

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K127	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/17/2022	
NAME OF PROVIDER OR SUPPLIER KMG HOMECARE UNLIMITED, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 307 E 38TH STREET, ANDERSON, IN, 46013		
(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
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification, State Re-licensure, and a Federal and State Complaint Survey of a Home Health provider.</p> <p>Complaint: IN00328163, Unsubstantiated, Lack of sufficient evidence.</p> <p>Survey Dates: 6-16 and 6-17-2022</p> <p>Census: 98</p> <p>QR: Area 2 June 21, 2022</p>	G0000	<p>2nd POC accepted on 7-13-2022</p> <p><i>Deborah Franco, RN</i></p>	2022-07-29
G0536	<p>A review of all current medications</p> <p>484.55(c)(5)</p> <p>Based on observation and interview, the agency failed to ensure the skilled nurse completed all aspects of the medication reconciliation and for 1 of 1 home visit</p>	G0536	<p>Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.</p>	2022-07-15

observation of a registered nurse (registered nurse #4).

Findings include:

A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.

1. On 6-17-22 at 9:27 AM during a home visit observation, the plan of care for the certification period 04-26-22 to 06-24-22 was used to reconcile the medications for Patient #6. The following medications were present but were not included on the medication list nor reconciled:

Glucosamine (anti-inflammatory), 1 tab by mouth every day. An over the counter medication.

Fenofibrate (cholesterol medication), 160 mg by mouth every day, prescribed on 4-25-22.

Escitalopram (Lexepro- antidepressant), 10 mg by mouth every day, prescribed on 4-04-22.

Nitrofurantoin (Macrochantin- Urinary tract infection), 100 mg by mouth every day, prescribed on 4-15-22.

2. On 6-17-22 at 9:40 AM, the Registered Nurse (RN), Employee # 4, was queried about the medication reconciliation process. Employee #4 indicated the medications are reviewed prior to each recertification period. A review of the clinical records indicated supervisory visits with a recertification were completed on 4-18-22 and 5-16-22. Employee #4 indicated they were not certain the medications in question were current medications.

3. On 6-17-22 at 9:40 AM, the Home Health Aide (HHA), Employee #4, was queried about the medications on Patient #6's table.

On 6/20/2022, all nurses were educated on reviewing client medications. Nurses instructed on looking around home for medication bottles and asking the client, the caregivers, and the home health aides about any additional medications that may be kept in a different location. Nurses instructed to coordinate with all physicians involved in the client's care to complete medication reconciliations. Nurses instructed to verify with physicians if any new medications were found.

On 6/24/2022, inservice completed with home health aides, and reviewed policy on reporting. Instructed importance of immediately reporting all changes with clients, including any new medications received.

By 7/15/2022, the Director of Nursing will complete an audit of 100% of all medication profiles. Following the audit, the Director of Nursing will review 100% of recertification, supervisory visits, and medication reconciliations.

By 7/15/2022, the Director of Nursing and/or the Administrator will observe the nursing staff out in the field complete a minimum of 10 nursing visits including supervisory, recertifications, and/or skilled nursing visits. The Director of Nursing and/or Administrator will conduct surprise visits monthly and as needed beginning in August of 2022.

the medications, but not every day and relayed, "I can't get her to take them all."

4. On 6-17-22 at 2:00 PM, the Director of Nursing (DON), Employee #2, was queried about the medication reconciliation process. Employee #2 indicated all meds should be reviewed and accounted for with each recertification.

410 IAC 17-14-1-(a)(1)(B)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 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.

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

TITLE

(X6) DATE