

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

PRINTED: 12/04/2020

FORM APPROVED

OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>157565 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>11/02/2020 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>DEACONESS HOME HEALTH, LLC | STREET ADDRESS, CITY, STATE, ZIP COD<br>610 EAST WALNUT STREET<br>EVANSVILLE, IN 47713 |
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| (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 |
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| E 0000<br><br>Bldg. 00 | <p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Dates: October 26, 27, 28, 29, 30 and November 2, of 2020.</p> <p>Facility Number: 004372<br/>Provider Number: 157565</p> <p>Census = 506 active</p> <p>At this Emergency Preparedness survey, Deaconess Home Health LLC was found in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 484.102.</p> | E 0000        |   |                      |
| G 0000<br><br>Bldg. 00 | <p>This survey was for a Federal recertification and State relicensure survey in conjunction with an infection control focused COVID-19 survey.</p> <p>Survey Dates: October 26, 27, 28, 29, 30, and November 2, 2020.</p> <p>Partially Extended Survey Announced 10/27/2020 at 4:00 p.m.<br/>Fully Extended Survey Announced 10/28/2020 at 4:30 p.m.</p> <p>Facility ID: 004372<br/>Provider ID: 157565<br/>Medicaid ID: 200272600</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 0414<br>Bldg. 00 | <p>Census: 12 month unduplicated census 2389</p> <p>Active Census: 506<br/>Records Reviewed: 17<br/>Home Visits: 7</p> <p>Deaconess Home Health LLC is precluded from conducting a home health aide training or competency evaluation program for a period of two years starting November 2, 2020 through November 1, 2022 for being out of compliance with Conditions of Participation 484.105 Organization and Administration of Services.</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State findings.</p> <p>Quality Review completed on 11/17/2020 A4</p> <p>484.50(a)(1)(ii)<br/>HHA administrator contact information (ii) Contact information for the HHA administrator, including the administrator's name, business address, and business phone number in order to receive complaints. Based on record review and interview, the agency failed to ensure patients were provided the current Administrator's name, phone number, and address in order to report complaints. (Patient 1, 2, 4, 7)</p> <p>Findings include:</p> <p>1. A 2/3/20 policy titled Bill of Rights and Responsibilities was provided by the Alternate Administrator on 10/28/2020 at 9:15 a.m. The policy indicated, but was not limited to, "Associates implement the Patient Bill of Rights and Responsible to promote patient's interest and</p> | G 0414        | <p>Mandatory in-service for all field staff regarding: patients are to be provided with contact information HHA Administrator name, phone number and address in order to report complaints, was completed by the Director of Clinical Services and designee on: 11-06-2020 and 11-13-2020.</p> <p>Education provided included the following policies:<br/>Policy 33.03 Bill of Rights</p> | 12/02/2020           |

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|  | <p>well-being ... voice grievances or complaints regarding treatment or care that is (or fails to be) furnished services on behalf of the Agency ... Patients are encouraged to contact the Company if they believe that there has been an infringement upon their rights ..."</p> <p>2. During a home visit on 10/27/2020 at 10:00 a.m. patient 1's admission packet failed to evidence the current administrator's name, phone number, and/or address in order to report complaints.</p> <p>3. During a home visit on 10/27/2020 at 11:30 a.m. patient 2 did not have an admit packet in the home for review. The caregiver was asked if he/she knew who the administrator was to which he/she responded "no". The caregiver stated the former caregiver that lived next door had the information. The Alternate Administrator who was present on the visit acknowledged there was no admit packet in the home.</p> <p>4. During a home visit on 10/28/2020 at 1:00 p.m. patient 7's admit packet failed to evidence the current administrator's name, phone number, and/or address in order to report complaints. Patient 7 was asked if he/she knew who the Administrator was to which the patient replied "no."</p> <p>5. During a home visit on 10/29/2020 at 9:00 a.m. patient 4's admit packet evidenced the past Administrator's name. At that time the patient's spouse was asked if he/she knew who the Administrator was of the agency to which the spouse stated "no". The Alternate Administrator who was present on the visit and acknowledged the admit packet did not identify the current Administrator.</p> |   | <p>Policy 33.06 Patient Complaints and Concerns</p> <p>All active patients were either mailed or hand carried updated Administrator contact information on 11/25/2020.</p> <p>Staff unable to attend the in-service was provided an educational packet on the above education on 11/25/2020.</p> <p>To ensure compliance with the above policies, the Director of Clinical Services or designee will complete 4 shared visits (in person or remote) per month for 3 months starting in December, for evidence of the patients admission booklet as well as the current administrators name, phone number, and/or address in order to report complaints to Deaconess Home Health.</p> <p>On-going monitoring will be completed as part of quarterly quality improvement process which includes 4 shared visits (in person or remote) for observation by Director of Clinical Services or designee with clinical staff.</p> <p>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> <p>Patient #1 received the current administrators name, phone number and/or address in order to report complaints on 11/24/2020<br/>Patient #2 received an Admit</p> |                      |   |

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| G 0436<br>Bldg. 00   | <p>6. During an interview on 10/27/2020 at 4:30 p.m. the Alternate Administrator stated the agency coordinated care with the former caregiver of Patient 2 and acknowledged the admit packet was not in the home.</p> <p>7. During an interview on 11/2/2020 at 3:30 p.m. the Regional Vice President was made aware that the above patient's and caregivers were not aware of who the Administrator was in order to voice complaints and that the admit packet did clearly outline who should be contacted regarding a complaint. The admit packet was reviewed at that time and evidenced a Patient Communication form for problems and concerns with an Ohio mailing address.</p> <p>484.50(c)(5)<br/>Receive all services in plan of care<br/>Receive all services outlined in the plan of care.</p> <p>Based on observation, record review, and interview, the agency failed to ensure all services in the plan of care were provided for 1 of 2 home visit observations with wound care (Patient 1); and 3 of 3 patients on teaching/reinforcement of managing hypertension (Patient 1, 5, 11); and failed to provide a home exercise program for 1 of 2 therapy home visit observations. (Patient 2)</p> <p>Findings include:</p> <p>1. A revised 2/28/19 policy titled Plan of Care and Physician Orders was provided by the Alternate Administrator on 10/30/2020 at 9:55 a.m. The policy indicated, but was not limited to, "The goal of the Organization is to develop an individualized Plan of Care (POC) for every patient, in conjunction with their attending and/or treating physician and to provide our patients with</p> | G 0436  | <p>packet on 11/23/2020. This included an updated form of the administrators name, phone number and/or address, in order to report complaints</p> <p>Patient #7 Discharged on 11/11/2020.</p> <p>Patient #4 received an update form with the current administrator name, phone number and/or address in order to report complaints on 11/23/2020.</p> <p>Mandatory in-service for all field staff regarding: patient receives all services in the plan of care, to include: wound care, teaching/reinforcement of managing disease processes, and home exercise programs for therapy patients, was completed by the Director of Clinical Services and designee on: 11-06-2020.</p> <p>Education provided included the following policies:<br/>Policy 33.68 Patient and Caregiver Education<br/>Policy 33.24 Plan of Care and Physician Orders<br/>Staff unable to attend the in-service was provided an</p> | 12/02/2020           |   |

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|                          | <p>services and care consistent with their POC."</p> <p>2. A revised 11/21/19 policy titled Patient and Caregiver Education was provided by the Alternate Administrator on 10/30/2020 at 9:55 a.m. The policy indicated, but was not limited to, "6. Document clearly each visit, the knowledge deficit, teaching plan, demonstrated skills, patient and/or caregiver response to teaching and evaluation ...10. Education will include, but is not limited to: ... Treatment and disease management education ... 12. All education will be documented in the Patient Medical Record ... 13. Verbal and written instructions will be provided, as appropriate."</p> <p>3. The complete clinical record for patient 1, start of care date 8/27/2020, was reviewed on 10/26/2020, and included a plan of care for the certification period 8/27/2020 to 10/25/2020 with orders for skilled nurse to "perform/teach wound care to both great toes, stasis ulcers, cleanse with wound cleaner or soap and water apply Betadine [topical antiseptic]. Cover/secure with foam boarder dressing. Wound care to be performed twice a week by SN [skilled nurse], CG [caregiver] or patient can do in absence of SN ... Skilled nurse to provide skilled teach/reinforcement of management of hypertension" The clinical record evidenced the following:</p> <p>Visit Note Reports for 9/1, 9/3, 9/8, 9/10, 9/14, 9/17, 9/21, 9/24, 10/9, 10/12, 10/16, 10/19 of 2020 failed to evidence the skilled nurse documented any teaching on how to manage hypertension or the patient understood and retained the information.</p> <p>4. During a home visit observation on 10/27/2020 at 10:00 a.m. employee K, a licensed practical nurse, was observed removing a Mepilix dressing</p> |                     | <p>educational packet on the above education on 11/25/2020.</p> <p>One on One education was conducted with Employee K, 10/27/2020 and 11/23/2020 by the Director of Clinical Services. Education provided included the above policies.</p> <p>One on One education was conducted with Employee S, 10/28/2020 and 11/24/2020 by the Director of Clinical Services. Education provided included the above policies.</p> <p>To ensure compliance with the above policies, the Director of Clinical Services or designee will complete 4 shared visits (in person or remote) per month for 3 months starting in December, to ensure all services in the plan of care were provided. Home visits to include observation of ordered wound care, and verification patient has received a therapy HEP.</p> <p>In addition, 10 patients charts will be reviewed for 3 months, to ensure that teaching of disease management reinforcement and patients understanding was documented.</p> <p>On-going monitoring will be completed as part of quarterly quality improvement process that includes 4 shared visits (in person or remote) for observation of care and patient clinical record review by Director of Clinical Services or designee.</p> |                            |

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|                          | <p>from patient 1's left great toe. Employee K cleansed the left great toe with wound cleanser and a 4x4 gauze dressing. Employee K then applied Betadine with a q-tip to the left great toe wound. Employee K stated there was no drainage and will leave the dressing off. Employee K failed to place a Mepilix dressing to the left great toe as ordered by the physician. Employee K failed to provide teaching/reinforcement of managing hypertension at the visit as indicated in the plan of care and agency policy.</p> <p>5. During an interview on 10/27/2020 at 4:00 p.m. the Alternate Administrator who was present on the home visit was made aware the clinician did not apply a dressing to patient 1's left great toe as ordered on the plan of care. No further information or comments were provided.</p> <p>6. The complete clinical record was reviewed for patient 2, start of care date 10/5/2020, was reviewed on 10/26/2020, and included a plan of care for the certification period 10/5/2020 to 12/3/2020 with orders for physical therapy to "establish/upgrade home exercise program and provide therapeutic exercises and/or manual therapy techniques designed to restore functional strength and ROM [range of motion]."</p> <p>7. During a home visit on 10/27/2020 at 11:30 a.m. employee S, a physical therapist, was asked if patient 2 was provided a home exercise program. Employee S was unable to find the exercise program for the patient and stated the other physical therapist that sees patient 2 had not provided it yet. The agency failed to provide a home exercise program.</p> <p>8. During an interview on 10/27/2020 at 4:45 p.m. the Alternate Administrator stated teaching was</p> |                     | <p>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> <p>Patient #1 On 11/25/2020 patients response to teaching/understanding of the information was documented.</p> <p>Patient #2 Received a Home Exercise Program from the physical therapist on 10/27/2020.</p> <p>Patient #5 Patient discharged 10/27/2020</p> <p>Patient #11 Documented the patients response to teaching/understanding of the information on 11/25/2020.</p> |                            |

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| G 0578             | <p>not done at each visit. The Alternate Administrator was informed that the plan of care does not state if teaching should be done at each visit. The policy indicated that all education will be documented clearly each visit, the knowledge deficit, teaching plan, demonstrated skills, patient and/or caregiver response to teaching and evaluation 8. The complete clinical record for patient 5, start of care date 9/19/2020, was reviewed on 10/28/2020, and included a plan of care for the certification period 9/19/2020 to 10/27/2020 with orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record indicated the following:</p> <p>Visit Note Reports for 9/19, 9/23, 10/7, 10/16, 10/23 of 2020 failed to evidence that skilled nursing documented any teaching on how to manage hypertension or the patient understood and retained the information.</p> <p>9. The complete clinical record for patient 11, start of care date 12/6/19, was reviewed on 10/28/2020, and included a plan of care for the certification period 8/2/2020 to 9/30/2020 with orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record indicated the following:</p> <p>Visit Note Reports for 8/7, 8/20, 8/27, 9/3, 9/10, 9/17, and 9/24 failed to evidence that skilled nursing documented any teaching on how to manage hypertension or the patient understood and retained the information.</p> <p>17-13-1 (a)<br/>484.60(b)<br/>Conformance with physician orders</p> |               |   |                      |

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| Bldg. 00           | <p><b>Standard: Conformance with physician orders.</b></p> <p>Based on observation, record review, and interview, the agency failed to follow physician orders for 1 of 2 wound care observations. (Patient 1)</p> <p>Findings include:</p> <p>The complete clinical record for Patient 1 was reviewed on 10/26/2020 for the certification period 10/26/2020 to 12/24/2020, start of care date 8/27/2020, and included a plan of care with orders for the skilled nurse to "perform/teach diabetic ulcer care to left great toe, right foot, and right leg irrigate with wound cleanser, soap and water, or normal saline. Apply Betadine [topical antiseptic]. Cover with foam boarder dressing, or cover with gauze and tape and wrap with kerlex [dressing] using clean technique."</p> <p>During a home visit on 10/27/2020 at 10:00 a.m. employee K, a licensed practical nurse, was observed providing wound care for patient 1. Employee K removed the dressing from patient 1's left great toe, cleaned area with wound cleanser and applied Betadine. Employee K failed to apply a dressing to the left great toe as ordered by the physician.</p> <p>During an interview on 10/27/2020 at 4:30 p.m. the Alternate Administrator who was present on the home visit acknowledge employee K did not follow physician orders and apply a dressing to patient 1's left great toe.</p> | G 0578        | <p>Mandatory in-service for all field staff regarding: performing physicians orders to include wound care provided as ordered, was completed by the Director of Clinical Services and designee on: 11-06-2020 and 11-24-2020</p> <p>Education provided included the following policy:<br/>Policy 33.24 Plan of Care and Physician Orders<br/>Focus on Care Skin and Wound Care: Wound Care &amp; Cleansing and Dressing.<br/>Staff unable to attend the in-service was provided an educational packet on the above education on 11/25/2020.<br/>One on One education was conducted with Employee K, 10/27/2020 and 11/23/2020 by the Director of Clinical Services.<br/>Education provided included the above policies.<br/>Patient #1 On 10/28/2020 orders received updating wound care orders for dressing that indicated care to both toes.<br/>To ensure compliance with the above policies, the Director of Clinical Services or designee will complete 4 shared visits (remote or in person) a month for 3 months starting in December, to ensure conformance with physician orders, including observation of wound care.</p> | 12/02/2020           |

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| G 0590<br><br>Bldg. 00 | <p>484.60(c)(1)<br/>Promptly alert relevant physician of changes<br/>The HHA must promptly alert the relevant physician(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.</p> <p>Based on record review and interview, the agency failed to ensure the physician was noted regarding condition changes for 1 of 2 home visit observations with wound care. (Patient 1)</p> <p>Findings include:</p> <p>A undated Licensed Practical Nurse Job Description was provided by the Alternate Administrator on 10/28/2020 at 9:15 a.m. The job description indicated, but was not limited to, "Makes skilled observations regarding patient's physical and mental condition. Provides patient care and education, monitors patient status, responds to treatment/care, reports changes in patient's condition, completes and submits appropriate and timely written documentation."</p> | G 0590        | <p>On-going monitoring will be completed as part of the quarterly quality improvement process which includes 4 shared visits (remote or in person) for observation by Director of Clinical Services or designees with clinical staff.<br/>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> <p>Mandatory in-service for all field staff regarding: promptly alerting relevant physician of condition changes was completed by the Director of Clinical Services and designee on: 11-06-2020 and 11-24-2020</p> <p>Education provided included the following policy:<br/>Policy 33.24 Plan of Care and Physician Orders<br/>Policy 33.08 Nursing Service Focus on Care: Skin and Wound Care Registered Nurse Job Description given to appropriate staff to review and sign by 12/2/2020</p> | 12/02/2020           |

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|                    | <p>A 1/8/2018 Registered Nurse Job Description was provided by the Alternate Administrator on 10/28/2020 at 9:15 a.m. The job description indicated, but was not limited to, "Reports changes in patient condition to appropriate personnel and the attending physician ..."</p> <p>The complete clinical record for patient 1, start of care date 8/27/2020 was reviewed on 10/26/2020, and included a plan of care for the certification period 8/27/2020 to 10/25/2020 with orders for skilled nursing to "perform and teach diabetic foot care to left great toe, right foot, and right leg irrigate with wound cleanser, soap and water or normal saline. Apply Betadine. Cover with foam border dressing, or cover with gauze and tape and wrap with kerlix using clean/aseptic technique." The record failed to evidenced the physician was notified of patient 1's wound changes and failed to measure wounds weekly as follows:</p> <p>A ROC (resumption of care) visit dated 10/7/2020 indicated patient 1's left great toe wound measurement of 2.1 cm (centimeters) length x 2.5 cm width x 0.2 cm depth. Patient 1's right great toe wound measurement was 3 cm length x 2.5 cm width x 0.2 cm depth.</p> <p>A Care Team Coordination note dated 10/8/2020 indicated patient 1 was in the hospital from 9/24/2020 to 10/5/2020 because of increased swelling to the patient's right lower extremity and cellulitis (bacterial skin infection) to the right lower leg.</p> <p>A Wound Record Report dated 10/9/2020 indicated patient 1's left great toe wound was assessed but not due to be measured.</p> |               | <p>Director of Clinical Services will oversee wound care documentation to determine if patients wounds are declining or lack of progress. Director of Clinical Services will follow up with patient Case Manager to ensure follow up with physician as applicable.</p> <p>Staff unable to attend the in-service was provided an educational packet on the above education on 11/25/2020. One on One education was conducted with Employee K, 10/27/2020 and 11/23/2020 by the Director of Clinical Services. Education provided included the above policies.</p> <p>To ensure compliance with the above policies, the Director of Clinical Services or designee will complete 10 wound care patient chart reviews for 3 months, to ensure the physician was alerted of a change of condition if applicable.</p> <p>On-going monitoring will be completed as part of the quarterly quality improvement process to include clinical record reviews by Director of Clinical Services or designee.</p> <p>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> <p>Patient #1 Physician was notified on 10/28/2020 regarding wounds</p> |                      |

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|                    | <p>A Care Coordination note dated 10/9/2020 indicated wound care was provided and wounds were unchanged.</p> <p>A Wound Record Report dated 10/12/2020 indicated patient 1's left great toe wound was assessed but was unable to be measured.</p> <p>A Care Coordination note dated 10/12/2020 indicated wound care and measurements recorded. No evidence if wounds were improving or not.</p> <p>A Care Coordination note dated 10/15/2020 did not include documentation on patient 1's wounds.</p> <p>A Wound Record Report dated 10/16/2020 indicated patient's 1's left great toe was assessed but not due to be measured.</p> <p>A Care Coordination note dated 10/16/2020 indicated wound care was provided as ordered and that wounds were unchanged. The skilled nurse indicated a follow up would occur on Monday.</p> <p>The clinical record failed to evidence patient 1's left great toe wound was measured for the week of 10/11 to 10/17 of 2020.</p> <p>A Care Coordination note dated 10/19/2020 indicated an assessment and measurement of patient's 1's left great toe wound of 1 cm x 1 cm x 0.</p> <p>A Wound Record Report dated 10/23/2020 indicated patient 1's left great toe measurement was 1.3 cm x 1.4 cm x 0.2 cm.</p> <p>A Care Coordination note dated 10/23/2020 indicated patient 1's ulcers were not healing. No</p> |               | not healing. New orders received. Patient #1 Physician notified and documented in the patients record on 10.23.20 for confirmation of verbal orders for plan of care. |                      |

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| G 0682<br>Bldg. 00 | <p>indication in the record that a follow up call was placed to the physician for further orders.</p> <p>A RN Recertification Visit Note Report dated 10/23/2020 indicated patient 1's "ulcers on feet still not healing ... and stated no therapy or B [sic] bath aid has been back since getting out of the hospital 3 weeks ago ..." The visit note indicated a supervisory visit was completed on the home health aide at that time. The narrative note indicated [physician name] was called 10/23/2020 for verbal order plan of care. No return call from the physician was indicated on the narrative note.</p> <p>During an interview on 10/27/2020 at 4:00 p.m. the Administrator and Alternate Administrator stated wounds should be measured weekly and physician's should be updated if there was no improvement in the patient's wound.</p> <p>17-13-1(a)(2)</p> <p>484.70(a)<br/>Infection Prevention<br/>Standard: Infection Prevention.<br/>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.<br/>Based on observation, record review, and interview, the agency failed to ensure standard infection control precautions were followed for 2 of 2 wound care observations. (Patient 1, 7)</p> <p>Findings include:</p> <p>1. A 12/4/19 policy titled Hand Hygiene was provided by the Alternate Administrator on 10/27/2020 at 1:50 p.m. The policy indicated, but was not limited to, "Hand hygiene is performed: ...</p> | G 0682        | Mandatory in-service for all field staff regarding: Infection Prevention to include accepted standards of practice, use of standard precautions to prevent the transmission of infections and communicable diseases, was completed by the Director of Clinical Services and designee on: 11-06-2020 and 11-24-2020 | 12/02/2020           |

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|  | <p>before handling clinician or patient's clean supplies ... after removing gloves ... 4. The use of gloves does not eliminate the need to perform hand hygiene ... Change gloves between tasks and procedures on the same patient to prevent cross contamination ... Remove gloves after use ... Perform hand hygiene"</p> <p>2. During a home visit on 10/27/2020 at 10:00 a.m. employee K, a licensed practical nurse, was observed providing wound care for patient 1. Employee K was observed applying gloves prior to removing a dressing from patient 1's right great toe, right heel, and left great toe. Employee K was then observed reaching into a box with wound supplies with soiled gloves. Employee K failed to remove gloves and perform hand hygiene after removing soiled dressings and before obtaining more supplies from a box.</p> <p>3. During a home visit on 10/28/2020 at 1:00 p.m. employee T, a registered nurse, was observed provided wound vac (a device used to help with wound healing) care for patient 7. Employee T was observed double gloving (applying 2 pairs of gloves) then applying hand sanitizer over gloves and rubbing in for 6 seconds. Employee T forgot to bring in 4 x 4 gauze dressings and proceeded to open the door with wet gloves to obtain items in the car. Employee T returned to the bedroom wearing the same gloves. Employee T removed the top pair of gloves, reapplied a second pair of gloves and applied hand sanitizer to the gloves. Employee T proceeded to remove the clear dressing from patient 7's wound area. Before the dressing was completely removed the wound vac machine alarm sounded. Employee T turned the machine off with soiled gloves still on. After employee T secured the dressing to patient 7's wound, employee failed to remove gloves and</p> |   | <p>Education provided included the following policies:<br/>Policy 33.900 Hand Hygiene<br/>Policy 33.39 Standard Precautions<br/>CDC Hand Washing Materials<br/>Hand Hygiene Do's and Don'ts<br/>Staff unable to attend the in-service was provided an educational packet on the above education on 11-25-2020.<br/>In person hand hygiene competency skills with clinical field staff regarding: proper hand hygiene and use of standard precautions. Competencies were completed by Director of Clinical Services/designee on 11/25/2020.<br/>One on One education was conducted with Employee 10/27/2020 and 11/23/2020 by the Director of Clinical Services.<br/>Education provided included the above policies.<br/>One on One education was conducted with Employee T 10/29/2020 and 11/24/2020 by the Director of Clinical Services.<br/>Education provided included the above policies.<br/>To ensure compliance with the above policies, the Director of Clinical Services or designee will complete 4 shared visits (on-site or remote) for observation per month for 3 months starting in December, for evidence of proper hand hygiene to include use of and changing gloves as required by standards of practice and</p> |                      |   |

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|                    | <p>hand sanitize before handling the wound was machine. Employee T then applied hand sanitizer to gloved hands, rubbed gloved hands together for 2 seconds and then touched the patient's dressing to the wound with wet gloves. Employee T removed gloves and touched patient supplies and wound vac canister. Employee T failed to perform hand hygiene before touching patient items and wound vac machine. Employee T then ungloved top layer of gloves and applied a second pair of gloves on and applied hand sanitizer onto gloves rubbing in for 7 seconds. With visible wet gloves, employee T applied a opsite strip (clear dressing) onto patient 7's abdominal wound, then touched the oxygen saturation machine, removed blood pressure cuff from white case and obtained radial pulse, took temperature assessed lung sounds with stethoscope with same wet gloves. Employee T removed removed gloves and reapplied another set of gloves without performing hand hygiene. Employee T then applied hand sanitizer overtop of the gloves and proceeded disinfect vital sign equipment. Employee T failed to follow agency policy on hand hygiene. At the end of the visit, employee T was interviewed outside the patient's home and was asked why he/she applied two pairs of gloves and then applied hand sanitizer. Employee T stated that he/she worked in the hospital and that was what was done and it was easier to double glove. Employee Y, a registered nurse, who was accompanying the surveyor did not provide any additional information.</p> <p>4. During an interview on 10/27/2020 at 4:30 p.m. the Alternate Administrator who was present on the home visit acknowledged that the clinician did not remove gloves after wound care was provided and before obtaining more supplies from the patient's supply box.</p> |               | <p>policy.<br/>On-going monitoring will be completed as part of the quarterly quality improvement process which includes 4 shared visits (on-site or remote) for observation by Director of Clinical Services or designee.<br/>This compliance process will be under the direct supervision of the Director of Operations with oversight by the Governing Body.</p> |                      |

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| G 0704<br>Bldg. 00 | <p>5. During an interview on 10/28/2020 at 2:30 p.m. the Alternate Administrator was asked if employee Y who was present during the home visit had any issues with the visit. The Alternate Administrator stated that employee Y informed him/her that double gloving was an issue.</p> <p>6. During a daily conference meeting on 10/28/2020 at 4:30 p.m. the Regional Vice President, Administrator, and Alternate Administrator were made aware of the above home visit for 10/28/2020. No additional information was provided or voiced during the conference.</p> <p>17-12-1(m)<br/>484.75(b)<br/>Responsibilities of skilled professionals<br/>Standard: Responsibilities of skilled professionals.<br/>Skilled professionals must assume responsibility for, but not be restricted to, the following:<br/>Based on observation, record review, and interview, the agency failed to assume responsibility on updating the aide plan of care for 1 of 2 home health aide visits. (Patient 4)</p> <p>Findings include:<br/><br/>An undated job description titled Registered Nurse was provided by the Alternate Administrator on 10/28/2020 at 9:15 a.m. The job description indicated, but was not limited to, "Evaluates and revises care plans/assessments sheets based on changes in patients and/or the environment."</p> | G 0704        | <p>Mandatory in-service for all skilled professionals regarding: skilled professionals must assume responsibility for updating the aide plan of care for patients with home health aide services was completed by the Director of Clinical Services and designee on: 11-06-2020 and 11-18-2020</p> <p>Education provided included the following policy:<br/>Policy 33.37 Home Health Aide and Homemaker<br/>Registered Nurse Job Description</p> | 12/02/2020           |

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|                    | <p>The complete clinical record for Patient 4 was reviewed on 10/29/2020 for the certification period 9/25/2020 to 11/23/2020 with orders for home health aide services for assistance with personal care, hygiene and activities of daily living 2 times a week for 8 weeks. The record evidenced the following:</p> <p>A review of an order dated 9/14/2020 evidenced an order for patient 4 to have bilateral leg compression dressings.</p> <p>An Aide Care Plan Report dated 9/25/2020 indicated patient 4 was to receive a "shower with chair each visit".</p> <p>The Aide Visit Note Reports for the following dates evidenced patient 4 was receiving a "shower with chair each visit": 9/29, 10/1, 10/6, 10/8, 10/12, 10/15, 10/20, 10/22, 10/27 of 2020.</p> <p>During a home visit on 10/29/2020 at 9:00 a.m. employee Q, a home health aide, was observed providing a sponge bath for patient 4. Employee Q stated the patient receives a sponge bath while in the wheelchair because the patient's bilateral legs are wrapped with dressings. Employee Q stated the nurse washes the patient's legs on the days the nurse re-wraps the patient's legs. Patient 4 was receiving a sponge bath since 9/24/2020. The registered nurse failed to update the aide plan of care to reflect the care the aide was providing.</p> <p>During an interview on 10/29/2020 at 11:30 a.m. the Alternate Administrator who was present on the home visit acknowledged the aide plan of care was not updated. The Alternate Administrator stated employee Q told the nurse, but the nurse failed to update the aide plan of care on the day the patient received orders for compression</p> |               | <p>given to appropriate staff to review and sign by 12/2/2020<br/>Staff unable to attend the in-service was provided an educational packet on the above education on 11/25/2020<br/>One on One education was conducted with Employee Q, 10/29/2020 and 11/24/2020 by the Director of Clinical Services. Education provided included the above policy and job description. To ensure compliance with the above policies and processes, the Director of Clinical Services or designee will review 10 Home Health aide charts per month for 3 months to ensure skilled professionals assumed responsibility to update the plan of care for HHA's.<br/>On-going monitoring will be completed as part of the quarterly quality improvement process to include clinical record reviews by Director of Clinical Services or designee.<br/>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.<br/>Patient #4 Home Health Aide Care plan was updated 10/29/2020.</p> |                      |

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| G 0708<br>Bldg. 00 | <p>dressings to his/her lower legs.</p> <p>484.75(b)(2)<br/>Development and evaluation of plan of care<br/>Development and evaluation of the plan of care in partnership with the patient, representative (if any), and caregiver(s);<br/>Based on observation, record review, and interview, the agency failed to update the aide plan of care for 1 of 2 home health aide visits. (Patient 4)</p> <p>Findings include:</p> <p>An undated job description titled Registered Nurse was provided by the Alternate Administrator on 10/28/2020 at 9:15 a.m. The job description indicated, but was not limited to, "Evaluates and revises care plans/assessments sheets based on changes in patients and/or the environment."</p> <p>The complete clinical record for Patient 4 was reviewed on 10/29/2020 for the certification period 9/25/2020 to 11/23/2020 with orders for home health aide services for assistance with personal care, hygiene and activities of daily living 2 times a week for 8 weeks. The record evidenced the following:</p> <p>A review of an order dated 9/14/2020 evidenced an order for patient 4 to have bilateral leg compression dressings.</p> <p>An Aide Care Plan Report dated 9/25/2020 indicated patient 4 was to receive a "shower with chair each visit".</p> <p>The Aide Visit Note Reports for the following dates evidenced patient 4 was receiving a</p> | G 0708        | <p>Mandatory in-service for field clinicians regarding: development and evaluation of the plan of care with focus on home health aide services was completed by the Director of Clinical Services and designee on: 11-06-2020 and 11-18-2020</p> <p>Education provided included the following policy:<br/>Policy 33.37 Home Health Aide and Homemaker<br/>Registered Nurse Job Description given to appropriate staff to review and sign by 12/2/2020<br/>A 100% of all patients records receiving home health aid services were reviewed to ensure the HHA care plan is current/updated to reflect the patients needs.<br/>Staff unable to attend the in-service was provided an educational packet on the above education on 11/25/2020.<br/>One on One education was conducted with Employee Q, 10/29/2020 and 11/24/2020 by the Director of Clinical Services.<br/>Education provided included the following policy, job description, Focus on Care: Home Health Aide Verbal Reporting to Supervisor.</p> | 12/02/2020           |

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| G 0716<br>Bldg. 00 | <p>"shower with chair each visit": 9/29, 10/1, 10/6, 10/8, 10/12, 10/15, 10/20, 10/22, 10/27 of 2020.</p> <p>During a home visit on 10/29/2020 at 9:00 a.m. employee Q, a home health aide, was observed providing a sponge bath for patient 4. Employee Q stated the patient receives a sponge bath while in the wheelchair because the patient's bilateral legs are wrapped with dressings. Employee Q stated the nurse washes the patient's legs on the days the nurse re-wraps the patient's legs. Patient 4 was receiving a sponge bath since 9/24/2020. The registered nurse failed to update the aide plan of care to reflect the care the aide was providing.</p> <p>During an interview on 10/29/2020 at 11:30 a.m. the Alternate Administrator who was present on the home visit acknowledged the aide plan of care was not updated. The Alternate Administrator stated employee Q told the nurse, but the nurse failed to update the aide plan of care on the day the patient received orders for compression dressings to his/her lower legs.</p> <p>17-14-1(a)(1)(C)</p> <p>484.75(b)(6)<br/>Preparing clinical notes<br/>Preparing clinical notes;<br/>Based on record review and interview, the agency failed to ensure all services were documented in the clinical record for 1 of 12 active records reviewed. (Patient 5); and failed to ensure clinicians followed agency policy regarding documentation of teaching, and patient/caregiver response to teaching at each visit for 3 of 3 records reviewed for hypertension teaching. (Patient 1, 5, 11)</p> <p>Findings include:</p> | G 0716        | <p>To ensure compliance with the above policies and processes, the Director of Clinical Services or designee will conduct 10 Home Health aide chart reviews per month for 3 months to ensure care plans are revised as patients care/environment requirements changes.</p> <p>On-going monitoring will be completed as part of the quarterly quality improvement process to include clinical record reviews by Director of Clinical Services or designee.</p> <p>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> <p>Mandatory in-service for field clinicians regarding: preparing accurate clinical notes was completed by the Director of Clinical Services and designee on: 11-06-2020.</p> <p>Education provided included the following policy:<br/>Policy 33.24 Plan of Care and Physician Orders</p> | 12/02/2020           |

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|                    | <p>1. A revised 2/28/19 policy titled Plan of Care and Physician Orders was provided by the Alternate Administrator on 10/30/2020 at 9:55 a.m. The policy indicated, but was not limited to, "8. All care and services provided is according to current physician orders. Clinicians are responsible for alerting the physician to any changes in patient care or condition that suggest a need to alter the POC [Plan of Care]."</p> <p>2. An 11/21/19 policy titled Patient and Caregiver Education was provided by the Alternate Administrator on 10/30/2020 at 9:55 a.m. The policy indicated, but was not limited to, "Document clearly each visit, the knowledge deficit, teaching plan, demonstrated skills, patient and/or caregiver response to teaching and evaluation."</p> <p>3. A 1/8/2019 Registered Nurse Job Description was provided by the Alternate Administrator on 10/28/2020 10:22 a.m. The job description indicated, but was not limited to, "Administers, teaches, supervises, and coordinates nursing care to patient ..."</p> <p>4. The complete clinical record for patient 5, start of care date 9/19/2020, was reviewed on 10/28/2020, and included a plan of care for the certification period 9/19/2020 to 10/27/2020. The record indicated the following:</p> <p>A "Visit Note Report" written by Employee FF indicated patient 5 requested discharge from the program. Employee FF indicated that the team manager would be informed of this decision, however no documentation the communication occurred or doctor was made aware of the changes took place for the patient.</p> |               | <p>Policy 33.68 Patient and Caregiver Education<br/>Registered Nurse Job Description given to appropriate staff to review and sign by 12/2/2020<br/>Staff unable to attend the in-service was provided an educational packet on the above education on 11/25/2020.<br/>One on One education was conducted with Employee FF 10/28/2020 and 11/24/2020 by the Director of Clinical Services.<br/>Education provided included the above policies.<br/>To ensure compliance with the above policies and processes, the Director of Clinical Services or designee will conduct 10 patients charts for 3 months, to ensure that teaching of disease management reinforcement and patients understanding was documented.<br/>On-going monitoring will be completed as part of the quarterly quality improvement process to include clinical record review by Director of Clinical Services or designee.<br/>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> <p>Patient #1: Received education on how to manage hypertension and documented the patients response to teaching/understanding of the information on 10/30/2020.</p> |                      |

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|                    | <p>On 10/28/20 at 12:30 p.m., a discharge order for patient 5 was requested from the Alternative Administrator. At 12:45 p.m., the Alternate Administrator stated the provider was contacted by an RN on 10/27/20, a message was left but at that time no call from the doctor had been returned. During record review, there was no documentation the call was placed to update the doctor of changes to the plan of care.</p> <p>During an interview on 10/28/2020 at 4:25 p.m., the Administrator and Alternate Administrator indicated there should be documentation in the record if a physician is contacted.</p> <p>Orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record indicated the following:</p> <p>Visit Note Reports for 9/19, 9/23, 10/7, 10/16, 10/23 of 2020 failed to evidence that skilled nursing documented any teaching on how to manage hypertension or the patient understood and retained the information.</p> <p>5. The complete clinical record for patient 11, start of care date 12/6/19, was reviewed on 10/28/2020, and included a plan of care for the certification period 8/2/2020 to 9/30/2020 with orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record indicated the following:</p> <p>Visit Note Reports for 8/7, 8/20, 8/27, 9/3, 9/10, 9/17, and 9/24 failed to evidence that skilled nursing documented any teaching on how to manage hypertension or the patient understood and retained the information.6. The complete clinical record for patient 1, start of care date</p> |               | <p>Patient #5 On 10/28/2020 Physician contacted and verbally made aware and documented in medical record.</p> <p>Patient #5 Patient discharged 10/27/2020</p> <p>Patient #11: Documented the patients response to teaching/understanding of the information on 11.25.20.</p> |                      |

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| G 0728<br>Bldg. 00 | <p>8/27/20, was reviewed on 10/26/2020, and included a plan of care for the certification period 8/27/2020 to 10/25/2020 with orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record evidenced the following:</p> <p>Visit Note Reports for 9/1, 9/3, 9/8, 9/10, 9/14, 9/17, 9/21, 9/24, 10/9, 10/12, 10/16, 10/19 of 2020 failed to evidence the skilled nurse documented any teaching on how to manage hypertension or the patient understood and retained the information.</p> <p>7. During an interview on 10/27/2020 at 4:45 p.m. the Administrator and Alternate Administrator stated that not everything was taught at each visit and acknowledge the plan of care does not state if teaching and reinforcement on hypertension should be taught each visit.</p> <p>17-14-1(a)(1)(E)<br/>17-14-1(a)(2)(B)</p> <p>484.75(c)(2)<br/>Rehab services supervised by PT, OT<br/>Rehabilitative therapy services are provided under the supervision of an occupational therapist or physical therapist that meets the requirements of §484.115(f) or (h), respectively.</p> <p>Based on observation, record review, and interview, the agency failed to incorporate a gait belt while walking an unsteady patient for 1 of 1 home visit patients receiving physical therapy services. (Patient 2)</p> <p>Findings include:<br/><br/>A 5/3/2019 article titled Gait belts 101: A tool for</p> | G 0728        | <p>Mandatory in-service for therapy clinicians regarding: Rehabilitative services are provided under supervision of the therapist was completed by the Director of Clinical Services and designee on 11-24-2020.</p> <p>Education provided included the following policy:</p> | 12/02/2020           |

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|                    | <p>patient and nurse safety indicated "Gait belts, which are typically used by physical therapists, also can be used by nurses and other properly trained patient caregivers to protect themselves and their patients ... if you're walking with a patient who becomes dizzy or experiences a syncope event ... you can help prevent injury by holding on to the gait belt and guiding the patient to the floor."</p> <p>An undated job description titled "Certified PT" was provided by the Alternate Administrator on 10/30/2020 at 9:55 a.m. The job description indicated, but was not limited to, " ... establishes care plan, ... for continued needs based on the patient assessment. Performs physical therapy treatments according to the plan of care."</p> <p>The complete clinical record for patient 2, start of care 10/5/2020, was reviewed on 10/26/2020, with a plan of care for the certification period 10/5/2020 to 12/3/2020 with orders for PT (Physical Therapy) to evaluate gait and provide gait training using appropriate assistive devices as needed to ensure patient safety. Patient 2's diagnoses were legal blindness and unspecified abnormalities of gait and mobility. The clinical record evidenced the following:</p> <p>A PT Oasis Admission Visit Note Report dated 10/5/2020 indicated a MAHC (fall risk tool) score of 9 which the patient was a risk for falling. The visit note indicated the patient grabs, staggers, and was unsteady turning 360 degrees. The patient's balance score was 4 and the Tinetti (assessment tool) score was 8. Based on the two scores the patient was an increased fall risk.</p> <p>During a home visit on 10/27/2020 at 11:30 a.m. employee S, a physical therapist, was observed</p> |               | <p>Policy 33.129 Safe Patient Mobility<br/>Physical Therapist/Occupational Therapist job descriptions were given to appropriate clinician for review and signature.<br/>Staff unable to attend the in-service was provided an educational packet on the above education on 11/25/2020.<br/>One on One education was conducted with Employee S, 10/28/2020 and 11/24/2020 by the Director of Clinical Services. Education provided included the above policies.<br/>To ensure compliance with the above policy and job description, the Director of Clinical Services or designee will complete 4 shared visits (on site or remote) per month for 3 months starting in December, for evidence of safe mobility with patients.<br/>On-going monitoring will be completed as part of quarterly quality improvement process which includes 4 shared visits (on site or remote) for observation by Director of Clinical Services or designee with clinical staff.</p> <p>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> |                      |

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| G 0940<br><br>Bldg. 00   | <p>providing walking assistance to patient 2. Patient 2 was observed to lean and become unsteady while walking from the dining room to his/her bedroom and back. Employee S failed to utilize a gait belt while walking and holding onto the patient hand and back.</p> <p>17-14-1(b)(1)</p> <p>484.105<br/>Organization and administration of services<br/>Condition of participation: Organization and administration of services.<br/>The HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient's plan of care, for each patient's medical, nursing, and rehabilitative needs.<br/>The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority, and services furnished.<br/>Based on observation, record review, and interview, the agency failed to ensure a relationship between the Administrator and the Governing Body was maintained; failed to ensure the administrative functions were not delegated to an outside entity; and, failed to ensure the organizational structure and lines of authority were clearly identified (See G940); the Governing Body failed to adopt policies and procedures specific to the home health agency and not that of another entity; failed to ensure Governing Body meeting minutes reflected the home health agency and not another entity (See G942); the</p> | G 0940              | <p>On 11/24/20, the Board of Managers ("the Board") of the HHA, the HHA's Governing Body, called a Special Meeting to discuss and approve Plan of Correction.<br/>The Board additionally approved the following:<br/>A revised Organizational Chart, requiring the Director/Administrator to report directly to the Board.<br/>Review and approval of the Policy</p> | 11/25/2020                 |

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|                          | <p>Administrator failed to be responsible for the day-to-day operations of the home health agency (See G948); failed to provide oversight and ensure patient needs were continually assessed for 1 of 2 home visits with wound care (See G958); failed to ensure patient needs were continually assessed (See G966); and, failed to ensure acceptable standards of practice regarding infection control and following physician orders (See G984).</p> <p>The cumulative effect of this systemic problem resulted in the agency being out of compliance with §484.105 Condition of participation: Organization and administration of services.</p> <p>Findings include:</p> <p>1. A 10/17/18 policy titled Administrative Control was provided by the Regional Vice President on 10/29/2020 at 10:15 a.m. The policy indicated, but was not limited to, "The Administrative Staff maintains administrative control and establishes lines of authority for the delegation of responsibility ... The governing body assumes full legal authority and responsibility for operation of the Company ... The governing body is responsible for: Appointing a qualified administrator ... The Regional Vice President (RVP) is responsible for the overall management of the Agencies in their designated region ... "</p> <p>2. A 10/17/18 policy titled Administrative Control was provided by the Regional Vice President on 10/29/2020 at 10:15 a.m. The policy indicated, but was not limited to, "The Governing Body is responsible for: ... The DO [director of operations] is responsible for the day-to-day operations of each individual Branch. In the absence of the DO, the RVP carries out the responsibilities of the DO ... 2. For Home Care and Hospice: In the absence</p> |                     | <p>30.01A. Policy 30.01A is specific to the HHA, and implemented to clearly identify the organizational structure, lines of authority, and Board's responsibilities. The Board acknowledged its ability to review, revise, or rescind any HHA policy at its direction.</p> <p>Revision occurred to the HHA employee Job Descriptions to remove reference to Hospice duties.</p> <p>During the Special Meeting, an overview was provided to the Board, including the following:<br/>A review of the Conditions of Participation relating to the Board's responsibility to monitor and control the administrative and supervisory functions to the Board.<br/>A review of the Board's responsibility to review, revise, and approve policies utilized by the HHA.<br/>A review of the legal distinction between HHA and the Hospice, including the obligation for each respective Governing Body to hold separate meetings.<br/>Training to the Board and Secretary to the Board with regard to the taking of minutes, ensuring that only HHA specific agenda items are discussed during Board meetings.<br/>The Administrator/Director of Operations was educated by the Governing Body Member and Compliance Officer on 11/18/2020 regarding duty to provide</p> |                            |

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|                    | <p>of the DO, the RVP may designate the DCS to carry out the responsibilities of the DO. The Administrative replacement will be documented on Form 1775, Administrative Replacement."</p> <p>3. An undated organizational chart titled Deaconess Home Health was provided by the Administrator on 10/26/2020 at 11:00 a.m. and evidenced the Administrator reported to non-employee D, Regional Vice President, who was not a member of the governing body. The organizational chart failed to ensure a relationship between the Administrator and the Governing Body was maintained.</p> <p>4. During an interview on 10/27/2020 at 4:00 p.m. the Regional Vice President was asked what his/her role was during the survey to which he/she responded that he/she would be a consultant and support for the Administrator.</p> <p>5. During an interview on 10/26/2020 reviewed the organizational chart along with the Administrator. The administrator was asked to identify the governing body on the chart. The Administrator indicated the Regional Vice President was a member of the governing body and the Administrator reported to him/her. On 10/27/2020 the Administrator stated the Regional Vice President was not a member of the Governing Body but non-employee E, Chief Operating Officer was. The Administrator failed to have a direct relationship with the governing body.</p> <p>6. During an interview on 11/2/2020 at 9:00 a.m. the Administrator was asked who performs employee background checks to which he/she stated entity 1, a corporate office in Ohio, does background checks, processes applications, drug screens, and physicals.</p> |               | <p>day-to-day oversight; to ensure patient needs were continually assessed; to ensure acceptable standards of practice regarding infection control; to approve all new hires; and to ensure employees are following physician orders.</p> <p>Education provided included the following policy:<br/>Policy 31.01A Administrative Control<br/>Policy 31.05 Quality Improvement Performance Improvement Plan<br/>Administrator/Director of Operations reviewed and signed job description.<br/>Administrator/ Director of Operations will conduct weekly meetings with the Director of Clinical Services to include but not limited to: staffing, patient care needs, quality concerns, and adherence to plan of correction from survey report.<br/>This compliance process will be under the direct supervision of the Governing Body.</p> |                      |

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|                    | <p>7. During an interview on 11/2/2020 at 1:00 p.m. employee V, human resource personnel, was asked what all was done at the Corporate level regarding personnel files. Employee V stated non-employee Z from Ohio conducts the criminal background checks, employee reference checks, sets up physical screens, completes I-9 forms, W-4 forms, verifies chickenpox screen forms, employee agreement and confidentiality forms. The agency delegated these services to corporate entity 1.</p> <p>8. The Administrator provided the agency's Governing Body / Board of Directors Meeting minutes on 10/27/2020 at 10:14 a.m. The meeting minutes for 2/5/20, 6/18/20, and 7/16/20 evidenced non-employee members were present for the meeting, and the meeting minutes evidenced a discussion of the operations of another provider entity 3. The meeting minutes dated 6/18/2020 evidenced a non-governing body member reviewed the quality assurance and performance improvement program for the home health agency and also for entity 3. The meeting notes indicated non-employee D reviewed the palliative care program and stated he/she would like to bring the program over to Deaconess. The meeting minutes indicated non-employee D reviewed the Operations report for the home health agency and also for entity 3, and that non-employee D presented the FY2021 budget review.</p> <p>9. During an interview on 10/28/2020 at 4:30 p.m. the Regional Vice President, Administrator, and Alternate Administrator, were made aware of the agency policy titled Administration. The policy was read to them. The Regional Vice President stated that he/she would oversee the regional branches and that the Alternate Administrator</p> |               |   |                      |

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| G 0942<br>Bldg. 00 | <p>would cover for the Administrator in their absence. The Regional Vice President stated that the agency was not a branch. During the interview, the Regional Vice President stated that all of the company's joint ventures included both hospice and home health and did not feel that it was an issue. The Administrator did not provide any additional information or comments.</p> <p>10. During an interview on 10/26/2020 reviewed the organizational chart along with the Administrator. The administrator was asked to identify the governing body on the chart. The Administrator indicated the Regional Vice President was a member of the governing body and the Administrator reported to him/her. On 10/27/2020 the Administrator stated the Regional Vice President was not a member of the Governing Body but non-employee E, Chief Operating Officer was. The Administrator failed to have a direct relationship with the governing body.</p> <p>17-12-1(a)(1)<br/>17-12-1(a)(2)</p> <p>484.105(a)<br/>Governing body<br/>Standard: Governing body.<br/>A governing body (or designated persons so functioning) must assume full legal authority and responsibility for the agency's overall management and operation, the provision of all home health services, fiscal operations, review of the agency's budget and its operational plans, and its quality assessment and performance improvement program.<br/>Based on observation, record review, and interview, the Governing Body failed to adopt policies and procedures specific to the home health agency and not that of another entity; and</p> | G 0942        | On 11/24/20, the Board of Managers ("the Board") of the HHA, called a Special Meeting to discuss and approve the Plans of | 11/25/2020           |

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|                          | <p>failed to ensure Governing Body meeting minutes reflected the home health agency and not another entity.</p> <p>Finding include:</p> <p>A revised 10/2014 CMS State Operation Manual indicated but was not limited to, "Health Facility-Based HHAs [Home Health Agencies] (Rev. 125, Issued: 10-31-14, Effective: 10-31-14, Implementation: 10-31-14) An HHA based to a hospital, SNF [Skilled Nursing Facility], hospice, or rehabilitation facility is expected to be an integral but subordinate part of the institution. Administrative and fiscal controls may be exercised over the HHA. However, the HHA's policies, personnel files, and clinical records must be separate and identifiable.</p> <p>The CMS revised 10/2014 State Operation Manual indicated but was not limited to, "... If members of the institution's governing body serve the HHA as the group of professional personnel, minutes must reflect meetings of this group. Clinical records may be maintained in the record room or department ..."</p> <p>The agency failed to adopt the following policies &amp; procedures for Deaconess Home Health LLC and failed to contain information specific to the home health agency and not that of entity 1 and entity 2:</p> <p>Alcohol and Drug-Free Workplace<br/>Hand Hygiene<br/>Administrative Control<br/>Patient and Caregiver Education<br/>Medical Record Management<br/>Pandemic Regulatory Guidance<br/>Pandemic Infectious Disease</p> |                     | <p>Correction. The Board additionally approved the following:<br/>A revised Organizational Chart, requiring the Director/Administrator to report directly to the Board.<br/>Review and approval of the Policy 30.01A. Policy 30.01A is specific to the HHA, and implemented to clearly identify the organizational structure, lines of authority, and Board's responsibilities. The Board acknowledged its ability to review, revise, or rescind any HHA policy at its direction.<br/>Revision occurred to the HHA employee Job Descriptions to remove reference to Hospice duties.<br/>During the Special Meeting, an overview was provided to the Board, including the following:<br/>A review of the Conditions of Participation relating to the Board's responsibility to monitor and control the administrative and supervisory functions to the Board.<br/>A review of the Board's responsibility to review, revise, and approve policies utilized by the HHA.<br/>A review of the legal distinction between HHA and the Hospice, including the obligation for each respective Governing Body to hold separate meetings.<br/>Training to the Board and Secretary to the Board with regard to the taking of minutes, ensuring that only HHA specific agenda</p> |                            |

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|                    | <p>Covid-19 Location specific Office Staffing Plan:<br/>Location Deaconess Home Health &amp; Hospice<br/>Evansville</p> <p>The following job descriptions failed to ensure they were separate and identifiable from entity 3:</p> <p>Job Description: Director, Area Operations - Homecare/Hospice<br/>Job Description: Registered Nurse - Homecare/Hospice/Staffing<br/>Job Description: Director, Clinical Services - Home Health/Hospice/Infusion<br/>Job Description: Licensed Practical Nurse - Home Care/Hospice/Staffing<br/>Job Description: Registered Nurse - Homecare/Hospice/Staffing</p> <p>During an interview on 10/30/2020 at 1:30 p.m. the Administrator was made aware the policies were not specific to the home health agency and contained information of entity 1. The Administrator stated it did not make any sense. At that time the Regional Vice President did not feel there was an issue with the policies as the company was nationally based.</p> <p>During an interview on 10/30/2020 at 2:00 p.m. the Administrator, Alternate Administrator, and Regional Vice President were made aware that the Indiana Department of Health [IDOH] identifies the agency's legal name as Deaconess Home Health LLC, and the owner as entity 4. The agency failed to have agreements and policies that match the legal name and/or the owning entity. During the interview, it was stated that IDOH understands there was a common interest among all of them but IDOH can only work with what IDOH knows them to be. During the interview the concern was noted that hospice</p> |               | items are discussed during Board meetings.  |                      |

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| G 0948<br>Bldg. 00 | <p>language was embedded within the home health agency's policies and that the Governing Body Meeting minutes included hospice information; therefore, the home health agency did not demonstrate compliance with the COP independently from entity 3.</p> <p>The Administrator provided the agency's Governing Body / Board of Directors Meeting minutes on 10/27/2020 at 10:14 a.m. The meeting minutes for 2/5/20, 6/18/20, and 7/16/20 evidenced non-employee members were present for the meeting, and the meeting minutes evidenced a discussion of the operations of another provider entity 3. The meeting minutes dated 6/18/2020 evidenced a non-governing body member reviewed the quality assurance and performance improvement program for the home health agency and also for entity 3. The meeting notes indicated non-employee D reviewed the palliative care program and stated he/she would like to bring the program over to Deaconess. The meeting minutes indicated non-employee D reviewed the Operations report for the home health agency and also for entity 3, and that non-employee D presented the FY2021 budget review.</p> <p>17-12-1(b)</p> <p>484.105(b)(1)(ii)<br/>Responsible for all day-to-day operations (ii) Be responsible for all day-to-day operations of the HHA;<br/>Based on record review and interview, the Administrator failed to be responsible for all day-to-day operations of the home health agency.</p> <p>Findings include:<br/><br/>A 10/17/18 policy titled Administrative Control</p> | G 0948        | The Administrator/Director of Operations was educated by the Governing Body Member and Compliance Officer on 11/18/2020 regarding duty to provide day-to-day oversight of the HHA. Education provided included the | 12/02/2020           |

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|                    | <p>was provided by the Regional Vice President [RVP] on 10/29/2020 at 10:15 a.m. The policy indicated, but was not limited to, "The Governing Body is responsible for: ... The DO [director of operations] is responsible for the day-to-day operations of each individual Branch. In the absence of the DO, the RVP carries out the responsibilities of the DO ... 2. For Home Care and Hospice: In the absence of the DO, the RVP may designate the DCS to carry out the responsibilities of the DO. The Administrative replacement will be documented on Form 1775, Administrative Replacement."</p> <p>During an interview on 11/2/2020 at 9:00 a.m. the Administrator was asked who performed employee background checks to which he/she stated entity 1, a corporate office in Ohio, does background checks, processes applications, and set up drug screens and physicals.</p> <p>During an interview on 11/2/2020 at 1:00 p.m. employee V, human resource personnel, was asked what all was done at the Corporate level regarding personnel files. Employee V stated non-employee Z from Ohio conducts the criminal background checks, employee reference checks, sets up physical screens, completes I-9 forms, W-4 forms, verifies chickenpox screen forms, employee agreements and confidentiality forms. The agency delegated these services to corporate entity 1.</p> <p>The Administrator provided the agency's Governing Body / Board of Directors Meeting minutes on 10/27/2020 at 10:14 a.m. The meeting minutes for 2/5/20, 6/18/20, and 7/16/20 evidenced non-employee members were present for the meeting, and the meeting minutes evidenced a discussion of the operations of another provider</p> |               | <p>following policy:<br/>Policy 31.01A Administrative Control<br/>Policy 31.05 Quality Improvement Performance Improvement Plan<br/>Administrator/Director of Operations reviewed and signed job description.<br/>Administrator/ Director of Operations will conduct weekly meetings with the Director of Clinical Services to include but not limited to: staffing, patient care needs, quality concerns, and adherence to plan of correction from survey report.<br/>Administrator/Director of Operations will be responsible to ensure new applicants information is reviewed and processed. All new hires are approved by the Administrator.<br/>This compliance process will be under the direct supervision of the Governing Body.</p> |                      |

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| G 0958<br>Bldg. 00 | <p>entity 3. The meeting minutes dated 6/18/2020 evidenced a non-governing body member reviewed the quality assurance and performance improvement program for the home health agency and also for entity 3. The meeting notes indicated non-employee D reviewed the palliative care program and stated he/she would like to bring the program over to Deaconess. The meeting minutes indicated non-employee D reviewed the Operations report for the home health agency and also for entity 3, and that non-employee D presented the FY2021 budget review.</p> <p>During an interview on 10/28/2020 at 4:30 p.m. the Regional Vice President, Administrator, and Alternate Administrator, were made aware of the agency policy titled Administration. The policy was read to them. The Regional Vice President stated that he/she would oversee the regional branches and that the Alternate Administrator would cover for the Administrator in their absence. The Regional Vice President stated that the agency was not a branch. During the interview, the Regional Vice President stated that all of the company's joint ventures included both hospice and home health and did not feel that it was an issue. The Administrator did provide any additional information or comments.</p> <p>17-12-1(b)(3)<br/>17-12-1(c)(1)</p> <p>484.105(c)<br/>Clinical manager<br/>Standard: Clinical manager.<br/>One or more qualified individuals must provide oversight of all patient care services and personnel. Oversight must include the following--</p> | G 0958        | Education to Clinical   | 12/02/2020           |

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|                    | <p>Based on observation, record review, and interview, the agency failed to provide oversight and ensure patient needs were continually assessed for 1 of 2 home visits with wound care. (Patient 1)</p> <p>Findings include:</p> <p>A 1/2020 Director of Clinical Services [DCS] Job Description was provided by the Alternate Administrator on 10/28/2020 at 10:20 a.m. The job description indicated, but was not limited to, "The DCS oversees the coordination, continuity, and quality of clinical care, as well as the management of patient services and monitors, evaluates, and takes action on clinical performance measures."</p> <p>The complete clinical record for patient 1, start of care date 8/27/2020 was reviewed on 10/26/2020, and included a plan of care for the certification period 8/27/2020 to 10/25/2020 with orders for skilled nursing to "perform and teach diabetic foot care to left great toe, right foot, and right leg irrigate with wound cleaner, soap and water or normal saline. Apply Betadine. Cover with foam boarder dressing, or cover with gauze and tape and wrap with kerlix using clean/aseptic technique." The record failed to evidenced the physician was notified on patient 1's wound changes and failed to measure wounds weekly as follows:</p> <p>A ROC (resumption of care) visit dated 10/7/2020 indicated patient 1's left great toe wound measurement of 2.1 cm (centimeters) length x 2.5 cm width x 0.2 cm depth. Patient 1's right great toe wound measurement was 3 cm length x 2.5 cm width x 0.2 cm depth.</p> <p>A Care Team Coordination note dated 10/8/2020</p> |               | <p>Manager/Director of Clinical Services regarding: duties are to provide oversight of all patient care services to include ensure patients needs are continually assessed with emphasis on wound care on 11/18/2020 and 12/01/2020 by the Administrator/Director of Operations.</p> <p>Education provided included the following:<br/>Policy 31.01 Administrative Control<br/>Policy 31.05 Quality Assurance Performance Improvement Plan<br/>Policy 33.20 Case Conferences Coordination of Services<br/>Clinical Manager/Director of Clinical Services job description was reviewed with employee.<br/>Director of Clinical Services will oversee wound care documentation to determine if patients wounds are declining or lack of progress. Director of Clinical Services will follow up with Case Manager to ensure follow up with physician as applicable.<br/>Director of Clinical Services with conduct weekly case conferences with clinical staff to discuss concerns with lack of progression of healing for wound care patients.</p> <p>To ensure compliance with the above policies, the Director of Clinical Services or designee will review 10 patients charts with wound care for 3 months, to</p> |                      |

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|                          | <p>indicated patient 1 was in the hospital from 9/24/2020 to 10/5/2020 because of increased swelling to the patient's right lower extremity and cellulitis (bacterial skin infection) to the right lower leg.</p> <p>A Wound Record Report dated 10/9/2020 indicated patient 1's left great toe wound was assessed but not due to be measured.</p> <p>A Care Coordination note dated 10/9/2020 indicated wound care was provided and wounds were unchanged</p> <p>A Wound Record Report dated 10/12/2020 indicated patient 1's left great toe wound was assessed but was unable to be measured.</p> <p>A Care Coordination note dated 10/12/2020 indicated wound care and measurements recorded. No evidence if wounds were improving or not.</p> <p>A Care Coordination note dated 10/15/2020 did not include documentation on patient 1's wounds.</p> <p>A Wound Record Report dated 10/16/2020 indicated patient's 1's left great toe was assessed but not due to be measured.</p> <p>A Care Coordination note dated 10/16/2020 indicated wound care was provided as ordered and that wounds were unchanged. The skilled nurse indicated a follow up would occur on Monday.</p> <p>The clinical record failed to evidence patient 1's left great toe wound was measured for the week of 10/11 to 10/17 of 2020.</p> |                     | <p>ensure patient needs were continually assessed.</p> <p>On-going monitoring will be completed as part of the quarterly quality improvement process to include clinical record reviews by Director of Clinical Services or designee.</p> <p>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> <p>Patient #1 Physician was notified on 10/28/2020 regarding wounds not healing. New orders received.</p> <p>Patient #1 Physician notified and documented in the patients record on 10/23/2020 for confirmation of verbal orders for plan of care.</p> |                            |

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| G 0966<br><br>Bldg. 00 | <p>A Care Coordination note dated 10/19/2020 indicated an assessment and measurement of patient's 1's left great toe wound of 1 cm x 1 cm x 0.</p> <p>A Wound Record Report dated 10/23/2020 indicated patient 1's left great toe measurement was 1.3 cm x 1.4 cm x 0.2 cm.</p> <p>A Care Coordination note dated 10/23/2020 indicated patient 1's ulcers were not healing. No indication in the record a follow up call was placed to the physician for further orders.</p> <p>A RN Recertification Visit Note Report dated 10/23/2020 indicated patient 1's "ulcers on feet still not healing ... and stated no therapy or B [sic] bath aid has been back since getting out of the hospital 3 weeks ago ..." The visit note indicated a supervisory visit was completed on the home health aide at that time. The narrative note indicated [physician name] was called 10/23/2020 for verbal order plan of care. No return call from the physician was indicated on the narrative note.</p> <p>During an interview on 10/27/2020 at 4:00 p.m. the Administrator and Alternate Administrator stated wounds should be measured weekly and physician's should be updated if there was no improvement in the patient's wound.</p> <p>17-12-1(d)</p> <p>484.105(c)(4)<br/>Assure patient needs are continually assessed<br/>Assuring that patient needs are continually assessed, and<br/>Based on observation, record review, and interview, the agency failed to ensure patient needs were continually assessed for 1 of 2 home</p> | G 0966        | Education to Director of Clinical Services regarding: the agency must ensure patient needs are                  | 12/02/2020           |

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|                    | <p>visits with wound care. (Patient 1); and for 3 of 3 record reviews for hypertension teaching. (Patient 1, 5, 11)</p> <p>Findings include:</p> <p>1. A 1/2020 Director of Clinical Services [DCS] Job Description was provided by the Alternate Administrator on 10/28/2020 at 10:20 a.m. The job description indicated, but was not limited to, "The DCS oversees the coordination, continuity, and quality of clinical care, as well as the management of patient services and monitors, evaluates, and takes action on clinical performance measures."</p> <p>2. The complete clinical record for patient 1, start of care date 8/27/2020 was reviewed on 10/26/2020, and included a plan of care for the certification period 8/27/2020 to 10/25/2020 with orders for skilled nursing to "perform and teach diabetic foot care to left great toe, right foot, and right leg irrigate with wound cleaner, soap and water or normal saline. Apply Betadine. Cover with foam boarder dressing, or cover with gauze and tape and wrap with kerlix using clean/aseptic technique." The record failed to evidenced the physician was notified on patient 1's wound changes and failed to measure wounds weekly as follows:</p> <p>A ROC (resumption of care) visit dated 10/7/2020 indicated patient 1's left great toe wound measurement of 2.1 cm (centimeters) length x 2.5 cm width x 0.2 cm depth. Patient 1's right great toe wound measurement was 3 cm length x 2.5 cm width x 0.2 cm depth.</p> <p>A Care Team Coordination note dated 10/8/2020 indicated patient 1 was in the hospital from 9/24/2020 to 10/5/2020 because of increased</p> |               | <p>continually assessed on 11/18/2020 and 12/01/2020 by a Administrator/Director of Operations.</p> <p>Education provided included the following</p> <p>Policy 31.01 Administrative Control</p> <p>Policy 31.05 Quality Assurance</p> <p>Performance Improvement Plan</p> <p>Policy 33.20 Case Conferences</p> <p>Coordination of Services</p> <p>Director of Clinical Services job description was reviewed with employee.</p> <p>Director of Clinical Services will oversee wound care documentation to determine if patients wounds are declining or lack of progress. Director of Clinical Services will follow up with Case Manager to ensure follow up with physician as applicable.</p> <p>To ensure compliance with the above policies, the Director of Clinical Services or designee 10 patients charts will be reviewed for 3 months, to ensure that teaching of disease management reinforcement and patients understanding was documented and will review 10 patients charts with wound care for 3 months, to ensure patient needs were continually assessed.</p> <p>On-going monitoring will be completed as part of the quarterly quality improvement process to include clinical record reviews by</p> |                      |

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|                    | <p>swelling to the patient's right lower extremity and cellulitis (bacterial skin infection) to the right lower leg.</p> <p>A Wound Record Report dated 10/9/2020 indicated patient 1's left great toe wound was assessed but not due to be measured.</p> <p>A Care Coordination note dated 10/9/2020 indicated wound care was provided and wounds were unchanged</p> <p>A Wound Record Report dated 10/12/2020 indicated patient 1's left great toe wound was assessed but was unable to be measured.</p> <p>A Care Coordination note dated 10/12/2020 indicated wound care and measurements recorded. No evidence if wounds were improving or not.</p> <p>A Care Coordination note dated 10/15/2020 did not include documentation on patient 1's wounds.</p> <p>A Wound Record Report dated 10/16/2020 indicated patient's 1's left great toe was assessed but not due to be measured.</p> <p>A Care Coordination note dated 10/16/2020 indicated wound care was provided as ordered and that wounds were unchanged. The skilled nurse indicated a follow up would occur on Monday.</p> <p>The clinical record failed to evidence patient 1's left great toe wound was measured for the week of 10/11 to 10/17 of 2020.</p> <p>A Care Coordination note dated 10/19/2020 indicated an assessment and measurement of</p> |               | <p>Director of Clinical Services or designee.</p> <p>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> <p>Patient #1 Physician was notified on 10/28/2020 regarding wounds not healing. New orders received. Patient #1 Physician notified and documented in the patients record on 10/23/2020 for confirmation of verbal orders for plan of care.</p> <p>Patient #1 Documented the patients response to teaching/understanding of the information on 11/25/2020.</p> <p>Patient #5 Patient was discharged on 10/27/2020.</p> <p>Patient #11 Documented the patients response to teaching/understanding of the information on 11/25/2020.</p> |                      |

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| NAME OF PROVIDER OR SUPPLIER<br><br>DEACONESS HOME HEALTH, LLC | STREET ADDRESS, CITY, STATE, ZIP COD<br>610 EAST WALNUT STREET<br>EVANSVILLE, IN 47713 |
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|                    | <p>patient's 1's left great toe wound of 1 cm x 1 cm x 0.</p> <p>A Wound Record Report dated 10/23/2020 indicated patient 1's left great toe measurement was 1.3 cm x 1.4 cm x 0.2 cm.</p> <p>A Care Coordination note dated 10/23/2020 indicated patient 1's ulcers were not healing. No indication in the record a follow up call was placed to the physician for further orders.</p> <p>A RN Recertification Visit Note Report dated 10/23/2020 indicated patient 1's "ulcers on feet still not healing ... and stated no therapy or B [sic] bath aid has been back since getting out of the hospital 3 weeks ago ..." The visit note indicated a supervisory visit was completed on the home health aide at that time. The narrative note indicated [physician name] was called 10/23/2020 for verbal order plan of care. No return call from the physician was indicated on the narrative note.</p> <p>During an interview on 10/27/2020 at 4:00 p.m. the Administrator and Alternate Administrator stated wounds should be measured weekly and physician's should be updated if there was no improvement in the patient's wound.</p> <p>3. The complete clinical record for patient 1, start of care date 8/27/20, was reviewed on 10/26/2020, and included a plan of care for the certification period 8/27/2020 to 10/25/2020 with orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record evidenced the following:</p> <p>Visit Note Reports for 9/1, 9/3, 9/8, 9/10, 9/14, 9/17, 9/21, 9/24, 10/9, 10/12, 10/16, 10/19 of 2020 failed to evidence the skilled nurse documented any</p> |               |   |                      |

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

PRINTED: 12/04/2020

FORM APPROVED

OMB NO. 0938-039

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |   | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>157565 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____  |                      | X3) DATE SURVEY COMPLETED<br><br>11/02/2020 |
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| G 0984<br><br>Bldg. 00   | <p>teaching on how to manage hypertension or the patient understood and retained the information.</p> <p>During an interview on 10/27/2020 at 4:45 p.m. the Administrator and Alternate Administrator stated that not everything was taught at each visit and acknowledge the plan of care does not state if teaching and reinforcement on hypertension should be taught each visit. 4. The complete clinical record for patient 5, start of care date 9/19/2020, was reviewed on 10/28/2020, and included a plan of care for the certification period 9/19/2020 to 10/27/2020 with orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record indicated the following:</p> <p>Visit Note Reports for 9/19, 9/23, 10/7, 10/16, 10/23 of 2020 failed to evidence that skilled nursing documented any teaching on how to manage hypertension or the patient understood and retained the information.</p> <p>5. The complete clinical record for patient 11, start of care date 12/6/19, was reviewed on 10/28/2020, and included a plan of care for the certification period 8/2/2020 to 9/30/2020 with orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record indicated the following:</p> <p>Visit Note Reports for 8/7, 8/20, 8/27, 9/3, 9/10, 9/17, and 9/24 failed to evidence that skilled nursing documented any teaching on how to manage hypertension or the patient understood and retained the information.</p> <p>484.105(f)(2)<br/>In accordance with current clinical practice<br/>All HHA services must be provided in</p> |   |   |                      |   |

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|                    | <p>accordance with current clinical practice guidelines and accepted professional standards of practice.</p> <p>Based on observation, record review, and interview, the agency failed to ensure services were provided under current clinical practice and accepted standard of practice regarding infection control for 2 of 2 home visit observations. (Patient 1,7)</p> <p>Findings include:</p> <p>1. A 12/4/19 policy titled Hand Hygiene was provided by the Alternate Administrator on 10/27/2020 at 1:50 p.m. The policy indicated, but was not limited to, "Hand hygiene is performed: ... before handling clinician or patient's clean supplies ... after removing gloves ... 4. The use of gloves does not eliminate the need to perform hand hygiene ... Change gloves between tasks and procedures on the same patient to prevent cross contamination ... Remove gloves after use ... Perform hand hygiene"</p> <p>2. During a home visit on 10/27/2020 at 10:00 a.m. employee K, a licensed practical nurse, was observed providing wound care for patient 1. Employee K was observed applying gloves prior to removing a dressing from patient 1's right great toe, right heel, and left great toe. Employee K was then observed reaching into a box with wound supplies with soiled gloves. Employee K failed to remove gloves and perform hand hygiene after removing soiled dressings and before obtaining more supplies from a box.</p> <p>3. During a home visit on 10/28/2020 at 1:00 p.m. employee T, a registered nurse, was observed provided wound vac (a device used to help with wound healing) care for patient 7. Employee T was</p> | G 0984        | <p>Mandatory in-service for all field staff regarding: Infection Prevention to include accepted standards of practice, use of standard precautions to prevent the transmission of infections and communicable diseases, was completed by the Director of Clinical Services and designee on: 11-06-2020.</p> <p>Education provided included the following policies:<br/>Policy 33.900 Hand Hygiene<br/>Policy 33.39 Standard Precautions<br/>CDC Hand Washing Materials<br/>Hand Hygiene Do's and Don'ts<br/>In person hand hygiene competency skills with clinical field staff regarding: proper hand hygiene and use of standard precautions. Competencies were completed by Director of Clinical Services/designee on 11/25/2020. One on One education was conducted with Employee K 10/27/2020 and 11/23/2020 by the Director of Clinical Services. Education provided included the above policies<br/>One on One education was conducted with Employee T 10/29/2020 and 11/24/2020 by the Director of Clinical Services. Education provided included the above policies</p> | 12/02/2020           |

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|                          | <p>observed double gloving (applying 2 pairs of gloves) then applying hand sanitizer over gloves and rubbing in for 6 seconds. Employee T forgot to bring in 4 x 4 gauze dressings and proceeded to open the door with wet gloves to obtain items in the car. Employee T returned to the bedroom wearing the same gloves. Employee T removed the top pair of gloves, reapplied a second pair of gloves and applied hand sanitizer to the gloves. Employee T proceeded to remove the clear dressing from patient 7's wound area. Before the dressing was completely removed the wound vac machine alarm sounded. Employee T turned the machine off with soiled gloves still on. After employee T secured the dressing to patient 7's wound, employee failed to remove gloves and hand sanitize before handling the wound was machine. Employee T then applied hand sanitizer to gloved hands, rubbed gloved hands together for 2 seconds and then touched the patient's dressing to the wound with wet gloves. Employee T removed gloves and touched patient supplies and wound vac canister. Employee T failed to perform hand hygiene before touching patient items and wound vac machine. Employee T then ungloved top layer of gloves and applied a second pair of gloves on and applied hand sanitizer onto gloves rubbing in for 7 seconds. With visible wet gloves, employee T applied a opsite strip (clear dressing) onto patient 7's abdominal wound, then touched the oxygen saturation machine, removed blood pressure cuff from white case and obtained radial pulse, took temperature assessed lung sounds with stethoscope with same wet gloves. Employee T removed removed gloves and reapplied another set of gloves without performing hand hygiene. Employee T then applied hand sanitizer overtop of the gloves and proceeded disinfect vital sign equipment. Employee T failed to follow agency</p> |                     | <p>Staff unable to attend the in-service was provided an educational packet on the above education on 11/25/2020. To ensure compliance with the above policies, the Director of Clinical Services or designee will complete 4 shared visits (on site or remote) for observation per month for 3 months starting in December, for evidence of proper hand hygiene to include use of and changing gloves as required by standards of practice and policy. On-going monitoring will be completed as part of the quarterly quality improvement process which includes 4 shared visits (on site or remote) for observation by Director of Clinical Services or designee. This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> |                            |

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| G 1014<br><br>Bldg. 00 | <p>policy on hand hygiene. At the end of the visit, employee T was interviewed outside the patient's home and was asked why he/she applied two pairs of gloves and then applied hand sanitizer. Employee T stated that he/she worked in the hospital and that was what was done and it was easier to double glove. Employee Y, a registered nurse, who was accompanying the surveyor did not provide any additional information.</p> <p>4. During an interview on 10/27/2020 at 4:30 p.m. the Alternate Administrator who was present on the home visit acknowledged that the clinician did not remove gloves after wound care was provided and before obtaining more supplies from the patient's supply box.</p> <p>5. During an interview on 10/28/2020 at 2:30 p.m. the Alternate Administrator was asked if employee Y who was present during the home visit had any issues with the visit. The Alternate Administrator stated that employee Y informed him/her that double gloving was an issue.</p> <p>6. During a daily conference meeting on 10/28/2020 at 4:30 p.m. the Regional Vice President, Administrator, and Alternate Administrator were made aware of the above home visit for 10/28/2020. No additional information was provided or voiced during the conference.</p> <p>484.110(a)(2)<br/>Interventions and patient response<br/>All interventions, including medication administration, treatments, and services, and responses to those interventions;<br/>Based on record review and interview, the agency failed to document all responses to interventions provided by the agency for 3 of 3 record reviews</p> | G 1014        | Mandatory in-service for all field staff regarding: Document all responses to interventions that                | 12/02/2020           |

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|                    | <p>with interventions on hypertension. (Patient 1, 5, 11)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. A revised 2/28/19 policy titled Plan of Care and Physician Orders was provided by the Alternate Administrator on 10/30/2020 at 9:55 a.m. The policy indicated, but was not limited to, "8. All care and services provided is according to current physician orders. Clinicians are responsible for alerting the physician to any changes in patient care or condition that suggest a need to alter the POC [Plan of Care]."</li> <li>2. An 11/21/19 policy titled Patient and Caregiver Education was provided by the Alternate Administrator on 10/30/2020 at 9:55 a.m. The policy indicated, but was not limited to, "Document clearly each visit, the knowledge deficit, teaching plan, demonstrated skills, patient and/or caregiver response to teaching and evaluation."</li> <li>3. A 1/8/2019 Registered Nurse Job Description was provided by the Alternate Administrator on 10/28/2020 10:22 a.m. The job description indicated, but was not limited to, "Administers, teaches, supervises, and coordinates nursing care to patient ..."</li> <li>4. The complete clinical record for patient 1, start of care date 8/27/20, was reviewed on 10/26/2020, and included a plan of care for the certification period 8/27/2020 to 10/25/2020 with orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record evidenced the following:</li> </ol> |               | <p>were provided to the patient, was completed by the Director of Clinical Services and designee on: 11/06/2020.</p> <p>Education provided included the following policies:<br/>Policy 33.24 Plan of Care and Physician Orders<br/>Policy 33.68 Patient and Caregiver Education<br/>Registered Nurse Job Description given to appropriate staff to review and sign by 12/2/2020<br/>Staff unable to attend the in-service was provided an educational packet on the above education on 11/25/2020.<br/>To ensure compliance with the above policies, the Director of Clinical Services or designee will review 10 patients charts for 3 months, to ensure that teaching of disease management reinforcement and patients understanding was documented.<br/>On-going monitoring will be completed as part of the quarterly quality improvement process which includes clinical record review<br/>by Director of Clinical Services or designee.<br/>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> |                      |

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|                    | <p>Visit Note Reports for 9/1, 9/3, 9/8, 9/10, 9/14, 9/17, 9/21, 9/24, 10/9, 10/12, 10/16, 10/19 of 2020 failed to evidence the skilled nurse documented any teaching on how to manage hypertension or the patient understood and retained the information.</p> <p>5. During an interview on 10/27/2020 at 4:45 p.m. the Administrator and Alternate Administrator stated that not everything was taught at each visit and acknowledge the plan of care does not state if teaching and reinforcement on hypertension should be taught each visit.</p> <p>6. The complete clinical record for patient 5, start of care date 9/19/2020, was reviewed on 10/28/2020, and included a plan of care for the certification period 9/19/2020 to 10/27/2020 with orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record indicated the following:</p> <p>Visit Note Reports for 9/19, 9/23, 10/7, 10/16, 10/23 of 2020 failed to evidence that skilled nursing documented any teaching on how to manage hypertension or the patient understood and retained the information.</p> <p>7. The complete clinical record for patient 11, start of care date 12/6/19, was reviewed on 10/28/2020, and included a plan of care for the certification period 8/2/2020 to 9/30/2020 with orders for skilled nurse to "provide skilled teaching/reinforcement of management of hypertension. The record indicated the following:</p> <p>Visit Note Reports for 8/7, 8/20, 8/27, 9/3, 9/10, 9/17, and 9/24 failed to evidence that skilled nursing documented any teaching on how to manage hypertension or the patient understood and retained the information.</p> |               |   |                      |

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| G 1024<br><br>Bldg. 00 | <p>484.110(b)<br/>Authentication<br/>Standard: Authentication.<br/>All entries must be legible, clear, complete, and appropriately authenticated, dated, and timed. Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and approved the entry.<br/>Based on observation, record review, and interview, the agency failed to ensure accurate documentation was recorded in the clinical record for 1 of 7 home visit observations. (Patient 7)</p> <p>Findings include:</p> <p>During a home visit on 10/28/2020 at 1:00 p.m. employee T, a registered nurse, was observed taking patient 7's vital signs. When asked, Employee T stated patient 7's blood pressure was 144/88 and temperature was 97.5. Employee T documented vital signs into a tablet at the home visit.</p> <p>A review of the RN Visit Note Report dated 10/28/2020 for patient 7 indicated a blood pressure reading of 148/80 and a temperature of 97.7 and PEARL (pupil response test) was assessed. Employee T failed to accurately record vital signs into patient 7's clinical record. Employee T did not evidence a pupil response test was conducted at the home visit.</p> <p>During an interview on 10/28/2020 at 4:30 p.m. The Administrator and Alternate Administrator were made aware of the vital signs taken at the home visit did not reflect what was recorded in the clinical record. The Alternate Administrator stated penlight should be used to perform a PEARL. No</p> | G 1024 | <p>Mandatory in-service for all field staff regarding: Authentication: all entries must be legible, clear, complete and accurate was completed by the Director of Clinical Services and designee on: 11/06/2020.</p> <p>Education provided included the following policies:<br/>Policy 33.21 Documentation in the Medical Record<br/>In Pursuit of Compliance- EMR Documentation Integrity<br/>One on One education was conducted with Employee T 10/29/2020 and 11/24/2020 by the Director of Clinical Services. Education provided included the above policies.<br/>Staff unable to attend the in-service was provided an educational packet on the above education on 11/25/2020.<br/>To ensure compliance with the above policies, the Director of Clinical Services or designee will complete 4 shared visits (on site or remote) for observation per month for 3 months starting in</p> | 12/02/2020 |
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| N 0000<br>Bldg. 00 | <p>additional information or comments were provided.</p> <p>17-15-1(a)(7)</p> <p>This visit was for a state re-licensure survey.</p> <p>Survey Dates: October 26, 27, 28, 29, 30, and November 2, 2020.</p> <p>Facility ID: 004372<br/>Provider ID: 157565</p> <p>Census: 506 active</p> | N 0000        | <p>December, for evidence of accurate information documented in clinical record following home visit with clinician.</p> <p>On-going monitoring will be completed as part of the quarterly quality improvement process which includes 4 shared visits (on site or remote) for observation by Director of Clinical Services or designee.</p> <p>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> |                      |
| N 0458<br>Bldg. 00 | <p>410 IAC 17-12-1(f)<br/>Home health agency administration/management</p> <p>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,</p>                        |               |   |                      |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |  | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>157565 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____  |                      | X3) DATE SURVEY COMPLETED<br><br>11/02/2020 |
| NAME OF PROVIDER OR SUPPLIER<br><br>DEACONESS HOME HEALTH, LLC |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>610 EAST WALNUT STREET<br>EVANSVILLE, IN 47713   |                      |   |
| (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 |   |
|  | <p>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 ensure that job descriptions signed or initialed by employees as received, potentially effecting all employee files, were placed in the personnel record as indicated on the facility's New Hire Checklist for 6 of 6 personnel files reviewed. (Employees M, N, Q, U, W, and EE)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. On 11/2/2020 the complete personnel file for employee M, hire date 8/31/2020, was provided by the administrator and failed to evidence the "Signed Job Description" within the file as required by the agency.</li> <li>2. On 11/2/2020 the complete personnel file for employee N, hire date 11/2/2019, was provided by the administrator and failed to evidence the "Signed Job Description" within the file as required by the agency.</li> <li>3. On 11/2/2020 the complete personnel file for employee Q, hire date 11/2/2019, was provided by the administrator and failed to evidence the "Signed Job Description" within the file as required by the agency.</li> </ol> | N 0458  | <p>Education was provided to Administrator and Human Resource Support personnel by Governing Body Member and Compliance Officer on 11/18/2020 that all employees caring for patients in Indiana are required to have the a signed/initialed job description indicating they received/reviewed.</p> <p>Education provided included the following policy:<br/>Policy 32.129 Orientation for Direct Caregivers<br/>100% review of all employee files was completed on 11/24/2020.</p> <p>Any employee who did not have a signed job description, received an updated job description to match their discipline, it was signed/initialed and placed in their personnel file.</p> <p>To ensure compliance with above policy and ongoing, the Administrator will review all new hire employees to ensure a signed/initialed job description</p> | 12/02/2020           |   |

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| N 9999<br>Bldg. 00 | <p>4. On 11/2/2020 the complete personnel file for employee U, hire date 2/15/2006, was provided by the administrator and failed to evidence the "Signed Job Description" within the file as required by the agency.</p> <p>5. On 11/2/2020 the complete personnel file for employee W, hire date 3/30/2020, was provided by the administrator and failed to evidence the "Signed Job Description" within the file as required by the agency.</p> <p>6. On 11/2/2020 the complete personnel file for employee EE, hire date 11/2/2019, was provided by the administrator and failed to evidence the "Signed Job Description" within the file as required by the agency.</p> <p>7. During an interview on 11/2/2020 at 3:20 p.m. both the Administrator and Alternate Administrator acknowledged the employee files were missing signed job descriptions within as stated on the "New Hire Checklist" paperwork for the agency.</p> <p>Indiana Code (IC) 16-27-2.5<br/>Sec. 2. (a) A home health agency must: (1) have a written drug testing policy that is distributed to all employees; and (2) require each employee to acknowledge receipt of the policy. (b) A home health agency shall randomly test: (1) at least fifty percent (50%) of the home health agency's employees who: (A) have direct contact with patients; and (B) are not licensed by a board or commission under IC 25; at least annually; or (2)</p> | N 9999        | <p>was included in their orientation and was placed in the personal file.<br/>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> <p>Education was provided to the Administrator/Director of Operations and Human Resource Support personnel by Governing Body Member and Compliance Officer on 11/18/2020; a home health agency is required by Indiana Code (IC) 16-27-2.5 to randomly drug test 50% of unlicensed personnel on an annual basis.</p> | 12/02/2020           |

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|  | <p>when the home health agency has reasonable suspicion that an employee is engaged in the illegal use of a controlled substance. (c) A home health agency shall either discharge or discipline with a minimum of a six (6) month suspension an employee who refuses to submit to a drug test. Sec. 3. If an employee tests positive on a drug test, and the employee does not have a valid prescription for the substance for which the employee tested positive on the drug test, the home health agency shall have the results of the test verified by a confirmation test. The employee shall pay for the confirmation test. If the positive test result is confirmed, the home health agency shall either discharge the employee or suspend the employee from coming into direct contact with patients for at least six (6) months after the date of the confirmation test result. An employee who has a valid prescription for the substance for which the employee tested positive on a drug test may not be terminated or suspended under this subsection.</p> <p>Based on interview, the agency failed to randomly test fifty (50) percent of unlicensed personnel on an annual basis for 1 of 1 home health agency.</p> <p>Findings include:</p> <p>During an interview on 11/2/2020 at 3:26 p.m. both the Administrator and Alternate Administrator acknowledged employee files were missing random drug tests. The alternate administrator presented the Drug &amp; Alcohol policy and explained that randomized drug testing had not been implemented because the facility had only just now been in existence for one year.</p> |   | <p>Education included:<br/>Policy 32.24 Alcohol and Drug-Free Workplaces.<br/>Random drug testing for 50% of unlicensed personnel was scheduled on 11/24/20 to complete drug screenings complete.<br/>To ensure compliance with above policy on random drug testing, the Administrator/Director of Operations will audit 100% of all unlicensed personnel files on a annual basis to ensure random drug testing has been completed on at least 50% of unlicensed personnel.<br/>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p> |                      |   |