STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K172	A. BUILDING 00 B. WING	06/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ADAPTIVE NURSING AND HEALTHCARE SERVICES - KOKOM	2904 S REED ROAD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 0000 Bldg. 00	This was a Federal and State complaint investigation survey of a home health agency. Facility #: 014340 Provider #: 15K172 Complaint #: IN00323930; Substantiated with findings Survey Dates: June 22 - June 23, 2020 Unduplicated Admissions for Previous 12 Months: 68 Active Census: 85 Skilled Patients: 0 Home Health Aide Only Patients: 41 Record Review with Home Visit: 2 Record Review without Home Visit: 0 Discharged Records Review: 0 Total Records Reviewed: 2 These deficiencies reflect State findings cited in accordance with 410 IAC 17. Quality Review: 07/06/2020 by Area 3	G 0000		
G 0682 Bldg. 00	484.70(a) Infection Prevention Standard: Infection Prevention. The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	infections and communicable diseases. Based on observation, record review, and interview, the home health agency faileld to ensure employees adhered to agency infection control policies and procedures for 2 of 2 home visit observations (#1, 2). Findings include: 1. The agency policy dated 5/15/2020, titled "Handwashing policy," stated "... Hand Washing ... Procedure ... Wash hands, using plenty of lather and friction for at least 45 seconds ... Dry hands thoroughly ... Turn off water faucet using a clean, dry paper towel ... Instant Hand Antiseptic Gel ... Briskly rub hands together to spread gel to all skin surfaces ... Continue rubbing hands together until the skin is dry ..." 2. A home visit observation for Patient #1 (start of care 4/9/2020) was conducted on 6/22/2020 at 1:37 PM with Employee H. During the home visit, the HHA swept the kitchen floor, went to the kitchen sink, turned on the faucet, applied soap to her hands, scrubbed her hands under running water for 10 seconds, turned off the faucet with her hands, and dried her hands with a paper towel. The HHA then started to mop the floor, and the patient asked her to assist with untangling her oxygen cord. The HHA removed her gloves, applied alcohol based hand sanitizer (ABHS) to her hands, turned on the faucet, washed her hands under running water for 3 seconds, turned off the faucet with her hands, dried her hands with a paper towel, applied ABHS to her hands, waved her hands in the air to allow the ABHS to dry, and applied new gloves. After the HHA assisted the patient in untangling her oxygen cords, the HHA removed her gloves, turned on the faucet, washed	G 0682	All current and new employees will be re-educated by in-service and direct observation of hand washing and alcohol based hand sanitizer. All current and new employees will receive education on hand hygiene and alcohol based hand sanitizer regarding appropriate and correct use. Administrator will monitor and review all employee files monthly to ensure all current and new caregivers receive the in-service and direct skills observation to ensure 100% compliance. Once 100% compliance is achieved will continue to monitor quarterly.	07/31/2020

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	her hands for 2 seconds under running water, turned off the faucet with her hands, dried her hands with a paper towel, applied ABHS to her hands, waved her hands in the air to dry the sanitizer, and put on new gloves. The HHA performed a hand massage on the patient, removed her gloves, turned on the faucet, washed her hands for 3 seconds, turned off the faucet with her hands, dried her hands with a paper towel, applied ABHS to her hands, waved her hands in the air for the sanitizer to dry, and applied new gloves. After she applied lotions to the patient's legs, the HHA removed her gloves, applied ABHS to her hands, waved her hands in the air to dry the sanitizer, and then applied new gloves. Later on in the visit, the HHA applied cleaner to the toilet bowl, applied ABHS to her hands, turned on the faucet, washed her hands for 12 seconds under running water, turned off the faucet with her hands, dried her hands with a paper towel, applied ABHS to her hands, waved her hands in the air to dry the sanitizer, and applied new gloves. After the HHA cleaned the patient's bathroom, she removed her gloves, applied ABHS to her hands, washed her hands under running water (untimed), turned off the faucet with her hands, dried her hands with a paper towel, applied ABHS to her hands, waved her hands in the air to dry, then applied new gloves. After she prepared a snack for the patient and emptied the patient's trash, the HHA removed her gloves, applied ABHS to her hands, rubbed them together, turned on the faucet, washed her hands under running water (untimed), turned off the faucet with her hands, applied ABHS to her hands, rubbed them together, waved her hands in the air to dry, and applied new gloves. The HHA failed to adhere to the home health agency's policy for hand washing with soap and water and ABHS.			

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	3. A home visit observation for Patient #2 (start of care 6/13/2019) was conducted on 6/22/2020 at 5:55 PM with Employee I. During the visit, Employee I cleaned the patient's toilet, removed her gloves, turned on the kitchen faucet, washed her hands with soap for 20 seconds, used a paper towel to turn off the faucet, used the same paper towel to dry her hands, applied ABHS to her hands, rubbed her hands together, and put on new gloves. The HHA's hands did not appear dry when she put on new gloves, and she had difficulty applying the gloves. The HHA failed to adhere to the home health agency's policy for hand washing with soap and water and ABHS. 4. An interview with the administrator and alternate administrator was conducted on 6/23/2020 at 12:55 PM. During the interview, the administrator stated staff should wash their hands with soap and water for 1 minute, or "sing the 'Happy Birthday' song." The administrator indicated employees should not wave their hands to dry them after they applied alcohol based hand sanitizer. The administrator also indicated employees should not apply gloves after using ABHS until the hands are "completely dry." 410 IAC 17-12-1(m)			
G 0686 Bldg. 00	484.70(c) Infection control education Standard: Education. The HHA must provide infection control education to staff, patients, and caregiver(s). Based on record review and interview, the home health agency failed to ensure all staff was educated on CDC recommendations in relation to the COVID-19 pandemic and enacted infection	G 0686	All current and new employees will be re-educated by in-service to check temperatures, monitor for signs and symptoms before shifts and to notify office immediately of	07/31/2020

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	control policies that adhered to recognized national standards and recommendations by the CDC. Findings include: The agency policy 3/2020, titled "Pandemic Infection Disease," stated "...Staff with signs and symptoms of COVID-19, as outlined by the CDC [Centers for Disease Control and Prevention]: fever, cough, or shortness of breath, should report to their supervisor immediately that they are experiencing these signs and symptoms ..." Centers for Disease Control and Prevention's "Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19," retrieved June 23, 2020 from http://www.cdc.gov , stated " Guidance for ... HCP [Healthcare Personnel] other than those with exposure risk [of prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19] ... Follow all recommended infection prevention and control practices, including ... monitoring themselves for fever or symptoms consistent with COVID-19 ... and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift ..." The survey's Entrance Conference was conducted on 6/22/2020 at 11:09 AM with the administrator and alternate administrator. During the Entrance Conference, the administrator stated the home health agency had advised all registered nurses (RNs) and office staff to check their temperatures twice a day as a daily COVID-19 self-screening, but all home health aides were advised to check their temperature daily "if they have access to a thermometer." The administrator indicated no		any symptoms or fever. All employees will receive a copy of inservice listing signs and symptoms to monitor. Clinical Managers will continue to educate clients and caregivers on infection control and COVID symptoms. Administrator will review and monitor all employee files monthly to ensure all current and new caregivers receive the in-service to ensure 100% compliance. Once 100% compliance is achieved will continue to review and monitor quarterly for 100% compliance. Administrator will review and monitor all client files monthly to ensure 100% compliance of infection control and COVID symptoms is being taught and monitored. Once 100% compliance is achieved will continue to monitor 50% files for 100% compliance quarterly.	

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	other self-assessment or screening for COVID-19 symptoms was completed by home health aides prior to each shift. An interview with Employee I, home health aide, was conducted on 6/22/2020 at 5:55 PM. During the interview, Employee I stated she had access to a thermometer, but had not been advised by the agency to complete daily or twice a day temperature checks, or complete a daily COVID-19 self-screening. Employee I reported she did not check her temperature on a routine basis.			
G 0768 Bldg. 00	484.80(c)(1)(2)(3) Competency evaluation Standard: Competency evaluation. An individual may furnish home health services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this section. (1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (iii), (ix), (x), and (xi) of this section must be evaluated by observing an aide's performance of the task with a patient or pseudo-patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient, or with a pseudo-patient as part of a simulation. (2) A home health aide competency evaluation program may be offered by any organization, except as specified in paragraph (f) of this section.			

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	(3) The competency evaluation must be performed by a registered nurse in consultation with other skilled professionals, as appropriate. Based on record review and interview, the home health agency failed to ensure the home health aide (HHA) competency evaluation program included direct observation of a HHA obtaining a patient or pseudo-patient's temperature, heart rate, and respirations. Findings include: 1. The agency policy dated 7/11/18, titled "Competency Assessment," stated " ...The Home Health Aide must demonstrate evidence of ... Successful completion of a competency evaluation program ... the following subject areas marked with a * must be evaluated after observation of the Home Health Aide's performance of the task with a client ... *Reading and recording temperature, pulse, and respirations ..." 2. An undated agency document, titled "Competency Assessment - HHA," was indicated by the agency administrator on 6/22/2020 at 3:57 PM to be the form used to complete and document HHA competency evaluations. The form stated "Skills ... Vital signs - temp [sic], pulse, and respirations ..." 3. The undated agency document, titled "HHA Comp [Competency] Assessment," stated " ... Vital Signs [measurements indicating health status that include temperature, pulse, and respirations] ... They must be able to check a temp [sic], pulse and respirations ... Have HHA's take their pulse or take that of another person in the room, have	G 0768	All current and new Clinical Managers and internal employees will be re-educated through inservice on completing HHA competency evaluations. All HHA skills require direct observation of employee with patient or pseudo patient. All current and new clinical managers will be re-trained and observed completing HHA competencies including all skills by Administrator for complete and thorough competency evaluations to ensure compliance. All Home Health Aides hired after Feb 1, 2020 through July 7, 2020 will be brought back into office to be re-evaluated with their skills competency to ensure provision of safe care. Administrator or designee will follow up with Home Health Aides after competency evaluation to monitor and evaluate their competency evaluation and comfort with completing tasks after the competency evaluation. Administrator will review and monitor all caregiver employee files weekly to ensure 100% compliance. Once 100% compliance is achieved, the administrator will review monthly.	07/31/2020

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	them do the same for counting respirations ... " 4. An interview with Former Employee A, home health aide, was conducted on 6/22/2020 at 10:05 AM. During the interview, Former Employee A indicated she completed the HHA competency evaluation program after being hired by the agency. The HHA indicated "hand washing" was the only skill the agency nurse who conducted the competency evaluations (Employee K, Registered Nurse) observed her performing. Former Employee A stated the home health agency "made me wash my hands in front of the nurse ... that was it." 5. An interview was conducted with Employee J, Registered Nurse (RN), on 6/23/2020 at 1:11 PM. The RN indicated she completed HHA competency evaluations for the agency's HHA competency evaluation program. The RN stated the "majority of [competency evaluations] can't be done in an office setting ... [such as] obtaining vitals," so she instructed the HHAs to "discuss" how the task was to be performed rather than observe the HHA perform the task on a patient or pseudo-patient. 6. An interview with the Director of Nursing was conducted on 6/23/2020 at 1:35 PM. During the interview, the DON indicated HHA competency evaluations are conducted by observation of the skill being performed directly on a patient or a pseudo patient. The DON also indicated "most" of the skills listed on the Competency Assessment - HHA form are "observed" being performed by the HHA. 410 IAC 17-14-1(l)(A)		Once 100% monthly compliance is achieved will continue to monitor quarterly for compliance. Administrator will observe and monitor HHA competency evaluations weekly to ensure 100% compliance. Once 100% compliance is achieved will monitor monthly, then will monitor 50% of the competency evaluations monthly for 100% compliance, once 100% compliance is achieved Administrator will monitor 50% of competency evaluations quarterly as long as 100% compliance is achieved.	

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G 0772 Bldg. 00	484.80(c)(5) Documentation of competency evaluation The HHA must maintain documentation which demonstrates that the requirements of this standard have been met. Based on record review and interview, the home health agency failed to ensure home health aide (HHA) employee files contained documentation of completion of a competency evaluation program for 1 of 5 employee files reviewed (Employee E). Findings include: 1. The agency policy dated 7/11/2018, titled "Competency Assessment," stated " ...The skills assessment checklist ... will be used by the supervisor/preceptor to document the completion of satisfactory demonstration of skills ... Documentation of the individual Home Health Aide training and/or competency shall be maintained in the Home Health Aide's personnel file ..." 2. Employee E's personnel file was obtained on 6/22/2020 at 5:06 PM. The file included a form titled "Competency Assessment - HHA," signed and dated by Employee E and Former Employee B, RN, on 2/4/2020. Employee A, administrator, indicated on 6/22/2020 at 3:57 PM that this form was used to document completion of HHA competency evaluations. The form failed to indicate Employee E had successfully completed any of the required skills listed. 3. An interview with the administrator was conducted on 6/23/2020 at 12:55 PM. During the interview, the administrator indicated HHA employee files should contain complete records of HHA competency evaluations performed by the	G 0772	All current and new clinical managers will be inserviced with HHA competency inservice for Nurses to re-educate that all sections of the competency evaluation must be completed to show competency has been met. Employee E will be included in the employees hired from Feb 1 2020 to July 7 2020 and also be recomped to ensure her file has proper documentation of completion of competency evaluation. Administrator/designee will review and monitor all HHA competency evaluation forms weekly to ensure 100% compliance of forms completion. Once 100% compliance is achieved will monitor monthly for 100% compliance. Once monthly 100% compliance is achieved will monitor quarterly for 100% compliance.	07/31/2020

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	employee. 410 IAC 17-14-1(l)(2)			
G 0952 Bldg. 00	484.105(b)(1)(iv) Ensure that HHA employs qualified personnel (iv) Ensure that the HHA employs qualified personnel, including assuring the development of personnel qualifications and policies. Based on record review and interview, the home health agency administrator failed to ensure the agency employed and appropriately trained home health aide (HHA) personnel prior to provision of care for 1 of 3 patients (#2). Findings include: 1. An agency policy dated 3/8/2012, titled "Orientation of Personnel," stated " ...Home Health Aides will complete competency testing prior to providing client care." 2. An agency policy dated 7/11/2018, titled "Competency Assessment," stated " ...A Home Health Aide will not be permitted to provide Home Health Aide services until evidence of adequate training and/or competency has been determined ..." 3. An interview with Former Employee A, home health aide, was conducted on 6/22/2020 at 10:05 AM. During the interview, Former Employee A indicated she was hired by the agency with no HHA experience, but was told the agency would "train [her] and teach [her] what to do, especially before sending [her] out with a client." Former Employee A indicated she completed the HHA training conducted by the agency upon her hire,	G 0952	All current and new employees will be re-educated on HHA competency evaluation and education requirements. All current and new caregivers will receive the HHA skills in-service. All Home Health Aides hired after Feb 1, 2020 through July 7, 2020 will be brought back into office to be re-evaluated with their skills competency to ensure provision of safe care. Administrator or designee will follow up with Home Health Aides after competency evaluation to monitor and evaluate their competency evaluation and comfort with completing tasks after the competency evaluation. Administrator will review and monitor all caregiver employee files for complete and accurate documentation of competency evaluations and education weekly to ensure 100% compliance. Once	07/31/2020

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	however the training consisted of "what to do [as a HHA], not how to do it." The HHA indicated the agency did not educate her on how to perform tasks such as completing a bed bath or using a Hoyer lift. The HHA reported the training consisted of a PowerPoint presentation regarding "HR stuff," a video on "skills ....wasn't really telling us how to do it [HHA skills] ... just what was expected ... different terms ... limits on what we were to do," a competency evaluation that consisted of observation of hand washing only, and an online test that she had to retake multiple times in order to pass. Former Employee A indicated the agency training staff provided her with the answers to the test in order for her to pass. The HHA reported her concerns regarding the lack of training to the agency staff, and indicated she was told to "look in the [patient] folders" in the homes if she was unsure on what to do. Former Employee A also indicated she was told by agency office staff she had already received all the training available from the agency, and the agency training program consisted of "what to do, not how to do it." When the HHA went to her first home visit, she stated she was "unprepared," and the patient asked her to leave the home prior to the end of the shift due to the employee refusing to perform tasks that she did not feel comfortable completing. Former Employee A stated she did inform the agency that she left the patient's home prior to the end of the shift, and that she felt unprepared to complete the skills required by the patient. Former Employee A stated she was was terminated by the agency for leaving her shift early. 4. An interview was conducted with Patient #2 on 6/23/20 at 10:21 AM. Patient #2 indicated she had multiple home health aides come to work with her that were not properly trained. Patient #2		100% compliance is achieved, the administrator will review monthly. Once 100% monthly compliance is achieved will continue to monitor quarterly for compliance.	

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	indicated she had several HHAs not know how to change a brief, empty her catheter, or do simple cooking and cleaning, such as laundry or prep "instant mashed potatoes." She declined to name specific employees who lacked knowledge of how to perform these tasks, and stated "I don't want to get anyone in trouble." Patient #2 indicated she voiced her concerns regarding HHAs not being trained on skills and tasks she required to the agency, and was told by office staff that the agency would "train [HHAs] better." Patient #2 indicated when she reported concerns about a HHA not being trained in a skill or task to the agency, the reported HHA was taken off of the patient's schedule. 5. An interview was conducted with Employee J, Registered Nurse (RN), on 6/23/2020 at 1:11 PM. The RN indicated she completed HHA competency evaluations for the agency's HHA competency evaluation program. The RN stated the "majority of [competency evaluations] can't be done in an office setting ... [such as] obtaining vitals," so she instructed the HHAs to "discuss" how the task was to be performed rather than observe the HHA perform the task on a patient or pseudo-patient. 6. An interview with the administrator was conducted on 6/23/20 at 1:17 PM. During the interview, the administrator indicated home health aides were instructed during their orientation to the job to contact the agency office if they were uncomfortable or uncertain about a skill or task needed to be performed. 7. An interview with the Director of Nursing was conducted on 6/23/2020 at 1:35 PM. During the interview, the DON indicated HHA competency evaluations are conducted by observation of the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K172	A. BUILDING 00 B. WING	06/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ADAPTIVE NURSING AND HEALTHCARE SERVICES - KOKOM	2904 S REED ROAD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	skill being performed directly on a patient or a pseudo patient. The DON also indicated "most" of the skills listed on the Competency Assessment - HHA form are "observed" being performed by the HHA. 410 IAC 17-12-1(d)(3)			