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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br>15K160 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br>11/17/2020 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>FREEDOM HOME CARE, LLC | STREET ADDRESS, CITY, STATE, ZIP COD<br>431 E HANNA AVE, SUITE C<br>INDIANAPOLIS, IN 46227 |
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|--------------------------|--|---------------------|--|----------------------------|
| G 0000<br><br>Bldg. 00   | <p>This visit was for a Federal Recertification and a State Licensure survey of a home health agency.</p> <p>Facility #: 014211</p> <p>CCN: 15K160</p> <p>Survey dates: 11-13, 11-16, &amp; 11-17-2020</p> <p>Skilled Unduplicated Admissions in prior 12 months: 10</p> <p>Current Census:</p> <p>10 Skilled Services:</p> <p>31 Unskilled:</p> <p>41 Total:</p> <p>Record Review:</p> <p>visit: 3 Record reviews with home</p> <p>4 Record review only:</p> <p>reviewed: 7 Total clinical records</p> <p>These deficiencies reflect State Findings in accordance with 410 IAC 17. Refer to state form for additional state findings.</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 disclosed 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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|--------------------|--|---------------|--|----------------------|
| G 0438<br>Bldg. 00 | <p>Quality Review completed on 11/24/2020 A4</p> <p>484.50(c)(6)<br/>Have a confidential clinical record<br/>Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.<br/>Based on observation, record review, and interview, the agency failed to safeguard and protect patient information from unauthorized viewing for 1 of 1 agency.</p> <p>Findings include:</p> <p>Review of an undated agency policy titled "Clients and Providers Have a Right to Dignity and Respect" stated: ". . . Clients have the right: To confidentiality of information about their health, social, and financial circumstances and about what takes place in the home. To expect the home care provider to release information only as required by law or authorized by the Client. . ."</p> <p>Upon entry of agency on 11-13-2020 at 9:45 a.m., an unobstructed view of the wall behind the receptionist desk evidenced a large (approximately 4' x 6') white dry erase board containing lists of nine pending patient names (Other Entity A, B, C, D, E, F, G, H, &amp; I) and an 'authorization' list of 7 patient names (Patients #3, 8, 9, 10, 11, 12, &amp; 13) with dates.</p> <p>At the above time of entry into the agency and when queried, the receptionist (Employee H), acknowledged she maintained the information contained on the dry erase board.</p> <p>On 11-16-2020 at 4:00 p.m., the Administrator</p> | G 0438        | <p>G438</p> <ol style="list-style-type: none"> <li>1. The white dry erase board will be covered to maintain patient confidentiality. A covering has been ordered. Once the covering is received (scheduled to be delivered 12/4/2020, and scheduled for installation 12/10/2020), it will be installed, and the board will no longer be visible.</li> <li>2. Once the covering is installed, the white dry erase board will remain covered. This way visitors and other employees that enter the office will no longer be able to see the board. All patient information will be protected. Until then, the board has been covered using a curtain hung on a rod. The board is not visible. No patient information can be seen.</li> <li>3. Vila Thawngmung, Administrator is responsible for the correction of this deficiency.</li> <li>4. This deficiency will be corrected by 12/11/2020.</li> </ol> | 12/11/2020           |

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| N 0000<br><br>Bldg. 00   | <p>stated the dry erase board was setup last week for use to track patients and discussion had occurred of covering with a drape but had not been done at this time.</p> <p>At the time of agency exit on 11-17-2020 at 2:56 p.m., the patient information remained posted on the dry erase board, with an unobstructed view in the agency reception area.</p> <p>17-12-3(b)(2)(E)</p> <p>This visit was for a State Re-Licensure survey of a home health agency.</p> <p>Facility #: 014211</p> <p>CCN: 15K160</p> <p>Survey dates: 11-13, 11-16, &amp; 11-17-2020</p> <p>Skilled Unduplicated Admissions in prior 12 months: 10</p> <p>Current Census:</p> <p style="padding-left: 100px;">Skilled Services:</p> <p>10</p> <p style="padding-left: 100px;">Unskilled:</p> <p>31</p> <p style="padding-left: 100px;">Total:</p> <p>41</p> <p>Record Review:</p> | N 0000              |  |                            |

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| N 0458<br>Bldg. 00 | <p>Record reviews with home visit: 3</p> <p>Record review only: 4</p> <p>Total clinical records reviewed: 7</p> <p>410 IAC 17-12-1(f)<br/>Home health agency administration/management<br/>Rule 12 Sec. 1(f) Personnel practices for 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:<br/>(1) Receipt of job description.<br/>(2) Qualifications.<br/>(3) A copy of limited criminal history pursuant to IC 16-27-2.<br/>(4) A copy of current license, certification, or registration.<br/>(5) Annual performance evaluations.<br/>Based on record review and interview, the Agency failed to ensure that all employees received a national or expanded criminal history check for 2 of 7 personnel files reviewed. (Employee F, G)</p> <p>Findings Included:</p> <p>Review of an undated agency policy titled "Criminal Disclosure" failed to evidence a reference or process to comply with IC 16-27-2</p> | N 0458        | <p>N458</p> <p>1. Employee F has been scheduled for the correct background check. The earliest date available is 12/7/2020.<br/>2. A staff meeting was held on 11/23/2020. All staff were in-serviced regarding policies related to the hiring process. Staff were presented with verbal instruction/information as well as</p> | 12/11/2020           |

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|  | <p>related to an expanded or national criminal history check and/or timelines for acceptance or completion of a criminal history check.</p> <p>Review of home health aide, Employee F's personnel file on 11-17-2020, with a date of hire of 7-28-2020, evidenced a 'Criminal Transcript' from the Indiana State Police, dated 3-12-2020 (137 days prior to hire) and a receipt for fingerprinting dated 4-27-2020. Employee F's personnel file failed to evidence an expanded or national criminal history check pursuant to IC 16-27-2 statute.</p> <p>Review of home health aide, Employee G's personnel file on 11-17-2020, with a date of hire of 3-1-2020, evidenced a national criminal history check dated 11-15-19 (108 days prior to hire).</p> <p>On 11-17-2020 at 2:56 p.m., the Administrator provided the finger printing receipt for Employee F and when queried, provided nothing further.</p> |   | <p>written documentation to refer to. Going forward, all staff hired will complete the appropriate screening, and timing will be done correctly.</p> <p>3. Vila Thawngmung, Administrator is responsible for the correction of this deficiency.</p> <p>4. This deficiency will be corrected by 12/11/2020.</p> |                      |   |