

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K046	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/19/2015
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NAME OF PROVIDER OR SUPPLIER UNITED HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7212 N SHADELAND AVE STE 100 INDIANAPOLIS, IN 46250
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G 0000 Bldg. 00	<p>This visit was for a home health partial extended recertification survey. The survey became partial extended on 6-17-15. A complaint investigation was conducted in conjunction with the recertification survey.</p> <p>Complaint #: IN00166100 - Unsubstantiated: lack of sufficient evidence.</p> <p>Dates of survey: 6-15, 6-16, 6-17, 6-18, and 6-19-2015.</p> <p>Facility #: IN012120</p> <p>Medicaid Vendor #: 200944890</p> <p>Census: 21 Skilled unduplicated admissions, past twelve months</p> <p> 131 Home Health Aide only</p> <p> 152 Total</p> <p>Current Census: 17 Skilled</p> <p> 86 Home Health Aide only</p> <p> 103 Total</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 that other safeguards provide sufficient protection to the patients. (see 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.

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G 0159 Bldg. 00	<p>Home visits with record review: 6 Record review only: 6 Total: 12</p> <p>QR: JE 6/26/15</p> <p>484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the plan of care (POC) correctly identified the start of care (SOC) date and certification period (CP) for 6 of 12 clinical records reviewed (1, 2, 4, 10, 11, and 12).</p> <p>Findings include:</p>	G 0159	The Administrator and Director of Nurses have inserviced all staff involved with the intake and referral process on the standard that the Plan of Care (POC) correctly identifies the Start of Care (SOC). Start of care is defined as the first billable visit. Staff receiving this education includes-referral-intake staff, Alternate Director of Nurses, RN case managers, Medicaid Prior	07/10/2015

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	<p>1. Policy "Plan of Care", last reviewed/revised 9-10-14, states, "An individualized Plan of Care signed by a physician shall be required for each client receiving home health ... services ... The Plan of Care shall be completed in full to include: ... t. Other appropriate items."</p> <p>2. Clinical record (CR) 1, SOC (defined as 1st billable visit) 11-5-13, contained a POC for the certification period (CP) 4-29 to 6-27-15. (The POC would begin when services are provided.) under Medicaid Prior Authorization (PA). The first billable visit, with care furnished, was by a home health aide (HHA) on 12-3-14, 29 days after the date identified as the start of care. The certification periods should have been 12/3/14 - 1/31/15, 2/1/15 - 4/1/15, 4/2/15 - 5/31/15, and 6/1/15 - 7/3/15.</p> <p>3. CR 2, SOC 8-12-14, contained a POC for the CP 4-9- to 6-7-15 under Medicaid PA. The first billable visit, care furnished, was by HHA on 8-15-14, 3 days after date identified as the start of care. The certification periods should have been 8/15/14 - 10/13/14, 10/14/14 - 12/12/14, 12/13/14 - 2/10/15, 2/11/15 - 4/11/15, 4/12/15 - 6/10/15, and 6/11/15 - 8/9/15.</p>		<p>Authorization Specialist and the staffing department The process to ensure that the Standard is met regarding the Plan of Care (POC) does correctly identify the Start of Care as defined as first billable visit is as follows: Intake-referral staff will complete initial referral form, it will be ascertained at this time if the referral has active Medicaid and if a Medicaid Prior Authorization is in place. After this is completed and if the referral does meet the necessary criteria the referral is then given to the Director of Nurses Director of Nurses will further review the referral as needed and then assign the referral to an RN Case Manager. RN case manager will contact the referral for an appointment to complete an initial assessment to develop a Plan of Care (POC) that covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injuries, instructions for timely discharge or referral and any other appropriate items If the referral requires a request for Medicaid Prior Authorization prior to initiation of services, the RN Case Manager will complete a "Home Health Certification and Plan of Care" for physician signature.</p>	

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	<p>4. CR 4, SOC 8-1-14, contained a POC for the CP 3-29 to 5-27-15 under Medicaid PA. The SOC did not occur until after the date if the care plan. The first billable visit, care furnished, was by a HHA on 8-4-14, 3 days after the date identified as the start of care. The certification periods should have been 8/4/14 - 10/2/14, 10/3/14 - 12/1/14, 12/2/14 - 1/30/15, 1/31/15 - 3/31/15, 4/1/15 - 5/30/15, and 5/31/15 - 7/29/15.</p> <p>5. CR 10, SOC 1-16-15, contained a POC for the CP 1-16 to 3-16-15 under Medicaid PA. The first billable visit, care furnished, was by a HHA on 1-26-15, 10 days after the date identified as the start of care. The certification periods should have been 1/26/15 - 3/26/15, 3/27/15 - 5/25/15, and 5/26/15 - 7/24/15.</p> <p>6. CR 11, SOC 8-5-14, contained a POC for the CP 12-3-14 to 1-31-15 under Medicaid PA. The first billable visit, care furnished, was by a HHA on 8-11-14, 6 days after the date identified as the start of care. The certification periods should have been 8/11/14 - 10/9/14, 10/10/14 - 12/8/14, 12/9/14 - 2/6/15, 2/7/15 - 4/7/15, 4/8/15 - 6/6/15, and 6/7/15 - 8/5/15.</p> <p>7. CR 12, SOC 8-5-14, contained a POC</p>		<p>Upon receipt of this document, a Medicaid Prior Authorization will be requested. Once the Medicaid Prior Authorization is approved, the staffing department will staff the patient with the appropriate staff and the RN case manager will be notified of the date for the first billable visit At that time the RN Case Manager will make an appointment within five (5) calendar days of the first billable visit to complete the Comprehensive Assessment (CA) If the referral has an existing Medicaid Prior Authorization in place, at the time of the initial assessment, the RN Case Manager will ascertain from the referral what the requested Start of Care (SOC) date will be. Once this date is known, the staffing department will be notified and will staff the patient with the appropriate staff The RN Case Manager will then make an appointment to complete the Comprehensive Assessment (CA) within five (5) calendar days of the first billable visit 100% of all the clinical records of all new referrals will be audited quarterly for evidence that the Plan of Care (POC) correctly identifies the Start of Care (SOC) date defined as the first billable visit and that the certification periods following the start of care are correct If upon auditing of the clinical records it is noted that the deficiency has recurred, re-education will be provided to</p>	

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G 0334 Bldg. 00	<p>for the CP 12-3-14 to 1-31-15 under Medicaid PA. The first billable visit, care furnished, was by a HHA on 8-12-14, 7 days after the date identified as the start of care. The certification periods should have been 8/12/14 - 10/10/14, 10/11/14 - 12/9 14, 12/10/14 - 2/7/15, 2/8/15 - 4/8/15, 4/9/15 -6/7/15, and 6/8/15 - 8/6/15.</p> <p>8. On 6-19-15 at 3:30 PM, the nursing supervisor (NS) indicated the above patients were all under Medicaid Prior Authorization (PA). The NS indicated the agency practice is to designate the date of the CA/OASIS as the start of care. The NS indicated most patients have the first billable visit after the CA has been completed. NS indicated the SOC and CP were appropriate information to be identified on the plan of care. The NS indicated the agency practice is to have the certification period run from their SOC (date of CA), which the agency had not defined as the first billable visit. No further documentation was provided prior to exit.</p> <p>484.55(b)(1) COMPLETION OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.</p>		<p>the staff involved and if necessary disciplinary action will be taken. The Director of Nurses 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>Based on policy review, clinical record review, and interview, the agency failed to ensure the comprehensive assessment (CA) was performed within 5 days after the start of care (SOC) for 6 of 12 clinical records reviewed (1, 2, 4, 10, 11, and 12).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Policy "Comprehensive Client Assessment", last reviewed/ revised 9-10-14, states "A thorough, well-organized, comprehensive and accurate assessment, consistent with the client's immediate needs will be completed for all clients in a timely manner, but no later than five (5) days after the start of care." 2. Clinical record (CR) 1, SOC (defined as 1st billable visit) 11-5-13, contained a POC for the certification period (CP) 4-29 to 6-27-15 (The POC would begin when services are provided.) under Medicaid Prior Authorization (PA). The first billable visit, with care furnished, was by a home health aide (HHA) on 12-3-14, 29 days after the date identified as the start of care. The comprehensive assessment was dated 11/5/13, prior to the start of care. 	G 0334	<p>The Administrator and the Director of Nurses inserviced all staff involved regarding the requirement to complete the comprehensive assessment in a timely manner; consistent with the patient's immediate needs, but no later than five (5) calendar days after the start of care. Staff involved in this process includes the RN Case Managers and the staffing department. For referrals needing a Medicaid Prior Authorization to be approved, once this approval is obtained, the staffing department will staff patient with appropriate staff and the RN Case Manager will be notified. At this time, an appointment will be made with the patient to complete a comprehensive assessment that is a thorough, well organized, comprehensive and accurate assessment, consistent with the client's immediate needs. This assessment will be completed for all clients in a timely manner, but no later than five (5) calendar days after start of care (SOC)</p> <p>For referrals that have a Medicaid Prior Authorization in place, the start of care date will be ascertained at time of the initial assessment Once this date is provided by the referral or family member the staffing department will staff patient with appropriate staff and the RN Case Manager will be notified. At this time an appointment will be made with the patient to complete</p>	07/10/2015

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	<p>3. CR 2, SOC 8-12-14, contained a POC for the CP 4-9- to 6-7-15, under Medicaid PA. The first billable visit, care furnished, was by HHA on 8-15-14, 3 days after date identified as the start of care. The comprehensive assessment was dated 8/12/14, prior to the start of care.</p> <p>4. CR 4, SOC 8-1-14, contained a POC for the CP 3-29 to 5-27-15, under Medicaid PA. The SOC did not occur until after the date if the care plan. The first billable visit, care furnished, was by a HHA on 8-4-14, 3 days after the date identified as the start of care. The comprehensive assessment was dated 11/5/13, prior to the start of care.</p> <p>5. CR 10, SOC 1-16-15, contained a POC for the CP 1-16 to 3-16-15, under Medicaid PA. The first billable visit, care furnished, was by a HHA on 1-26-15, 10 days after the date identified as the start of care. The comprehensive assessment was dated 1/23/15, prior to the start of care.</p> <p>6. CR 11, SOC 8-5-14, contained a POC for the CP 12-3-14 to 1-31-15, under Medicaid PA. The first billable visit, care furnished, was by a HHA on 8-11-14, 6 days after the date identified as the start of care. The comprehensive assessment was dated 8/5/14, prior to the</p>		<p>a comprehensive assessment that is a thorough, well organized, comprehensive and accurate assessment, consistent with the client's immediate needs. This assessment will be completed for all clients in a timely manner, but no later than five (5) calendar days after start of care (SOC) 100% of all the clinical records of all new referrals will be audited quarterly for evidence that the comprehensive assessment is completed within five (5) calendar days of the start of care (SOC), defined as the first billable visit. If upon auditing of the clinical records it is noted that the deficiency has recurred, re-education will be provided to the staff involved and if necessary disciplinary action will be taken. The Director of Nurses will be responsible for monitoring the corrective action to ensure that this deficiency is corrected and will not recur</p>	

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N 0000 Bldg. 00	<p>start of care.</p> <p>7. CR 12, SOC 8-5-14, contained a POC for the CP 12-3-14 to 1-31-15, under Medicaid PA. The first billable visit, care furnished, was by a HHA on 8-12-14, 7 days after the date identified as the start of care. The comprehensive assessment was dated 8/5/14, prior to the start of care.</p> <p>8. On 6-19-15 at 3:30 PM, the nursing supervisor (NS) indicated the above patients were all under Medicaid Prior Authorization (PA). The NS indicated the agency practice is to designate the date of the CA as the start of care. The SN indicated most patients have the first billable visit after the CA has been completed. She indicated the certification period ran from the agency established SOC, which had not been defined as the first billable visit. No further documentation was provided prior to exit.</p> <p>This visit was for a home health state relicensure survey. A complaint investigation was conducted in conjunction with the relicensure survey.</p>	N 0000		

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	<p>Complaint #: IN00166100 - Unsubstantiated: lack of sufficient evidence.</p> <p>Dates of survey: 6-15, 6-16, 6-17, 6-18, and 6-19-2015.</p> <p>Facility #: IN012120</p> <p>Medicaid Vendor #: 200944890</p> <p>Census: 21 Skilled unduplicated admissions, past twelve months</p> <p> 131 Home Health Aide only</p> <p> 152 Total</p> <p>Current Census: 17 Skilled 86 Home Health Aide only</p> <p> 103 Total</p> <p>Home visits with record review: 6</p> <p>Record review only: 6</p> <p>Total: 12</p> <p>QR: JE 6/26/15</p>			

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N 0524 Bldg. 00	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the plan of care (POC) correctly identified the start of care (SOC) date and certification period (CP) for 6 of 12 clinical records reviewed (1, 2, 4, 10, 11, and 12).</p> <p>Findings include:</p>	N 0524	The Administrator and the Director of Nurses inserviced all staff on the Rule that the Plan of Care (POC) correctly identifies the start of care (SOC) date and certification periods. Staff provided with this education included the Alternate Director of Nurse, RN Case Managers and the staffing department After a start of care date (SOC) is ascertained, defined as the first billable visit a medical plan of care will be completed by the RN	07/10/2015			

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	<p>1. Policy "Plan of Care", last reviewed/revised 9-10-14, states, "An individualized Plan of Care signed by a physician shall be required for each client receiving home health ... services ... The Plan of Care shall be completed in full to include: ... t. Other appropriate items."</p> <p>2. Clinical record (CR) 1, SOC (defined as 1st billable visit) 11-5-13, contained a POC for the certification period (CP) 4-29 to 6-27-15. (The POC would begin when services are provided.) under Medicaid Prior Authorization (PA). The first billable visit, with care furnished, was by a home health aide (HHA) on 12-3-14, 29 days after the date identified as the start of care. The certification periods should have been 12/3/14 - 1/31/15, 2/1/15 - 4/1/15, 4/2/15 - 5/31/15, and 6/1/15 - 7/3/15.</p> <p>3. CR 2, SOC 8-12-14, contained a POC for the CP 4-9- to 6-7-15 under Medicaid PA. The first billable visit, care furnished, was by HHA on 8-15-14, 3 days after date identified as the start of care. The certification periods should have been 8/15/14 - 10/13/14, 10/14/14 - 12/12/14, 12/13/14 - 2/10/15, 2/11/15 - 4/11/15, 4/12/15 - 6/10/15, and 6/11/15 - 8/9/15.</p> <p>4. CR 4, SOC 8-1-14, contained a POC</p>		<p>case manager that will be developed in consultation with the home health agency staff, include all services to be provided if a skilled service is being provided, cover all pertinent diagnosis and will include the following: mental status, types of services and equipment required, frequency and duration of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral and any other appropriate items. This medical plan of care will be sent to the referrals primary care physician for review and signature and date 100% of all the clinical records of all new referrals will be audited quarterly for evidence that the medical plan of care correctly identifies the start of care date (SOC) (defined as the first billable visit) and that the certification periods correctly reflect the start of care date. If upon auditing of the clinical records it is noted that the deficiency has recurred, re-education will be provided to the staff involved and if necessary disciplinary action will be taken. The Director of Nurses 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>for the CP 3-29 to 5-27-15 under Medicaid PA. The SOC did not occur until after the date if the care plan. The first billable visit, care furnished, was by a HHA on 8-4-14, 3 days after the date identified as the start of care. The certification periods should have been 8/4/14 - 10/2/14, 10/3/14 -12/1/14, 12/2/14 - 1/30/15, 1/31//15 - 3/31/15, 4/1/15 - 5/30/15, and 5/31/15 -7/29/15.</p> <p>5. CR 10, SOC 1-16-15, contained a POC for the CP 1-16 to 3-16-15 under Medicaid PA. The first billable visit, care furnished, was by a HHA on 1-26-15, 10 days after the date identified as the start of care. The certification periods should have been 1/26/15 - 3/26/15, 3/27/15 -5/25/15, and 5/26 15 -7/24/15.</p> <p>6. CR 11, SOC 8-5-14, contained a POC for the CP 12-3-14 to 1-31-15 under Medicaid PA. The first billable visit, care furnished, was by a HHA on 8-11-14, 6 days after the date identified as the start of care. The certification periods should have been 8/11/14 - 10/9/14, 10/10/14 - 12/8 14, 12/9/14 - 2/6/15, 2/7/15 - 4/7/15, 4/8/15 -6/6/15, and 6/7/15 - 8/5/15.</p> <p>7. CR 12, SOC 8-5-14, contained a POC for the CP 12-3-14 to 1-31-15 under</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K046	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/19/2015
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NAME OF PROVIDER OR SUPPLIER UNITED HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7212 N SHADELAND AVE STE 100 INDIANAPOLIS, IN 46250
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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
	<p>Medicaid PA. The first billable visit, care furnished, was by a HHA on 8-12-14, 7 days after the date identified as the start of care. The certification periods should have been 8/12/14 - 10/10/14, 10/11/14 - 12/9 14, 12/10/14 - 2/7/15, 2/8/15 - 4/8/15, 4/9/15 -6/7/15, and 6/8/15 - 8/6/15.</p> <p>8. On 6-19-15 at 3:30 PM, the nursing supervisor (NS) indicated the above patients were all under Medicaid Prior Authorization (PA). The NS indicated the agency practice is to designate the date of the CA/OASIS as the start of care. The NS indicated most patients have the first billable visit after the CA has been completed. NS indicated the SOC and CP were appropriate information to be identified on the plan of care. The NS indicated the agency practice is to have the certification period run from their SOC (date of CA), which the agency had not defined as the first billable visit. No further documentation was provided prior to exit.</p>			