STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K039	A. BUILDING 00 B. WING	03/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
LIFE'S TOUCH HOME HEALTH INC	2737 E 56TH ST STE E INDIANAPOLIS, IN 46220

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for a Federal Recertification and State Re-Licensure survey, in conjuction with 4 complaints. This was a partially extended survey reported to the agency administrator and clinical supervisor on Thursday March 11th, 2021 at 2:15 p.m. Complaint #: IN00319478 Unsubstantiated IN00300866 Substantiated: Federal and State Deficiencies were cited IN00273703 Substantiated: Federal and State Deficiencies were cited IN00269495 Substantiated: Federal and State Deficiencies were cited Survey Dates: March , 9, 10, 11, and 12, 2021 Facility number: 0111480 Provider number: 15K039 These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Quality Review Completed on 04/06/2021 by Area 3	G 0000		
G 0572 Bldg. 00	484.60(a)(1) Plan of care Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

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	signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician or allowed practitioner refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician or allowed practitioner is consulted to approve additions or modifications to the original plan. Based on record review and interview, the agency failed to provide the services as ordered by the physician in the plan of care for 1 of 3 active records reviewed of patients receiving home health aide services. (Patient #10) The findings included: Review of the Plan of Care for the Certification period of 01-24-2021 to 03-23-2021, Patient #10 was to receive home health aide services 4 hours per day, 3 days per week for 60 days on Dialysis days (Tuesday, Thursday, and Saturdays). Review of the home health aide visit notes revealed 3 hour visits were received on the Tuesday, Thursday, and Saturday Dialysis days during the period of 1-24-2021 through 03-04-2021. In an interview with employee H and employee B on 03-10-2021 at 1:55 p.m. they confirmed that Patient #10 was receiving 3 hour visits instead of 4 hour visits. 410 IAC 17-13-1(a)	G 0572	G 572 Clinical Supervisor has corrected Patient #10 Plan of Care for certification period 1-24-21 to 3-23-21 to reflect the appropriate hours/visits for patient. Physician was notified and an order received for correction of hours. Physician was also notified of the visits that were not per the plan of care. HhA plan of care was also corrected and updated immediately on March 11, 2021. This was corrected March 11, 2021. 10% of clinical records will be audited quarterly for evidence that the plan of care matches the Primary Care Physician orders. The Clinical Supervisor, or designee, will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected	03/12/2021

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			and will not recur.	
G 0590 Bldg. 00	484.60(c)(1) Promptly alert relevant physician of changes 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. Based on record review and interview, the agency failed to ensure they communicated with the physician of the need to revise the plan of care home health aide frequency for 1 of 3 active patient records reviewed of patients receiving home health aide services. The findings included: Review of the Plan of Care for the Certification period of 01-24-2021 to 03-23-2021, Patient #10 was to receive home health aide services 4 hours per day, 3 days per week for 60 days on Dialysis days (Tuesday, Thursday, and Saturdays). Review of the home health aide visit notes revealed 3 hour visits were received on the Tuesday, Thursday, and Saturday Dialysis days during the period of 1-24-2021 through 03-04-2021. In an interview with employee H and employee B on 03-10-2021 at 1:55 p.m. they confirmed that Patient #10 was receiving 3 hour visits instead of 4 hour visits and that the Physician had not been informed and the Plan of Care was not updated. 410 IAC 17-13-1(a)(2)	G 0590	G 590 Clinical Supervisor has corrected Patient #10 Plan of Care for certification period 1-24-21 to 3-23-21 to reflect the appropriate hours/visits for patient. Physician was notified and an order received for correction of hours. Physician was also notified of the visits that were not per the plan of care. This was corrected March 11, 2021. 10% of clinical records will be audited quarterly for evidence that the plan of care matches the primary care physician orders, and that the primary care physician was notified. The Clinical Supervisor, or designee, will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected	03/12/2021

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