PT completed an assessment on 05/01/2025 which was not yet documented.

410 IAC 17-15-1(b)

approved the entry.

The Administrator/ Director of Nursing conducted an In-service on May 29, 2025 regarding Policy on Physician orders and Policy on Electronic Documentation and Signature Authenticity.

The Administrator/ Director of Nursing will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on May 29, 2025 .

On May 29, 2025 The Administrator/ Director of Nursing/Clinical Manager made sure that The Physical Therapist shall ensure the timely documentation of clinical notes.

( see attachments)

[G1024](#) A1: Policy on Electronic Documentation and Signature Authenticity

G1024 B1 – B2: Policy on Clinical Records

			G1024 C1 – C5: <b>GB meeting</b> G1024 D1 – D2: <b>Inservice</b>	
N0000	Initial Comments  This visit was for a state relicensure survey of a Home Health Provider.  Unduplicated 12 month skilled census: 98  Survey Dates: 05/06/2025, 05/07/2025, and 05/08/2025	N0000		

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 Charo Jean Jimenez	TITLE Administrator/Director of Nursing	(X6) DATE 5/30/2025 4:20:13 PM
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