

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K015	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  05/23/2025
NAME OF PROVIDER OR SUPPLIER  FAITHFUL FRIENDS HOME HEALTHCARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE  203 S WASHINGTON 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
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: May 20, 21, 22, and 23, 2025</p> <p>Active Census: 64</p> <p>At this Emergency Preparedness survey, Faithful Friends Home Healthcare was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102</p>	E0000		
G0000	INITIAL COMMENTS	G0000		

<p>This visit was for a Federal Recertification and State Re-Licensure survey of a Home Health Provider.</p> <p>Survey Dates: May 20, 21, 22, and 23, 2025</p> <p>12-Month Unduplicated Skilled Admissions: 9</p> <p>Survey Partially Extended on 5/21/2025 at 2:10 PM</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><u>Abbreviations</u></p> <p>RN-Registered Nurse</p> <p>HHA-Home Health Aide</p> <p>POC-Plan of Care</p> <p>OASIS-Outcome and Assessment Information Set</p> <p>QR 5/30/25 A2</p>				
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G0372	<p>Encoding and transmitting OASIS</p> <p>484.45(a)</p> <p>Standard: An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary.</p> <p>Based on record review and interview, the home health agency failed to ensure OASIS transmissions were submitted on time for 1 of 1 agency.</p> <p>Findings include:</p> <p>A review of the agency OASIS data transmission policy indicated the completed OASIS assessment would be transmitted within 30 days of the completion of the OASIS.</p> <p>The OASIS Error Summary by Agency Report evidenced a 6.27% late submission rate for the period 1/01/24- 12/31/24.</p> <p>The OASIS Error Detail Report evidenced 8 late submissions for the period 1/01/24- 12/31/24 as follows:</p> <p>Patient #5 had an OASIS assessment completed on 11/7/24. This assessment was transmitted on 12/17/2024, 10</p>	G0372	<p>To correct the deficiency the agency reviewed all charts for any late oasis submissions and have taken steps to immediately transmit any outstanding assessments.</p> <p>To ensure the deficiency does not occur again the clinical nurse responsible for oasis submission will conduct weekly audits to verify that all oasis assessments are transmitted within the required timeframe. This audit will continue ongoing.</p> <p>The Clinical Director will inservice all clinical management on the CMS oasis submission requirements, including the 30-day deadline. An oasis tracking log has been created to monitor completion and submission dates to ensure they are submitted on time. All oasis assessments will be logged and reviewed weekly by the Clinical Director.</p> <p>All oasis have been reviewed and submitted as of 6/2/2025. All clinical management will be inserviced by 6/22/2025. All auditing will begin by 6/16/2025.</p>	2025-06-22
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days late.	Patient #9 had an OASIS assessment completed on 11/12/2024. This assessment was transmitted on 12/17/24, 4 days late.  Patient #10 had an OASIS assessment completed on 4/15/24. This assessment was transmitted on 5/16/24, 1 day late.  Patient #11 had an OASIS assessment completed on 11/15/24. This assessment was transmitted on 12/15/24, 2 days late.  Patient #12 had an OASIS assessment completed on 4/11/24. This assessment was transmitted on 5/16/24, 5 days late.  Patient #13 had an OASIS assessment completed on 6/27/24. This assessment was transmitted on 8/12/24, 16 days late.  Patient #14 had an OASIS assessment completed on 11/8/24. This assessment was transmitted on 12/17/24, 9 days late.			
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	4. During an interview on 5/21/24 at 11:40 AM, the Clinical Supervisor indicated the agency implemented a new electronic medical record on 11/24/24 which resulted in several issues with OASIS submissions. The Clinical Supervisor indicated the errors were fixed now.			
G0436	<p>Receive all services in plan of care</p> <p>484.50(c)(5)</p> <p>Receive all services outlined in the plan of care.</p> <p>Based on observation, record review and interview, the agency failed to provide the physician-ordered services per the POC for 2 of 3 active patients who received HHA, attendant care, and homemaker services (Patients #2 and 3).</p> <p>Findings include:</p> <p>1. A review of the agency policy on clinical documentation indicated Services not provided and missed visits will be documented and reported to the physician.</p> <p>2. A review of the clinical record</p>	G0436	<p>To correct the deficiency the Clinical Director and Case Managers conducted a full review of all clients to identify where ordered services were not completed. The agency realizes that all previous documentation cannot be changed, however as of 6/2/2025 all missed visits will be rescheduled per client request or preference or addressed appropriately in client chart.</p> <p>To ensure the deficiency does not occur again the agency will inservice all staff on the importance of following the plan of care to ensure clients needs are met as well as timely documentation of missed visits and the reason and how clients needs will be met. All staff will be re-educated to contact client's case manager and the scheduler when a visit is canceled or missed.</p> <p>The Clinical Director or Assistant Administrator will audit 3 charts a week X 4 weeks, then 3 charts a week monthly until 100% compliance is met to ensure all services are delivered according to the plan of care and that missed visits are addressed and documented appropriately.</p> <p>All inservicing will be completed by 6/22/2025. All auditing will begin by 6/16/2025.</p>	2025-06-22

	<p>for Patient #2 evidenced an order for 60 hours of homemaker services (including household tasks such as cleaning, doing laundry, meal preparation, and shopping), which could be provided when needed. A review of Patient #2's schedule from 4/6/25-5/21/25 indicated they received homemaker services on 4/8, 4/15, 4/20, 4/22, and 5/20/25.</p> <p>A home visit observation occurred on 5/21/25 at 8 AM with Patient #2. The home was cluttered, had empty glasses and water bottles on an end table, cat vomit, and dirty laundry on the floor.</p> <p>During an interview on 5/23/25 starting at 2:45 PM, the Clinical Supervisor indicated the patient did have 60 hours of homemaker services available. They indicated they took notice of the condition of Patient #2's home and that homemaker services should be restarted.</p> <p>4. A review of Patient #3's medical record evidenced a POC for certification period 5/6/25-7/4/25. The POC evidenced an order for 2 HHA</p>			
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	<p>A review of Patient #3's schedule from 5/6/25- 5/20/25 indicated there were missed HHA visits on 5/6, 5/7 (2 visits), 5/8, and 5/11/25. There was no explanation for the missed visits. The schedule also identified a missed nursing visit on 5/16/25.</p> <p>During an interview on 5/22/25 beginning at 4:10 PM, the Clinical Supervisor indicated Patient #3 was initially resistant to the aide visits and canceled the appointments. The Clinical Supervisor indicated Patient #3's daughter checked her blood sugar and administered the patient's insulin when there was no nurse the morning of 5/16/25. The Clinical Supervisor indicated there should have been documentation in the chart of the reasons for the missed visits.</p>			
G0574	<p>Plan of care must include the following 484.60(a)(2)(i-xvi)</p> <p>The individualized plan of care must include the following:</p> <p>(i) All pertinent diagnoses;</p>	G0574	<p>To correct the deficiency the Clinical Director and Case Managers will review all client care plans.</p> <p>All affected client care plans will be reviewed and updated to ensure they are individualized and align with each client's specific needs, preferences, and goals by 6/22/2025.</p> <p>To ensure the deficiency does not occur again</p>	2025-06-22

<ul style="list-style-type: none"> <li>(ii) The patient's mental, psychosocial, and cognitive status;</li> <li>(iii) The types of services, supplies, and equipment required;</li> <li>(iv) The frequency and duration of visits to be made;</li> <li>(v) Prognosis;</li> <li>(vi) Rehabilitation potential;</li> <li>(vii) Functional limitations;</li> <li>(viii) Activities permitted;</li> <li>(ix) Nutritional requirements;</li> <li>(x) All medications and treatments;</li> <li>(xi) Safety measures to protect against injury;</li> <li>(xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors.</li> <li>(xiii) Patient and caregiver education and training to facilitate timely discharge;</li> <li>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</li> <li>(xv) Information related to any advanced directives; and</li> <li>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.</li> </ul> <p>Based on record review and interview, the agency failed to ensure the POC included patient- specific and measurable goals for 6 of 6 active patients (Patients #1, 2, 3, 4, 5, and 6).</p> <p>Findings include:</p> <p>1.A review of an undated agency policy on the plan of</p>		<p>the Clinical Director will in service all Case Managers on developing and implementing individualized care plans.</p> <p>The Clinical Director will audit 3 client care plans a week to ensure compliance with individualized goal-setting and alignment with each client's specific needs until 100% compliance is met.</p> <p>All inservicing will be completed by 6/22/2025. All auditing will begin by 6/22/2025.</p>		
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	<p>required to be individualized.</p> <p>2. A review of the clinical record for Patient #1 evidenced an Aide care plan for certification period 4/16/25 46/14/25. The plan evidenced a goal of Patient s personal care needs will be met. The goal failed to include a measurable outcome and was not individualized.</p> <p>3. A review of the clinical record for Patient #2 evidenced a POC for certification period 4/6/25-6/4/25. The POC evidenced goals which included, but were not limited to, Patient s personal care needs will be met &amp; Maintain clean, safe environment &amp; Patient/ caregiver will demonstrate necessary behaviors to maintain good safety awareness and minimize the risk of falls and/or injury. The goals failed to include a measurable outcome and were not individualized.</p> <p>4. A review of the clinical record for Patient #3 evidenced a POC for certification period 5/6/25-7/4/25. The POC evidenced goals of Patient s personal care needs will be met and Patient/caregiver will</p>			
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	<p>demonstrate medication compliance with use of pill reminder. The goals failed to include a measurable outcome and were not individualized.</p> <p>5. A review of the clinical record for Patient #4 evidenced a POC for the certification period 4/22/25 -6/20/25. The POC evidenced goals which included, but were not limited to, Promote safe personal care and hygiene and Client will have ADL/IADL [activities of daily living/ instrumental activities of daily living] needs met each visit. The goals failed to include a measurable outcome and were not individualized.</p> <p>6. A review of the clinical record for Patient #5 evidenced a POC for the certification period 5/8/25-7/6/25. The POC evidenced a goal which included, but was not limited to, Skin integrity will be maintained and problems managed as disease process will allow. The goal failed to include a measurable outcome and was not individualized.</p> <p>7. A review of the clinical record for Patient #6 evidenced</p>			
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	<p>a POC for the certification period 5/6/25-7/4/25. The POC included a goal of Patient/caregiver understand signs/symptoms of complications related to diabetes and when to report.</p> <p>8. During an interview on 5/22/25 beginning at 9:30 AM, the Clinical Supervisor indicated the RN would measure the patient goals when they saw the patient for the 60-day review. The Clinical Supervisor indicated the RN would ask the patient if their showers were OK. This would indicate if personal care needs were being met. The Clinical Supervisor indicated the assessment at the 60-day review would measure if the medical goals were met.</p> <p>Patients #1-6 POC goals were reviewed, and the Clinical Supervisor indicated the POCs needed to be more specific in what they were looking for and needed to be specific to each patient.</p> <p>410 IAC 17-13- 1(a)C(xiii)</p>			
G0808	Onsite supervisory visit every 14 days  484.80(h)(1)(i)	G0808	To correct the deficiency the Clinical Director reviewed all current aide assignments to identify any missed or overdue supervisory visits. The agency realizes that any missed Supervisory Visits cannot be changed but any	2025-06-22

	<p>(1)(i) If home health aide services are provided to a patient who is receiving skilled nursing, physical or occupational therapy, or speech language pathology services</p> <p>(A) A registered nurse or other appropriate skilled professional who is familiar with the patient, the patient's plan of care, and the written patient care instructions described in paragraph (g) of this section, must complete a supervisory assessment of the aide services being provided no less frequently than every 14 days; and</p> <p>(B) The home health aide does not need to be present during the supervisory assessment described in paragraph (h)(1)(i)(A) of this section.</p> <p><b>Based on record review and interview, the agency failed to ensure supervisory visits for HHAs occurred every 14 days for 1 of 4 active patients who received HHA services (Patient #2).</b></p> <p>Findings include:</p>		<p>outstanding supervisory visit will be scheduled and completed by 6/22/2025.</p> <p>To ensure the deficiency does not occur again the Clinical Director will inservice all Case Managers/RN's on the requirement by CMS for aide supervisory visits.</p> <p>The Clinical Director will conduct weekly audits of client charts to ensure aide supervisory visits are completed and documented per regulations. Audit will be ongoing to ensure compliance.</p> <p>All inservicing will be completed by 6/22/2025. All auditing will begin 6/22/2025.</p>	
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<p>A review of an undated agency policy, Home Health Aide Supervision, indicated the RN would make supervisory visits at the patients home at least every 14 days for patients who received skilled nursing services and HHA services. Additionally, the policy indicated the purpose of the supervisory visit was &amp; to assess relationships and determine whether goals are being met.</p> <p>On 5/22/25 at 9:30 AM, the Clinical Supervisor provided a list of supervisory visits for Patient #2. Upon review, HHA 2 received supervisory visits for Patient #2. HHAs 3, 4, 5, and 6 did not have supervisory visits.</p> <p>A review of the clinical record for Patient #2 evidenced a POC for certification period 4/6/25 6/4/25, which included skilled nurse and HHA services.</p> <p>Review of HHA notes indicated HHA 3 provided services to Patient #2 on 4/6, 4/7, 4/13, 4/14, 4/21, 4/22, 4/25, 4/28, 5/3, 5/5, 5/9, 5/12, 5/19, and 5/22/25.</p> <p>A 4 provided services to Patient #2 on 5/18/25.</p>				
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	<p>A 5 provided services to Patient #2 on 4/8, 4/22, 4/29, and 5/20/25.</p> <p>A 6 provided services to Patient #2 on 4/12, 4/17, 4/18, 4/19, 5/3, 5/6, 5/10, 5/16, and 5/17/25.</p> <p>Review of skilled nurse visits indicated RN 5 provided services to Patient #2 on 4/15, 4/29, 5/3, 5/16, 5/17, and 5/23/25. The notes failed to include a supervisory visit evaluation for HHA 3, 4, 5, or 6.</p> <p>Review of skilled nurse visits indicated RN 6 provided services to Patient #2 on 4/16, 4/19, 4/22, 4/23, 4/24, 4/27, 4/28, 4/29, 4/30, 5/1, 5/5, 5/6, 5/7, 5/8, 5/13, 5/14, 5/16, 5/17, 5/18, and 5/20/25. The notes failed to include a supervisory visit evaluation for HHA 3, 4, 5, or 6.</p> <p>During an interview on 5/21/25 at 1:29 PM, RN 4 indicated they were responsible for the supervisory visits for HHAs who provided services to Patient #2 and no other RN completed the supervisory visits. RN 4 indicated supervisory visits were required every 14 days. RN 4</p>			
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	<p>nary aide they did supervisory visits for them. RN 4 indicated they did not think they did supervisory visits for HHA 3, 4, 5, or 6. RN 4 indicated supervisory visits were required for any HHA who provided services to Patient #2, even if it was one visit.</p> <p>During an interview on 5/22/25 at 11:25 AM, the Clinical Supervisor indicated HHA 2 received the required supervisory visits and HHAs 3, 4, 5, and 6 had no supervisory visits.</p>			
N0000	<p>Initial Comments</p> <p>This visit was for a State Re-Licensure survey of a Home Health Provider.</p> <p>Survey Dates: May 20, 21, 22, and 23, 2025</p> <p>12-Month Unduplicated Skilled Admissions: 9</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p>	N0000		

Abbreviations

RN-Registered Nurse

HHA-Home Health Aide

POC-Plan of Care

OASIS-Outcome and  
Assessment Information Set

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

Erica McCain

TITLE

Clinical Director

(X6) DATE

6/11/2025 10:40:31 AM