

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K168	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/25/2024	
NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE PLUS		STREET ADDRESS, CITY, STATE, ZIP CODE 5821 SOUTH ANTHONY BLVD, FORT WAYNE, IN, 46816		
(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
E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.192.</p> <p>Survey Dates: October 23, 24, and 25, 2024.</p> <p>Active Census: 13</p> <p>At this Emergency Preparedness Survey, Home Health Care Plus was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p>	E0000		
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification and State Re-Licensure survey for a Home Health provider.</p>	G0000		

	<p>Partially extended survey was announced on: 10/24/2024 at 3:05 PM.</p> <p>Survey Dates: 10/23/2024, 10/24/2024, and 10/25/2024</p> <p>12 Month Unduplicated Admissions: 6</p> <p>Active Census: 13</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>Abbreviations:</p> <p>HHA Home Health Aide</p> <p>LPN Licensed Practical Nurse</p> <p>POC Plan of Care</p> <p>QAPI Quality Assessment and Performance Improvement</p> <p>RN Registered Nurse</p>			
<p>G0574</p>	<p>Plan of care must include the following</p> <p>484.60(a)(2)(i-xvi)</p> <p>The individualized plan of care must include the following:</p>	<p>G0574</p>	<p>RN will supervise LPN will be removed from all POC.</p> <p>POC will be reviewed for accurate DME and supplies and corrected at chart audits within 30 days of end of survey.</p> <p>Inservice will be completed with SN and HHA to discuss DME and supplies and importance of accurately documenting each item. Ensuring both know to report changes or new</p>	<p>2025-01-01</p>

	<ul style="list-style-type: none"> (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors. (xiii) Patient and caregiver education and training to facilitate timely discharge; (xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient; (xv) Information related to any advanced directives; and (xvi) Any additional items the HHA or physician or allowed practitioner may choose to include. <p>Based on record review, observation, and interview, the agency failed to ensure the POC included all medical equipment and supplies, all safety measures, and patient specific interventions for 6 of 6 active records reviewed (Patient# 1,2,3,4,5,6) and for 1 of 2 discharged records reviewed (Patient #7).</p>		<p>DME or Supplies. As well as a review of all safety precautions and when they should be used.</p> <p>administrator/DON will be responsible to do audits on charts to ensure DME and equipment as well as proper safety precautions are documented and 100% of charts are correct. After meeting 100% goal it will be reviewed at every supervisory and recertification visit.</p> <p>The administrator of Home Health Care will be responsible for monitoring the corrective action to ensure that this deficiency is corrected and will not recur.</p>	
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<p>Findings include:</p> <p>During a home visit observation on 10/24/2024 at 8 AM with Patient #3, observed a standard full or queen sized bed in the patient's bedroom. The bed had no option for adjustments or bed rails.</p> <p>Patient #3's POC indicated they had a hospital bed.</p> <p>During an interview on 10/24/2024 starting at 2:15 PM, the Administrator indicated Patient #3 did not have a hospital bed and they were not sure why it was on the POC.</p> <p>During a home visit observation on 10/24/2024 at 10 AM, observed HHA 1 perform a bed bath on Patient #4. During the bed bath, observed HHA 1 provide catheter care. Observed a urine drainage bag hanging from the bed.</p> <p>Patient #4's POC failed to identify the specific catheter supplies Patient #4 required.</p> <p>During an interview on 10/24/2024 starting at 2:15 PM, the Administrator indicated Patient #4 had a urinary catheter which Entity 1</p>			
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managed. The Administrator indicated the POC should include all supplies and did not know why it was not on the POC.

Patient #2's POC indicated the RN would supervise the LPN. The record failed to evidence services by an LPN. The intervention failed to be individualized to Patient #2.

During an interview on 10/24/2024 starting at 2:15 PM, the Administrator indicated the agency never had an LPN on staff. The Administrator indicated it was on the POC in case the agency hired an LPN. The Administrator indicated they could add the LPN supervision to the POC if they assigned an LPN to Patient #2.

Patient #4's POC indicated the RN would supervise the LPN. The record failed to evidence services by an LPN. The intervention failed to be individualized to Patient #4.

During an interview on 10/24/2024 starting at 2:15 PM, the Administrator indicated the agency never had an LPN on staff. The Administrator

case the agency hired an LPN. The Administrator indicated they could add the LPN supervision to the POC if they assigned an LPN to Patient #4.

410 IAC 17 - 13 - 1(a) 1(C)11, x

Review of an agency policy titled "Plan of Care" indicated the individualized POC is based on the comprehensive assessment and must include medical equipment required and safety measures to protect against injury.

Review of the clinical record of Patient #1 included a POC for certification period 09/06/2024 – 11/04/2024 that included the intervention that the RN would supervise the LPN. The record failed to evidence services provided by an LPN.

Review of the clinical record of Patient #5 included a POC for certification period 09/14/2024 – 11/12/2024 that included the intervention that the RN would supervise the LPN. The record failed to evidence services provided by an LPN.

Review of the clinical record of

Patient #6 included a POC for certification period 09/28/2024 – 11/26/2024 that included the intervention that the RN would supervise the LPN. The record failed to evidence services provided by an LPN.

Review of the clinical record of Patient #8 included a POC for certification period 02/23/2024 – 04/11/2024 that included the intervention that the RN would supervise the LPN. The record failed to evidence services provided by an LPN.

During an interview on 10/24/2024 at 2:26 PM, when asked if LPNs were employed by the agency, the administrator indicated LPNs had never been employed by the agency. When asked if the intervention, RN supervises the LPN was patient specific, the administrator indicated it was not.

Review of the clinical record of Patient #5 included a POC for certification period 09/14/2024 – 11/12/2024 that included a medication order for Aspirin with indication for use as a blood thinner. Safety measures in the POC failed to evidence Anticoagulant (blood thinner)

	<p>precautions.</p> <p>During an interview on 10/24/2024 at 2:26 PM, when asked what safety precautions should be included in the POC for a patient taking a blood thinner, the administrator indicated should include anti-coagulant.</p>			
<p>G0682</p>	<p>Infection Prevention</p> <p>484.70(a)</p> <p>Standard: Infection Prevention.</p> <p>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</p> <p>Based on observation, record review, and interview the agency failed to ensure employees followed hand hygiene and equipment cleaning standards for 2 of 3 home visit observations (Patients #1 and 4).</p> <p>Findings include:</p> <p>During a home visit observation on 10/24/2024 at 10 AM, observed HHA 1 perform a bed bath on Patient #4. During the bed bath, observed HHA 1 change gloves after washing</p>	<p>G0682</p>	<p>The Administrator has in-serviced HHA as related to survey findings. Stressing hand hygiene when changing gloves or when leaving care area and coming back to continue care. as well as ensuring items are sanitized before leaving home.</p> <p>HHA upon hire will be inserviced on proper hand hygiene specifically stressing when changing gloves or when leaving care area and coming back to continue care. As well as ensuring items are sanitized before leaving home.</p> <p>Director of nursing/designee will monitor for compliance with appropriate handwashing during 100% supervisory visits and monitoring handwashing during visit. As well as ensuring items are sanitized before leaving home.</p> <p>The administrator of Home Health Care will be responsible for monitoring the corrective action to ensure that this deficiency is corrected and will not recur.</p>	<p>2024-11-24</p>

buttocks and anal areas, after applying moisture barrier cream, and after they finished the bath. HHA 1 used hand sanitizer at the beginning and end of care. They did not use hand sanitizer between the other glove changes.

During an interview immediately after the bath, HHA 1 indicated they used hand sanitizer at the beginning and end of care. When asked about hand sanitizer between all glove changes, HHA 1 indicated they probably should have used hand sanitizer between all glove changes.

During an interview on 10/24/2024 starting at 2:15 PM, the Administrator indicated gloves should be changed when visibly soiled and at the beginning and end of care. When asked, the Administrator indicated hand sanitizer was required if there was contact with blood or other body fluids. When asked, the Administrator indicated hand sanitizer was required between all glove changes.

410 IAC 17 - 12 - 1 (m)

Review of an agency policy

titled "Hand Washing/Hand Hygiene" indicated hand hygiene is to be done after removing gloves and after touching objects that are potentially contaminated.

Review of an agency policy titled "Standard Precautions for all Health Care Workers" indicated personnel cleaning contaminated equipment should use a disinfectant.

During a home visit of Patient #1 on 10/24/2025 beginning at 12:30 PM, observed the administrator placed cell phone directly on patients' bed with no barrier and on patients' bedside table with no barrier. While the administrator was refilling the pillbox of Patient #1, observed the administrator move from the kitchen table to a desk drawer in the kitchen looking for a pen. The administrator moved back to the kitchen table, observed no hand hygiene performed, and continued refilling the pillbox.

During an interview on 10/24/2025 at 2:26 PM, when asked what was done with cellphone that was placed

	<p>patients' bedside table, the administrator indicated should have cleaned the cellphone.</p>			
<p>G0710</p>	<p>Provide services in the plan of care</p> <p>484.75(b)(3)</p> <p>Providing services that are ordered by the physician or allowed practitioner as indicated in the plan of care;</p> <p>Based on observation, record review and interview, the agency failed to provide services as ordered by the physician and included in the POC for 1 of 3 active record reviews with home visits (Patient #1).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of an agency policy titled "Medication Reconciliation" indicated medications will be reviewed with the consumer on each home visit if other prescriptions or non-prescription medications drugs are being taken. 2. During a home visit on 10/24/2024 beginning at 12:30 PM, observed the administrator refilling pillbox of Patient #1 	<p>G0710</p>	<p>Sn will review policy medication reconciliation for inservice.</p> <p>All SN that are hired will review policy medication reconciliation.</p> <p>There will be a 100% chart review with consumer to ensure medication is accurately documented. Thereafter there will be a review at every recertification visit.</p> <p>Administrator will do regular checks on medication reconciliations at recertification and will review with SN any discrepancies.</p> <p>The administrator will be responsible for ongoing monitoring of all POC until 100% accuracy then will review 10% of charts thereafter.</p>	<p>2024-11-24</p>

	<p>not limited to, levothyroxine (used to treat underactive thyroid gland) and dialyvite (used to manage vitamin deficiency).</p> <p>Review of the clinical record for Patient #1 included a POC for certification period 09/06/2024 – 11/04/2024 that failed to evidence medication orders for levothyroxine and dialyvite.</p> <p>During an interview on 10/24/2024 at 2:26 PM, when asked where levothyroxine and dialyvite were in Patient #1's POC, the administrator indicated neither medication was in the POC.</p>			
<p>N0000</p>	<p>Initial Comments</p> <p>This visit was for a State Re-Licensure survey for a Home Health provider.</p> <p>Partially extended survey was announced on: 10/24/2024 at 3:05 PM.</p> <p>Survey Dates: 10/23/2024, 10/24/2024, and 10/25/2024</p>	<p>N0000</p>		

	<p>12 Month Unduplicated Admissions: 6</p> <p>Active Census: 13</p> <p>QR 11/1/24 A2</p> <p>Abbreviations:</p> <p>HHA Home Health Aide</p> <p>LPN Licensed Practical Nurse</p> <p>POC Plan of Care</p> <p>QAPI Quality Assessment and Performance Improvement</p> <p>RN Registered Nurse</p>			
<p>N9999</p>	<p>Final Observations</p> <p>Authority IC 16-27-1.5-5 "Approved dementia training for home health aides"</p> <p>Sec. 5 (a) This section applies to a registered home health aide who:</p> <p>(1) is employed as a home health aide; and</p> <p>(2) provides care to an individual who has been diagnosed with or experiences symptoms of Alzheimer's disease, dementia, or a related cognitive disorder.</p> <p>(b) As used in this section, "approved dementia training" refers to a dementia training program:</p> <p>(1) for use in training home health aides in the care of individuals described in subsection (a)(2); and</p> <p>(2) that has been approved by the state department under subsection (f).</p>	<p>N9999</p>	<p>All HHA will have dementia training as required.</p> <p>All incoming HHA staff will be assigned dementia training as part of their orientation.</p> <p>Administrator will be responsible to ensure dementia training is completed for all HHA staff. Audits on all new employees will be completed to ensure dementia training has been completed.</p> <p>The administrator of Home Health Care will be responsible for monitoring the corrective action to ensure that this deficiency is corrected and will not recur.</p>	<p>2024-11-24</p>

(c) Not later than sixty (60) days after the date on which a home health aide is initially hired to care for an individual with Alzheimer's disease, dementia, or a related cognitive disorder, the home health aide shall complete at least six (6) hours of approved dementia training.

(d) Before December 31 of each year, a home health aide who has been employed as a home health aide for at least one (1) year shall complete at least three (3) hours of approved dementia training.

(e) A home health aide who:

(1) has received the training required by subsections (c) and (d);

(2) has been employed as a home health aide for at least twenty-four (24) consecutive months; and

(3) is hired by a home health agency; is not required to repeat the training required by this section.

(f) The state department shall do the following:

(1) Identify and approve each dementia training program that meets the following requirements:

(A) The dementia training program includes education concerning the following:

(i) The nature of Alzheimer's disease, dementia, and other related cognitive disorders.

(ii) Current best practices for caring for and treating individuals with dementia.

(iii) Guidelines for the assessment and care of an individual with dementia.

(iv) Procedures for providing patient centered quality care.

(v) The daily activities of individuals with dementia.

(vi) Dementia related behaviors, communication, and positive intervention.

(vii) The role of an individual's family in caring for an individual with dementia.

(B) The dementia training program:

(i) must be culturally competent; and

(ii) may be provided online.

(2) Establish and implement a process for state department approval of a dementia training program.

(g) To the extent allowed by 42 CFR 484.80, the hours of approved dementia training completed under this section satisfies an equivalent number of hours of the home health aide training required by 42 CFR 484.80.

(h) An entity that provides approved dementia training shall provide to each home health aide who successfully completes the training a certificate of completion.

(i) A home health aide:

(1) is responsible for maintaining the home health aide's certificate of completion; and

(2) may use the certificate of completion as proof of compliance with this section.

As added by P.L.44-2022, SEC.1.

Authority IC 16-27-1.5-6 "Conditions required to administer gastrointestinal and jejunostomy tube feedings; training"

Sec. 6 (a) A registered home health aide may administer gastrointestinal and jejunostomy tube feedings to a specific patient only if the following conditions are met:

- (1) The registered home health aide has completed the training curriculum described in subsection (b).
- (2) A registered nurse, providing registered nursing under IC 25-23-1-1.1(b)(6), either:
 - (A) supervises the registered home health aide in administering the gastrointestinal and jejunostomy tube feedings; or
 - (B) delegates responsibility for administering the gastrointestinal and jejunostomy tube feedings to the registered home health aide based on the registered nurse's assessment of

to administer gastrointestinal and jejunostomy tube feedings.

(3) The home health agency that the registered home health aide is employed with:

(A) allows the registered home health aide to administer gastrointestinal and jejunostomy tube feedings;

(B) establishes a procedure for:

(i) the delegation of the administration of gastrointestinal and jejunostomy tube feedings from a registered nurse to a registered home health aide that includes patient specific clinical parameters based on the registered nurse's assessment of the patient and the registered home health aide's competency to administer the gastrointestinal and jejunostomy tube feedings; and

(ii) the assessment by the registered nurse of the patient specific clinical parameters;

(C) retains documentation that the registered home health aide has completed the training curriculum described in subsection (b); and

(D) notifies each patient requiring gastrointestinal and jejunostomy tube feedings upon admission that the home health aide agency may allow registered home health aides to administer gastrointestinal and jejunostomy tube feedings.

(b) Training curriculum for home health aides to administer gastrointestinal and jejunostomy tube feedings must:

(1) be approved by the state department; and

(2) include the following concerning the administration of gastrointestinal and jejunostomy tube feedings:

(A) At least four (4) hours and not more than eight (8) hours of classroom training.

(B) At least two (2) hours and not more than four (4) hours of practical training.

(C) A written and practical examination administered by the trainer.

(c) A registered home health aide may not administer gastrointestinal and jejunostomy tube feedings until the home health aide has

successfully:

(1) completed the curriculum described in subsection (b); and

(2) passed the examinations described in subsection (b)(2)(C).

(d) The state department may require a registered home health aide who administers gastrointestinal and jejunostomy tube feedings under this section to annually complete not more than one (1) hour of in service training specific to the administration of gastrointestinal and jejunostomy tube feedings.

(e) Before January 1, 2024, the state department must approve at least one (1) training curriculum described in subsection (b).

As added by P.L.117-2023, SEC.6.

Based on record review and interview, the agency failed to ensure HHAs received dementia training prior to working with a dementia patient for 2 of 2 HHAs (HHA 1 and 2) working with Patient #4, a dementia patient.

Findings include:

During the personnel record review on 10/25/2024 at 11:15

<p>AM, training records for HHAs 1 and 2 failed to evidence completion of the initial 6 - hour dementia training.</p> <p>Patient #4's POC dated 10/14/2024 indicated diagnoses which included but were not limited to dementia. A review of Patient #4's visit calendars for August 1, 2024 thru 10/24/2024 indicated HHA 1 completed 33 visits with Patient #4 and HHA 2 completed 27.</p> <p>During an interview on 10/25/2024 at 1:35 PM, the Administrator indicated they had not provided the initial dementia training for HHAs 1 and 2.</p>			
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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.

<p>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Melanie Rey</p>	<p>TITLE Administrator</p>	<p>(X6) DATE 11/13/2024 2:47:25 PM</p>
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