

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: 15K127	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/15/2025	
NAME OF PROVIDER OR SUPPLIER KMG HOMECARE UNLIMITED, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 307 E 38TH STREET, ANDERSON, IN, 46013		
(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 42 CFR 484.102.</p> <p>Survey Dates: May 13, 14, and 15, 2025</p> <p>Active Census: 91</p> <p>At this Emergency Preparedness survey, KMG Homecare Unlimited was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 42 CFR 484.102.</p>	E0000		
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal</p>	G0000		

	<p>Recertification survey of a Home Health Provider.</p> <p>Survey Dates: May 13, 14, and 15, 2025</p> <p>12-Month Unduplicated Skilled Admissions: 0</p> <p>Abbreviations:</p> <p>HHA Home Health Aide</p> <p>CM Clinical Manager</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, record review, and interview, the home health agency failed to ensure staff followed infection control policies and procedures related to hand hygiene for 2 of 3 home visit observations (HHA 1, HHA 3).</p> <p>Findings include:</p> <p>1. Review of the hand hygiene policy, undated, included but</p>	G0682	<p>On 5/19/25, all direct care staff were reeducated on the KMG Infection Control Policy, with a special emphasis on the Handwashing Policy and Procedure, including when and how to correctly change gloves and wash hands with soap and water or hand sanitizer. All direct care staff were tested and checked off on handwashing with both soap and water and with hand sanitizer by the end of 5/20/25.</p> <p>On 5/20/25, the Director of Clinical Services reeducated all RN Case Managers on semi-annual supervisory visits of home health aides and what to look for in regards to infection control.</p> <p>By 5/29/25, the Director of Clinical Services and/or the Administrator will observe the RN Case Managers complete a minimum of 10 observed supervisory visits, ensuring the direct care staff are correctly utilizing their gloves and handwashing techniques and to ensure the RN Case Managers are properly observing all care provided. Continuing Education: KMG will continue to educate, test, and check-off the home health aides at least annually on</p>	2025-05-29

not limited to & Hand Hygiene should be performed & After contact with the patient or objects in the immediate vicinity of the patient & moving from a contaminated body site to a clean body site during patient care & After removal of personal protective equipment & Hand Hygiene refers to both handwashing with either plain or antiseptic containing soap and water, and use of alcohol-based products that do not require the use of water &

2. Review of the Hand Washing policy, undated, included but not limited to & Non-Surgical Hand Hygiene Technique & Alcohol-based hand rub & Apply product to palm of one hand & Rub hands together, covering all surfaces of hands and fingers & Continue to rub together until hands are dry & the use of gloves does not eliminate the need for hand hygiene &

3. During a home visit observation on 05/14/2025 at 7:59 AM, HHA 1 performed personal care for Patient #3. HHA 1 cleaned Patient #3 s perinanal area with wipes due to stool. HHA 1 doffed gloves

Infection Control (including handwashing). KMG will complete at least semi-annual supervisory visits on all home health aides to ensure the aides are complying with the KMG Infection Control Policy.

and rubbed hands together with alcohol-based hand sanitizer for two seconds then dried his hands with a paper towel before donning new gloves. HHA 1 finished cleaning the Patient s perianal area and doffed his gloves. He then rubbed his hands together with alcohol-based hand sanitizer for three seconds then dried his hands with a paper towel before donning new gloves. After HHA 1 transferred Patient #3 to the wheeled shower chair and strapped the Patient in, HHA 1 doffed his gloves, rubbed his hands together with alcohol-based hand sanitizer for two seconds, dried his hands with a paper towel, and donned new gloves. HHA 1 wheeled Patient #3 into the shower. HHA 1 doffed his gloves, rubbed his hands together with alcohol-based hand sanitizer for three seconds, and then dried his hands with a paper towel before donning new gloves four times during Patient #3 s shower. HHA 1 failed to rub his hands together with the alcohol-based hand sanitizer until they were dry.

During an interview on

indicated he doesn't normally use paper towel to dry his hands after using alcohol-based hand sanitizer if his hands felt dry, but he would use a paper towel if his hands were not dry after using the alcohol-based hand sanitizer so he could get his gloves on.

During an interview on 05/15/2025 at 12:16 PM, the CM indicated the procedure for using alcohol-based hand sanitizer was to put on the sanitizer and rub the hands together including between fingers and all surfaces of the hand at least until dry. The CM further indicated staff should only use a paper towel to dry their hands after the use of alcohol-based hand sanitizer if their hands were profusely sweaty so they could get their gloves on.

4. During a home visit observation on 05/14/2025 at 4:00 PM, HHA 3 performed personal care for Patient #4. After shampooing and applying conditioner to Patient #4's hair, HHA 3 doffed her gloves and then donned new gloves without first performing hand

a washcloth to wash their face and again changed her gloves without hand hygiene after glove removal. HHA 3 reminded Patient #4 to clean their private area and instructed the Patient to put the washcloth in the hamper next to the shower. HHA 3 then doffed her gloves, dried her hands with a paper towel, and donned new gloves without performing hand hygiene after glove removal. HHA 3 assisted Patient #4 with towel drying. HHA 3 doffed her gloves, dried her hands with a paper towel, and donned new gloves without performing hand hygiene after glove removal.

During an interview on 05/14/2025 at 4:34 PM, HHA indicated hand hygiene should be performed between glove changes.

During an interview on 05/15/2025 at 12:18 PM, the CM indicated the agency's procedure for glove changes included take gloves off, wash or sanitize hands, and put on new gloves.

410 IAC 17-12-1(m)

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N0000	Initial Comments	N0000	
	<p>This visit was for a State Re-Licensure survey of a Home Health Provider.</p> <p>Survey Dates: May 13, 14, and 15, 2025</p> <p>12-Month Unduplicated Skilled Admissions:</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p>		

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 Julie Allman	TITLE Administrator	(X6) DATE 5/22/2025 10:17:11 AM
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