

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2021  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15K165		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/02/2021	
NAME OF PROVIDER OR SUPPLIER  VISITING ANGELS HOME HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 3197 S US HWY 231 GREENCASTLE, IN 46135			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
G 0000  Bldg. 00	<p>This 2nd visit was for a Federal Post Condition revisit and a follow-up to a State Relicensure survey of a Medicaid Home Health Provider that was originally conducted on 11/07/2020. The 1st Federal Post Condition revisit was conducted on 5/18/2021, which resulted in the Conditions of Participation being recited.</p> <p>Survey Dates: 7/28/2021 thru 8/2/2021</p> <p>Facility #: 014225</p> <p>CCN: 15K165</p> <p>Medicaid#: 300012386</p> <p>During this survey, 3 Condition level deficiencies were corrected; 0 Condition level deficiencies were recited; 20 standard level deficiencies were corrected; 4 standard level deficiencies were recited.</p> <p>Based on the Condition-level deficiencies during the November 17, 2020 survey, your HHA was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on November 10, 2020. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency continues to be precluded from operating or being the site of a home health aide training, skills competency and/or competency evaluation programs for a period of two years beginning November 17, 2020 and continuing through November 16, 2022.</p> <p>The deficiencies cited in this survey are reflected</p>			G 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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.

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G 0536  Bldg. 00	<p>in findings cited pursuant to 410 IAC 17.</p> <p>Quality Review Completed on 8/13/21 by Area 3</p> <p>484.55(c)(5) A review of all current medications 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. Based on record review and interview, the agency failed to ensure a complete drug regimen review was completed on all patients, failed to ensure the correct name, dose/strength, frequency, route, time, any significant side effects and/or interactions, any duplicate drug therapy, and failed to ensure that PRN (as needed) medications contained indications of use in 3 of 6 active records reviewed. (Patients #4, 5, 6)</p> <p>Findings include:</p> <p>1. Review of an undated agency policy titled, "MEDICATION PROFILE" C-700 stated, "POLICY The Nurse ... will complete a medication profile for each client at the time of admission; The medication profile shall include all prescriptions and nonprescription drugs .... The profile will be reviewed and updated as needed to reflect current medication the client is taking. PURPOSE To provide a complete list of ALL medications and an evaluation of the client's knowledge of these medications. To provide documentation of the comprehensive assessment of all medications and identify discrepancies between client profile and</p>			G 0536	<p><b>G536</b></p> <p><b>1. Actions the Agency took to correct the deficiency:</b> The Director of Clinical Service/designee will audit 100% of all medication profiles for dose/strength, frequency, route, time, side effects, interactions, duplicate drug therapy, and PRN indications. Any identified gaps or errors in documentation will be returned to the RN Case Managers for re-assessment, completion of appropriate documentation, and appropriate notification of the MD as warranted.</p> <p><b>2. Agency steps to ensure that the deficient practice does not recur:</b> The Director of Clinical Services/designee has retrained the RN Case Managers r/t completing all components of the</p>		09/01/2021

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	<p>the physician and/or agency profile. To identify possible ineffective drug therapy, adverse reactions, significant side effects, drug allergies, and contraindicated medication. To provide documentation of changes ... identify the effect of medications ... SPECIAL INSTRUCTIONS 1. At the time of admission, the admission professional shall check all medications .... The clinician shall promptly report any identified problems to the physician. 2. The Nurse/Therapist shall record on the Medication Profile all prescribed and over the counter (OTC) medications the client is currently taking. 3. The Medication Profile shall document:</p> <p>a. Allergies. b. Date medication ordered or care initiated c. Medication name (full name with no abbreviations). d. Medication dosage (using only accepted abbreviations). e. Route and frequency of administration. f. Contraindications or special precautions. g. Medication actions and side effect. h. Discontinuation date. i. Appropriate storage directions. j. Drug or food-drug interactions. ... 5. If the physician changes the medication orders, the Nurse must add newly ordered drugs or medication changes to the Medication Profile... 8. The Nurse/Therapist shall review all medications with the client and/or caregiver .... 9. The Nurse shall review all medication effectiveness and interactions to ensure appropriateness and effectiveness and interactions to ensure appropriateness and identify potential complications. 10. The Medication Profile shall be reviewed by a Registered Nurse every sixty (60) days and updated whenever there is a change or discontinuation in medication. 11...A copy shall be ... placed in the client's home chart when extended hours ... are being provided."</p> <p>2. A review of an undated agency policy titled, "MEDICATION SET UP POLICY" C-701 stated,</p>				<p>drug regimen review ensuring the RN lists the correct drug name, dose/strength, frequency, route, time, any significant side effects and/or interactions, any duplicate drug therapy, and that PRN medications include documentation of their indications for use.</p> <p>Any identified concerns are to be reported to the patient's physician and there is to be documentation of this notification in the clinical record.</p> <p><b>3. Responsibility:</b> The Director of Clinical Services/designee will be responsible for compliance with G536.</p> <p><b>4. Date of compliance:</b> 9/1/21</p>		

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	<p>"...SPECIAL INSTRUCTIONS 1. A medication administration record (MAR) or other medication documentation method should be used to set up medication. 2. The 485/plan of care is the nurse's which point it becomes the written order. It is the nurse's responsibility to ensure that it is accurate and without errors. 3. The medication list is current and updated ... as changes occur. The medications are reviewed at each visit ... 4. The nurse should then compare the medication labels to the 485, checklist, and/or MAR before ... filling the med-planner. 5. The nurse ensures that he/she is filling the med-planner correctly</p> <p>3. A review of an undated agency policy titled, "MEDICATION MANAGEMENT" C-705 stated " POLICY The agency has a medication management system that supports client safety and improves quality of care treatment and services by reducing practice variation, errors and misuse of medications...MEDICATION ORDERS...a. The full name of the drug...b. Dose and time drug is to be given and any time limitations...c. Indication for the drug...e. Parameters for using PRN medications including amount and frequency..."</p> <p>4. The clinical record of patient #5 was reviewed on 7/29/21 and indicated a start of care date of 6/3/21. The record contained a document titled, "Medication Profile" which indicated the following: " Alendronate Sodium 70 mg (milligrams) QAM (Every Morning), Desmopressin 0.1 mg 11/2 tb(tablet) QD (Every day), Rosuvastatin 5 mg QHS (Every Bedtime), Amlodipine 5 mg QD, Jantoven 5 mg 2 tabs (tablets) Mon (Monday)/Fri (Friday), Warfarin 6 mg S (Sunday)/Tu (Tuesday)/W (Wednesday)/Th (Thursday)/Sa (Saturday), Metoprolol 25 mg BID (Twice Daily), Valsartan 80 mg 1/2 tab QHS,</p>						

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	<p>Testosterone 1 ml (milliliter) Q (Every)15 days, Vit (Vitamin) D3 2000 u (units), B12 1,000 mcg (micrograms), Calcium, Mag (Magnesium), Zinc TID (Three Times Daily), and Fish Oil TID. The medication list failed to evidence routes for all medications listed, failed to have correct dose with Vitamin D3 should be international units not units, the med profile failed to list a dose for Fish Oil and Calcium, Mag, Zinc supplement for these medications.</p> <p>During an interview on 7/30/21 at 8:45 AM when queried the RN (Registered Nurse) case manager who is cares for patient #5 for an interview, the administrator stated she is on vacation.</p> <p>During an interview on 7/30/21 at 8:46 AM when queried about patient #5 medication profile with no dosages and how medication were written, the clinical manager stated, " I understand. I need to correct the medication profile and it needs to match the plan of care. I will notify the doctor's office."</p> <p>5. The clinical record of patient #6 was reviewed on 7/28/21 and indicated a start of care date of 8/13/20. The record contained a plan of care for the initial certification period of 6/9/21 to 8/7/21 which indicated, " Section 10. Medications: Dose/ Frequency/ Route..Sertraline 100 mg on by by mouth every morning, Omeprazole 40 mg by mouth as needed, Vitamin D3 2000u by mouth daily, Multivitamin by mouth everyday, Ibuprofen 200 mg by mouth as needed, Oxybutin 5 mg by mouth two times a day, Melatonin 5 mg one tablet by mouth every evening, Colace 100 mg one tablet by mouth every evening..."</p> <p>The record contained an agency document titled, "Medication Profile" dated 6/8/21 which indicated</p>						

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	<p>the following: "Sertline 100 mg po (by mouth) QD depression, Ducosate 100 mg po QD bowel, Omeprazole 40 mg po QD GERD (Gastric Esophageal Reflux Disease), Oxybutin 5 mg po BID bladder, date disc. (Discontinued) 7/22/21 Vit D3 2000 u po QD supp (supplement), date disc. 7/22/21 MVI (Multivitamin) 1 tab po QD supp, date disc. 7/22/21 Melatonin 5 mg po GHS sleep, Ibuprofen 200 mg po Q 6 hours prn pain." The medication profile failed to match the plan of care medication list, failed to have as needed indication for Omeprazole 40 mg po QD on medication profile and Omeprazole 40 mg by mouth as needed on plan of care. The medication profile failed to have Vit D3 correct dose on medication profile listed as 2000 u not 2000 iu.</p> <p>When queried about the nurse for patient #6 for an interview the administrator stated, " The nurse is on vacation this week."</p> <p>These finding were reviewed with the Administrator, Clinical Manager, and Alternate Clinical Manager on 8/2/21 at 11:30 AM to 12:00 PM, they had no further information or documentation to provide at that time.</p> <p>6. The clinical record of patient #4, SOC (start of care) date 04/27/2021, was reviewed and contained a plan of care for the recertification period of 06/26/2021 to 08/24/2021, with medication orders of Jevity 1.0 Cal 8 oz (ounces) per gtube daily, Potassium chloride 20 meq (milliequivalents per liter)/15ml (milliliter) qd (every day), and Clobazam 2.5 mg (milligram)/ml give 2.5 ml per gtube 2 times a day.</p> <p>A review of Clinical Note written and signed by Employee A on 06/23/2021, stating patient #4 is to receive Jevity 1.0 8 oz bolus 3 times a day.</p>						

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G 0574  Bldg. 00	<p>A review of the Medication profile revealed Jevity 1.0 Cal 8 oz bolus 1 can per day per gtube for nutrition, Potassium Chloride 20 meq/15ml 15 ml daily as supplement, and Clobazam 2.5 mg/ml for seizures</p> <p>During an interview on 07/30/2021 at approximately 10:00 AM, when queried about the Jevity bolus, potassium chloride route, and Clobazam dosage and route, employee A, stated I guess I need to change that.</p> <p>484.60(a)(2)(i-xvi) Plan of care must include the following The individualized plan of care must include the following: (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (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. (xiii) Patient and caregiver education and training to facilitate timely discharge; (xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</p>						

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	<p>(xv) Information related to any advanced directives; and</p> <p>(xvi) Any additional items the HHA or physician may choose to include.</p> <p>Based on observation, record review and interview, the agency failed to ensure the individualized plan of care included all pertinent diagnoses and their onset date, all supplies and equipment, specific frequency and duration of visits, nutritional requirements, all accurate medications, and allergies for 3 of 6 active records reviewed. (Patients #4, 5, 6)</p> <p>Findings Include:</p> <p>1. Review of an undated policy titled "PLAN OF CARE" C-580 stated, "POLICY Home care services are furnished under the supervision and direction of the client's physician. The Plan of Care is based on a comprehensive assessment and information provided by the client/family and health team members...PURPOSE To provide guidelines for agency staff to develop a plan of care individualized to meet specific identified needs ... SPECIAL INSTRUCTIONS ... 2. The Plan of Care shall be completed in full to include: a. All pertinent diagnosis (es)...; b. Mental status; c. Type, frequency, and duration of all visits/services...; g. Prognosis; h. Rehabilitation potential ...; i. Functional limitations and precautions; j. Activities permitted or restrictions; k. Special dietary or nutritional requirements or restrictions; l. Medications, treatments, and procedures; m. Medical supplies and equipment required; n. Any safety measures to protect against injury; o. Instructions to client/ caregiver, as applicable; p. Treatment goals; q. Instructions for timely discharge or referral; r. Discharge plans ...; s. Name and address of client's physician; t.</p>			G 0574	<p><b>G574</b></p> <p><b>1. Actions the Agency took to correct the deficiency:</b> The Director of Clinical Services/designee audited 100% of all active clinical records to assess compliance of the Medical Plan of Care to include an individualized plan of care that addresses all of, but is not limited to, the following requirements:</p> <ul style="list-style-type: none"> <li>· All pertinent diagnoses and their onset date,</li> <li>· The frequency and duration visits to be made,</li> <li>· Nutritional requirements,</li> <li>· All medications and treatments,</li> <li>· Allergies,</li> <li>· All DME</li> </ul> <p>Patient Plans of Care missing any of the required elements of the POC will be returned to the RN Case Managers for correction and re-submission once the corrections are made and/or obtained from the PCP.</p> <p><b>2. Agency steps to ensure that the deficient practice does not recur:</b> The Agency Director of Clinical Services/designee will retrain all RN Case Managers on the required elements of the Medical Plan of Care.</p>		09/01/2021



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	<p>Other appropriate items; u. All of the above items must always be addressed on the Plan of Care."</p> <p>2. Review of an undated agency policy titled "C-660 Care Plans" revealed "Each client will have a care plan on file that addresses their identified needs and the agency's plan to respond to those needs." and "The Care Plan shall include ... a. Nursing diagnosis(es) problems and needs identified; b. Reasonable, measurable, and realistic goals as determined by the assessment and client expectations; c. A list of specific interventions with plans for implementation; d. Indicators for measuring goal achievement and identified time frames.</p> <p>3. The clinical record of patient #5 was reviewed on 7/29/21 with a start of care date 6/3/21. The record contained a plan of care for the initial certification period 6/3/21 to 8/1/21 that indicated, "...Section 10. Medications: Dose/ Frequency/ Route...Amlodipine 5 mg (milligrams) 1 tab (tablet) by mouth daily, Metoprolol 25 mg by mouth two times daily...Warfarin 6 mg 1 tablet by mouth on Sun (Sunday), Tues (Tuesday), Wed (Wednesday), Thurs (Thursday), Sat (Saturday) only...Vitamin D3 2000U 1 tab by mouth daily Calcium, Magnesium and Zinc Supplement 1 tab by mouth three time a day...Section 11. Principle Diagnosis TBI (Traumatic Brain Injury)...Section 14. DME (Durable Medical Equipment) and Supplies Wheelchair, Grab Bars...Section 17. Allergies NKDA (No Known Drug Allergies)..." The initial plan of care failed to list allergies Rocephin and Zanaflex, failed to list DME treadmill, needles, syringes, tall walker, bath bench, and failed to have onset dates of diagnosis, and failed to list other pertinent diagnoses Hypertension, Hypogonadism, Type 2 Diabetes Mellitus, Diabetes Insipidus,</p>				<p>RN Case Managers will be provided a written educational tool to assist them in completing the Medical Plan of Care accurately and thoroughly.</p> <p><b>3. Responsibility:</b> The Director of Clinical Services/designee will be responsible for compliance with G574.</p> <p><b>4. Date of compliance:</b> 9/1/21</p>		

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	<p>Osteoporosis, and DVT (deep vein thrombosis) of the leg.</p> <p>The clinical record contained a document titled, "OP (Out Patient)-Primary Care MD (Medical Doctor) Progress Notes" dated 6/25/21. The document indicated "Chronic Problem List Acquired ataxia, Ataxia, Cognitive deficits following cerebral infarction, Diabetes Insipidus, HTN (Hypertension), Hypogonadism male, Type 2 Long Term use of anticoagulants, Osteopenia, Osteoporosis multiple sites, Pulmonary embolism and infarction, Testicular hypofunction, Traumatic Brain Injury, Vitamin D deficiency...Assessment/ Plan 1. HTN (hypertension) 2. Hypogonadism male 3. Type 2 Diabetes Mellitus, 4. Vitamin D Deficiency 5. Diabetes Insipidus 6. Osteoporosis 7. Hyperlipidemia, DVT of the leg, Traumatic Brain Injury...Allergies Rocephin Zanaflex...DME Tall walker...Miscellaneous Supplies Wheelchair/light weight...Foley catheter &amp; supplies 16 fr (french) -30 cc(cubic centimeter) urinary incontinence, diabetes Insipidus...Syringes 21 gauge 1" (inch) needle ...Procedure/ Surgical History...Shunt..."</p> <p>The initial plan of care failed to list allergies Rocephin and Zanaflex, failed to list DME; treadmill, 1"needles, 20 gauge syringes, tall walker, bath bench, 16 fr foley catheters, failed to have onset date of diagnosis TBI, and failed to list other pertinent diagnoses Hypertension, Hypogonadism (a reduction or absence of hormone which the body does not produce that plays a key role in masculine growth), Type 2 Diabetes Mellitus, Diabetes Insipidus (a disorder of salt and water metabolism marked by intense thirst and heavy urination causing an imbalance of fluids in the body), Osteoporosis, and DVT (Deep Venous Thrombosis) of leg (a blood clot in the leg).</p>						

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	<p>During a phone interview on 7/30/21 at 1:36 PM Employee G, Home Health Aide, when queried about care and DME patient uses stated, "Patient #5 has had a TBI and has a strict routine. I roll [name of patient #5] over to the side of the bed and assist [name of patient #5] into sitting position. I do range of motion [name of patient #5] is stiff in the mornings. [Name of Patient #5] holds on to me as I assist with safe ambulation to the toilet in the bathroom [name of patient #5] shuffles feet. [Name of Patient #5] then get assisted into the shower on the shower bench we have to lift [Name of Patient #5] legs up and over the tub. Did I tell you [Name of patient #5] toilets every 1 1/2 hours. After the shower to the bar in the kitchen where [Name of Patient #5] eats breakfast. Then 12 noon bathroom and 1:00 PM lunch. Oh [Name of patient #5] does the Treadmill at 10:30 AM. Then 2:00 PM recliner. " When queried Employee G about shaving safety state, "He/she does it with electric razor to prevent cuts. I know I have to protect [Name of patient #5] right side that is where the shunt is."</p> <p>4. The clinical record of patient #6 was reviewed on 7/28/21 with a start of care of 8/13/20. The record contained a plan of care for the recertification period 6/9/21 to 8/7/21 which indicated, " Section 10. Medications: Dose/ Frequency/ Route..Sertraline 100 mg on by by mouth every morning, Omeprazole 40 mg by mouth as needed, Vitamin D3 2000u by mouth daily, Multivitamin by mouth everyday, Ibuprofen 200 mg by mouth as needed, Oxybutin 5 mg by mouth two times a day, Melatonin 5 mg one tablet by mouth every evening, Colace 100 mg one tablet by mouth every evening..." The plan of care failed to give correct dose of Vitamin D3 2000 iu (international units) not units and failed to give</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>prn (as needed) indicators of Omeprazole 40 mg by mouth as needed and Ibuprofen 200 mg by mouth as needed.</p> <p>These finding were reviewed with the Administrator, Clinical Manager, and Alternate Clinical Manager on 8/2/21 at 11:30 AM to 12:00 PM, they had no further information or documentation to provide at that time.</p> <p>5. The clinical record of patient #4 was review on 07/28/2021 with a start of care date of 04/27/2021. The record contained a Home Health Certification and Plan of Care for recertification dated 06/23/2021 revealed subtitle #14,"DME and Supplies" stated w/c (wheelchair), hospital bed, shower chair and subtitle of "Medications: Dose/ Frequency/ Route (N)New (C)Changed", stated Jevity 1.0 Cal 8 oz. per gtube (tube inserted through the stomach wall that provides nutrition, fluids, and medications) daily.</p> <p>A review of Clinical Note written and signed by Employee A on 06/23/2021, revealed the patient is to receive Jevity 1.0 8 oz bolus 3 times a day, which was inconsistent with the plan of care.</p> <p>The record contained a Personal Emergency Plan with subtitle "List of DME Equipment" stated w/c, hoyer, shower chair.</p> <p>The record contained a Care Summary dated 06/23/2021, revealed subtitle "DME and supplies" revealed: w/c, hospital bed, shower chair, gtube supplies and gloves. The plan of care failed to contain all DME that is being used in the home.</p> <p>A review of the Aide Care Plan, under Subtitle "Care Preferences" revealed buttpaste to buttock. The plan of care failed to evidence the barrier cream application being provided.</p>						

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G 0682  Bldg. 00	<p>During a home visit on 07/29/2021 at 1:55 to 2:25 PM, observed patient's #4 hospital bed with side rails and observed Hha (home health aide) employee D applying cream to patient #4 buttocks while performing incontinence care.</p> <p>During an interview on 07/30/2021 with employee #A at 10:00 AM, when queried whether she was aware of hoyer lift in home, employee #1 stated "yes". When queried about rails on bed and cream to buttocks, employee #1 stated "I don't know". When queried about Jevity 1.0 Cal. 8 oz. per gtube daily, employee #1 stated "I guess I need to change that."</p> <p>During an interview on 07/30/2021 with Patient #4's family member Person H at 10:20 AM, queried as to whether there was a hoyer lift in home, Person H stated "yes, but I'm not sure we'd remember how to use it."</p> <p>410 IAC 17-13-1(a)(1)(C) 410 IAC 17-13-1(a)(1)(D)(ii,ix,xiii)</p> <p>484.70(a) Infection Prevention Standard: Infection Prevention. The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. Based on observation, record review and interview the agency failed to follow standard precautions to prevent transmission of infection and communicable disease with proper hand hygiene in 2 of 3 home visits. During a home visit a home health aide was not wearing a mask while performing patient care in 1 of 3 active home visits</p>			G 0682	<p><b>G682</b> <b>1. Actions the agency took to correct the deficiency:</b> The Administrator will provide an in-service to all agency home health aides on the importance of hand hygiene. Home health aides</p>		09/01/2021

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	<p>with patients. ( Employee F) (Patients #2, 6)</p> <p>Findings Include:</p> <p>1. According to the Centers for Disease and Control website at <a href="https://www.cdc.gov/coronavirus/2019">https://www.cdc.gov/coronavirus/2019</a>, indoor environments with poor ventilation increase the risk of transmission. To prevent infection and to slow transmission of COVID-19, do the following: ... Cover your mouth and nose with a mask when in public settings or around others... "</p> <p>2. Review of an undated agency policy titled "Handwashing/Hand Hygiene" D-330 stated, "POLICY In effort to reduce the risk for infection in clients and staff members, through handwashing/hand antisepsis is required of all employees...SPECIAL INSTRUCTIONS...3. Indications for handwashing and hand antisepsis: a. Before performing invasive procedures. b. Before caring for clients...d. Between tasks on the same client...f. After removing gloves. g. After touching objects that are potentially contaminated...K. After assisting client to use the bathroom...Before eating, drinking, handling food or serving food...o. Decontaminate hands before having direct contact with clients...q. Decontaminate hands after contact with inanimate objects including equipment in the immediate vicinity of the client..HAND HYGIENE TECHNIQUE...2. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by manufacturer to hands and rub hands together vigorously for at least twenty (20) second, covering all surfaces of hand and fingers. a. Rinse hands with water and dry thoroughly with a disposable towel..."</p> <p>3. Review of an undated agency policy titled</p>				<p>will also be re-educated on CDC guidelines with emphasis on the continuing mask requirement regardless of vaccination status. The Administrator will also update the hand hygiene policy D-330 to include that the caregiver may dry their hands on a towel inside the home that is known to be clean.</p> <p><b>2. Agency steps to ensure that the deficient practice does not recur:</b> RN Case Managers will assess for the use of proper hand hygiene and adherence to mask requirements by home health aides during each visit. If improper hand hygiene and/or violation of the mask requirement is noted, the RN Case Manager will report these findings to the Clinical Service Manager/designee or the Administrator for immediate follow up and disciplinary action up to and including the possibility of termination.</p> <p><b>3. Responsibility:</b> The Administrator and the RN Case Managers will be responsible for compliance with G682.</p> <p><b>4. Date of compliance:</b> 9/1/21</p>		

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	<p>"Visiting Angels Home Healthcare COVID-19 Protocol" B-403 indicated, "The agency will observe the recommended precautions for COVID-19 as identified by CDC...All employee will wear a mask covering their nose and mouth during all working hours...</p> <p>4. Review of an undated agency job description titled, "POSITION: HOME HEALTH AIDE" C-140 indicated, "Reports To: Clinical Supervisor/ Case Manager Position Summary Provides personal care services under the direction of a Registered Nurse or Therapist. The Home Health Aide is assigned to specific clients by the Registered Nurse or other appropriate professional and performs services for clients as necessary to maintain their personal comfort...Essential Functions/Area of Accountability...7. Promotes personal safety and a safe environment for clients by observing infection control practices, following agency guidelines, and reporting unsafe situations to the</p> <p>5. During a home visit on 7/28/21 at 1:45 PM to 2:30 PM observed Employee F, HHA (Home Health Aide), answering patient #6 apartment door upon the surveyor arrival without wearing a mask caring for patient #6. The HHA assisted patient #6 who was in a metal cushioned chair in the living room to wheelchair that was in front of the patient. HHA then pushed the wheel chair down the hall way to the entrance of the bathroom door. The HHA donned gloves, did not perform hand hygiene and assisted the patient #6 to the toilet, assisted patient #6 with pulling down shorts and a brief, and assisted patient #6 to a sitting position on the bathroom toilet. The HHA removed the soiled brief off patient #6 and applied a new brief, and did not perform hand hygiene. The HHA then assisted patient to a standing</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>position, pulled up brief, pulled up shorts and assisted patient to wheelchair in a sitting position. Observed patient attempting to propel wheel chair through hallway. HHA discarding gloves into the trash can and performed hand hygiene at the bathroom sink. The HHA after washing and rinsing hands used a purple bath towel that was hanging on the towel rack to dry hands. The HHA did not use a disposable paper towel to dry hands. The HHA assisted the patient in the hallway by pushing the wheelchair to the metal cushioned chair in the living room in front of the TV. The HHA then assisted patient #6 with transfer to the metal cushioned chair. The HHA did not perform hand hygiene after pushing the wheelchair and did not perform hand hygiene after patient transfer. The HHA then asked the patient #6 if wanted a drink and went to the kitchen and obtained a styrofoam cup with straw with a lid that covered the cup for patient #6 and did not perform hand hygiene.</p> <p>During an interview on 7/28/21 at 2:320 PM when queried to Employee F, HHA for patient #6, about COVID-19 and the agency screening and wearing a mask giving patient care state, "The office asks us the COVID questions all the time. It doesn't really matter to me if I have COVID. I figured I have had the vaccine I shouldn't have to wear a mask." When queried if that is what the agency's policy was and if the agency told Employee F that, Employee F stated, "No I just figured I had the vaccine didn't need to." When queried patient #6 about having the vaccine stated, "No I hate needles."</p> <p>During an interview on 7/29/21 at 9:20 AM, with the administrator and clinical manager when queried about policy for wearing a mask when doing patient care stated, " Yes we all wear them."</p>						



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G 0798  Bldg. 00	<p>These finding were reviewed with the Administrator, Clinical Manager, and Alternate Clinical Manager on 8/2/21 at 11:30 AM to 12:00 PM, they had no further information or documentation to provide at that time.</p> <p>6. During a home visit on 07/30/2021 at 10:45 AM with patient #2, employee E, Hha (home health aide) was observed drying hands on towel hanging in patient's bathroom. Employee stated the towel was clean, as it was replaced earlier. During this time, employee E was queried whether using the patient's towel was an acceptable practice, stating it was acceptable.</p> <p>Employee B provided the Agency's policy on Handwashing/ Hand Hygiene pages 420-421, D-330, listed under Special Instructions, subtitle Hand Hygiene Technique 2. a. Rinse hands with water and dry thoroughly with a disposable towel.</p> <p>During an interview on 07/29/2021 3 PM with employees B (administrator) and C(director of nursing), asking if either one knew what the Agency's policy was on hand washing, employee B stated they did not know. Employee C stated they were to use paper towels.</p> <p>484.80(g)(1) Home health aide assignments and duties Standard: Home health aide assignments and duties. Home health aides are assigned to a specific patient by a registered nurse or other appropriate skilled professional, with written patient care instructions for a home health aide prepared by that registered nurse or other appropriate skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist).</p>						

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	<p>Based on record review and interview, the Case Manager failed to ensure the aide care plan was individualized and patient specific for 6 of 6 active records reviewed of patients receiving home health aide services. (Patients #1, 2, 3, 4, 5, 6)</p> <p>Findings include:</p> <p>1. Review of an undated agency policy titled "HOME HEALTH AIDE CARE PLAN" C-751 stated " ... A complete and appropriate Care Plan, identifying duties to be performed by the Home Health Aide, shall be developed by a Registered Nurse ... To provide a means of assigning duties to the Home Health Aide that are clear to the Nurse, Home Health Aide, and to the client/caregiver being served ... To provide documentation that the client's care is individualized to his/ her specific needs .... "</p> <p>2. The clinical record of patient #3 was reviewed on 7/29/21 with start of care 3/24/21. the record contained a plan of care for a recertification period 6/1/21 to 7/30/21 that indicated, "...Section 21. Orders for Discipline and Treatments(Specify Amount/ Frequency/ Duration)...HHA (Home Health Aide) x 8 hours/day x 5 days/week x 8 weeks, HHA x 8 hours/day x 3 days/week x 1 week...HHA to assist with ADLS (Activities of Daily Living), transfers,bed baths MWF(Monday Wednesday Friday), bathroom clean up, change bed linens, dressing, grooming, meal prep and light housekeeping.</p> <p>The clinical record contained an agency document signed by the RN (Registered Nurse) case manager, and Client dated 6/17/21, titled "Visiting Angels Aide Care Plan" indicating,"...Assist With Bathing/ tub/ shower/ partial marked Monday,</p>			G 0798	<p><b>G798</b></p> <p><b>1. Actions the agency took to correct the deficiency:</b> The Director of Clinical Services/designee will audit all current active patients for the presence and accuracy of the home health aide care plan. All home health aide care plans that fail to evidence the specific type of bathing that is to be performed along with specifics on how it will be performed, will be returned to the RN Case Manager to contact the client and individualize the plan with the client's input and resubmit it for review.</p> <p><b>2. Agency steps to ensure that the deficient practice does not recur:</b> Re-education to be provided to RN Case Managers with regards to providing specific bathing needs and preferences on the home health aide care plan. Audits by the Director of Clinical Services/designee will be ongoing.</p> <p><b>3. Responsibility:</b> Director of Clinical Services/designee will be responsible for compliance with G798</p> <p><b>4. Date of Compliance:</b> 9/1/21</p>		09/01/2021

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	<p>Wednesday, and Friday..." The agency failed to evidence which task was to be performed and how to be performed (bath given as a partial, tub or shower).</p> <p>Review of Home Health Visit notes dated the following evidenced; 6/2/21 to 6/4/21 had checked Bathing/Tub, shower or partial tasks were performed, 6/7/21 to 6/11/21 had checked Bathing/Tub, shower or partial tasks were performed, 6/14/21 to 6/18/21 had checked Bathing/Tub, shower or partial tasks were performed, 6/21/21 to 6/25/21 had checked Bathing/Tub, shower or partial tasks were performed, 6/28/21 to 7/2/21 had checked Bathing/Tub, shower or partial tasks were performed, 7/5/21 to 7/9/21 had checked Bathing/Tub, shower or partial tasks were performed, 7/12/21 to 7/16/21 had checked Bathing/Tub, shower or partial tasks were performed, 7/18/21 to 7/21/21 had checked Bathing/Tub, shower or partial tasks were performed, 7/22/21 not checked.</p> <p>During a phone interview on 7/30/21 at 11:01 AM when queried about patient's bathing and shower Employee I, Home health Aide for patient #3, stated, " Patient #3 received a bed bath every other day right now. We can't use her shower right now. The insurance company is trying to find a shower chair or fix the shower in the bathroom so it can be used."</p> <p>3. The clinical record of patient #5 was reviewed on 7/29/21 with a start of care date 6/3/21. The record contained a plan of care for the initial certification period 6/3/21 to 8/1/21 that indicated, "...Section 21. Orders for Discipline and Treatments (Specify Amount/ Frequency/ Duration)...HHA(Home Health Aide) x 6</p>						

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	<p>hours/day x 2 days/week x 1 week, HHA x 6 hours/day x 5 days/week x week 2-9...HHA to assist with ADLS (Activities of Daily Living), showers, nail care, hygiene, dressing, oral care, mobility, ROM (Range of Motion), transfers, positioning, incont (incontinence) care, washing clothes and bed linens and companionship.</p> <p>The clinical record contained an agency document signed by the RN (Registered Nurse) case manager, and Client or client representative dated 6/3/21, titled "Visiting Angels Aide Care Plan" indicating, "...Assist With Bathing/ tub/ shower/ partial marked Monday, Tuesday, Wednesday, Thursday, and Friday..." The agency failed to evidence which task was to be performed and how to be performed (bath given as a partial, tub or shower).</p> <p>Review of Home Health Aide visit notes dated the following evidenced; 6/3/21 to 6/4/21 had checked Bathing/Tub, shower or partial tasks were performed, 6/7/21 to 6/10/21 had checked Bathing/Tub, shower or partial tasks were performed, 6/11/21 documented missed visit, 6/14/21 to 6/18/21 had checked Bathing/Tub, shower or partial tasks were performed, 6/21/21 to 6/25/21 had checked Bathing/Tub, shower or partial tasks were performed, 6/28/21 to 7/2/21 had checked Bathing/Tub, shower or partial tasks were performed, 7/5/21 to 7/8/21 missed visits, 7/9/21 had checked Bathing/Tub, shower or partial tasks were performed, 7/12/21 had checked Bathing/Tub, shower or partial tasks were performed, 7/13/21 missed visit, 7/14/21 to 7/16/21 had checked Bathing/Tub, shower or partial tasks were performed, 7/19/21 to 7/23/21 had checked Bathing/Tub, shower or partial tasks were performed, and 7/26/21 to 7/29/21 had checked Bathing/Tub, shower or partial tasks were</p>						

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	<p>performed.</p> <p>During a phone interview on 7/30/21 at 1:36 PM Employee G, Home Health Aide, when queried about care stated, "Patient #5 is assisted into the shower on the shower bench we have to lift patient #5's legs up and over the tub."</p> <p>4. The clinical record of patient #6 was reviewed on 7/28/21 with a start of care of 8/13/20. The record contained a plan of care for the recertification period 6/9/21 to 8/7/21 which indicated, " Section 21. Orders for Discipline and Treatments (Specify Amount/ Frequency/ Duration)...HHA x 8 hrs/day x 3 days/week x week 1, HHA x 8 hrs/day x 5 days/week x week 2-8 HHA to assist with ADLS, ambulation, bathing 2x/week and pm, light housekeeping, wash linens and clothes, companionship,dressing, encourage fluids, hygiene assistance, incont care, and medication reminders..."</p> <p>The clinical record contained an agency document signed by the RN case manager, and Client dated 6/8/21, titled "Visiting Angels Aide Care Plan" indicating,"...Assist With Bathing/ tub/ shower/ partial marked Monday and Thursday..." The agency failed to evidence which task was to be performed and how to be performed (bath given as a partial, tub or shower).</p> <p>Review of Home Health Aide visit notes dated the following evidenced; 6/9/21 to 6/11/21 had checked Bathing/Tub, shower or partial tasks were performed, 6/14/21 to 6/18/21 notes documented assist with bath completed on 6/15/21 and 6/18/21, 6/21/21 to 6/25/21 notes documented assist with bathing on 6/22/21 and 6/25/21, 6/28/21 to 7/2/21 notes documented bathing 6/29/21 and 7/1/21, 7/5/21 to 7/9/21 notes</p>						

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	<p>documented bathing 7/5/21 and 7/9/21, 7/12/21 to 7/16/21 notes documented bathing refused bath due to injury 7/12/21 and bathing 7/16/21.</p> <p>During a phone interview on 7/30/21 at 10:51 AM when queried about bath, partial or shower to Employee F, Home Health Aide for patient #6, stated, " Patient #6 receives a shower 2 times a week."</p> <p>These finding were reviewed with the Administrator, Clinical Manager, and Alternate Clinical Manager on 8/2/21 at 11:30 AM to 12:00 PM, they had no further information or documentation to provide at that time.</p> <p>5. The clinical record of patient #1, SOC (start of care date) 02/24/2021, was reviewed and contained a Plan of Care for the recertification period of 06/24/2021 to 08/22/2021 which orders for the home health aide to assist with ADL's (activities of daily living which include bathing, hygiene, dressing), bathing M-W-F (Monday, Wednesday, and Friday) and PRN (as needed).</p> <p>A review of the agency's document titled Aide Care Plan dated 06/16/2021 signed by the case manager and patient #1, revealed the patient was to receive assist with bathing/ tub/ shower/ partial on M-W-F.</p> <p>A review of patient's #1 home health aide visit notes on 06/29/2021 through 07/01/2021, 07/05/2021 through 07/09/2021, 07/19/2021 through 07/23/2021, and 07/26/2021 through 07/29/2021; revealed bathing and bathing/tub, shower or partial were both checked completed.</p> <p>6. The clinical record of patient #2, SOC 06/08/2021 was review and contained a Plan of Care for the certification period of 06/08/2021 to</p>						

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	<p>08/06/2021 which orders for the home health aide to assist with ADL's, bathing 3 x/week.</p> <p>A review of the agency's document titled Aide Care Plan dated 06/08/2021 signed by the case manager and patient #2, revealed the patient was to receive assist with bathing/ tub/ shower/ partial on M-W-F.</p> <p>A review of patient's #2 home health aide visit notes revealed: 06/09/2021 no assistance was provided with bathing/tub/shower or partial, 06/16/2021, 06/18/2021, 06/21/2021, 06/23/2021, 06/29/2021, 06/30/2021, 07/02/2021, 07/07/2021, 07/14/2021, 07/16/2021, 07/19/2021, 07/21/2021, 07/23/2021, 07/26/2021, 07/28/2021 bathing/tub, shower or partial were checked completed.</p> <p>7. The clinical record of patient #4, SOC 04/27/2021, was reviewed and contained a Plan of Care for the recertification period of 06/26/2021 to 08/24/2021, which orders assistance of HHA x 8 hours a day, 5 days a week to assist with ADL's, transfers/ bathing 3 times a week.</p> <p>A review of the agency's document titled Aide Care Plan dated 06/23/2021, signed by the case manager and the family member of patient #4, revealed the patient was to receive assist with bathing/ tub/ shower/ partial on M-W-F.</p> <p>A review of patient's #4 home health aide visit notes revealed: 06/28/2021 through 07/02/21, 07/06/2021, 07/07/2021, 07/09/2021, 07/12/2021 through 07/16/2021, 07/19/2021 through 07/23/2021, 07/26/2021, and 07/28/2021 bathing/tub, shower or partial were checked completed.</p> <p>8. These finding were reviewed with the</p>						

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N 0000  Bldg. 00	<p>Administrator, Clinical Manager, and Alternate Clinical Manager on 8/2/21 at 11:30 AM to 12:00 PM, they had no further information or documentation to provide at that time.</p> <p>410 IAC 17-13-2(a)</p> <p>This 2nd visit was for a follow-up to a State Relicensure survey of a Medicaid Home Health Agency that was originally conducted on 11/7/2020. The first follow up survey was conducted on 5/18/2021.</p> <p>Survey Dates: 7/28/2021 thru 8/2/2021</p> <p>Facility #: 014225</p> <p>CCN: 15K165</p> <p>Medicaid#: 300012386</p> <p>During this survey, one new state required deficiency was cited.</p> <p>Home Visits Conducted: 3</p> <p>Records Reviewed: With Home Visits: 3 Without Home Visits: 3 Discharged Records: 3 Total: 9</p>			N 0000			
N 0458  Bldg. 00	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for</p>						



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	<p>employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:</p> <ol style="list-style-type: none"> <li>(1) Receipt of job description.</li> <li>(2) Qualifications.</li> <li>(3) A copy of limited criminal history pursuant to IC 16-27-2.</li> <li>(4) A copy of current license, certification, or registration.</li> <li>(5) Annual performance evaluations.</li> </ol> <p>Based on record review and interview the agency failed to evidence current criminal history check documentation on 2 Home Health Aides of 7 active employees. (Employees D, E)</p> <p>Findings Include:</p> <ol style="list-style-type: none"> <li>1. Review of an undated agency policy titled, "Criminal Background Check" B-130 indicates, "POLICY The selected candidate in the hiring process must satisfactorily clear a criminal background check prior to starting work. GUIDELINES...Former employees are required to have a criminal background check conducted if they have been away from the Agency..."</li> <li>2. Review of an undated agency policy titled, "Employee Orientation Checklist" A-125 indicates, Personnel Orientation Checklist...Personnel file -Application -Signed job description...-Criminal Background Check..."</li> <li>3. During the review of employee files on 8/2/21,</li> </ol>	N 0458	<p><b>N458</b></p> <p><b>1. Actions the agency took to correct the deficiency:</b></p> <p>The Administrator will review the B-130 Criminal Background Check policy with the Governing Body to ensure all new-hires that have been previously employed at Visiting Angels HHC receive a background check upon rehire if they have been away from the agency for 9 months or longer.</p> <p><b>2. Agency steps to ensure the deficient practice does not recur:</b></p> <p>The Administrator will review all newly hired employees to verify if they have been previously employed at Visiting Angels HHC. All termination dates for previous employees are retained in the agency's EMR. A background check will be run for each rehired</p>	09/01/2021			

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	<p>the list of current employees included Employee D, Home Health Aide, with a hire date of 2/12/20 and first patient contact date of 3/23/20. The employee file for Employee D failed to evidence a criminal background check. The agency failed to evidence a criminal background check had been completed upon hire.</p> <p>During an interview on 8/2/21 at 9:43 AM when queried about the criminal check missing for Employee D the administrator stated, " Employee D is a rehire, let me check." Administrator reviewed Employee D's employee file and failed to evidence criminal background check.</p> <p>Administrator stated, "I will go get it from her previous file." The administrator returned with a criminal background check dated 11/7/18. When queried about date the administrator stated, " Same thing. When I asked Entity K about getting a criminal history he said use the previous. Entity K runs the criminal history check he decides."</p> <p>When queried about regulation and policy the administrator stated, " I will get the policy." Administrator returned with the policy and stated, " It is 6 months. I gave the wrong answer."</p> <p>4. During the review of employee files on 8/2/21, the list of current employees included Employee E, Home Health Aide, with a hire date of 6/16/21 and first patient contact date of 6/17/21. The employee file for Employee E revealed a criminal background check dated 2/21/21. The agency failed to evidence a criminal background check had been completed upon hire.</p> <p>During an interview on 8/2/21 at 9:39 AM when queried about the date on the criminal background check for Employee E the administrator stated, "I have it from previous employment. I went to Entity K to run the criminal background check and</p>				<p>employee if that termination date indicates that 9 months or more have passed since the date of rehire.</p> <p><b>3. Responsibility:</b> The Administrator will be responsible for compliance with N458</p> <p><b>4. Date of compliance:</b> 9/1/21</p>		

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	Entity K said no use the old one."  These finding were reviewed with the Administrator, Clinical Manager, and Alternate Clinical Manager on 8/2/21 at 11:30 AM to 12:00 PM, they had no further information or documentation to provide at that time.  IAC 16-27-2-4						