

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157055	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2021
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NAME OF PROVIDER OR SUPPLIER DEARBORN COUNTY HOSPITAL HOME HEALTH & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 370 BIELBY RD LAWRENCEBURG, IN 47025
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E 0000 Bldg. 00	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 484.102, for a home health agency. Survey dates: 2-10, 2-11, & 2-12-21 Facility: IN005272	E 0000		
E 0024 Bldg. 00	403.748(b)(6), 416.54(b)(5), 418.113(b)(4), 441.184(b)(6), 482.15(b)(6), 483.475(b)(6), 483.73(b)(6), 484.102(b)(5), 485.625(b)(6), 485.68(b)(4), 485.727(b)(4), 485.920(b)(5), 491.12(b)(4), 494.62(b)(5) Policies/Procedures-Volunteers and Staffing [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years (annually for LTC).] At a minimum, the policies and procedures must address the following: (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. *[For RNHCIs at §403.748(b):] Policies and procedures. (6) The use of volunteers in an			

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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	<p>emergency and other emergency staffing strategies to address surge needs during an emergency.</p> <p>*[For Hospice at §418.113(b):] Policies and procedures. (4) The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.</p> <p>Based on record review and interview, the agency failed to ensure it had solicited volunteers for service during a disaster or emergency, to include their roles for integration with health care professionals during the disaster/emergency for 1 of 1 home health agency disaster preparedness plan.</p> <p>Findings included:</p> <p>Review of Agency's Emergency Preparedness plan, last reviewed on 12-30-2020, failed to evidence the use of volunteers in their emergency preparedness plan.</p> <p>On 2-12-21 at 2:00 p.m., Alternate Administrator, Employee B confirmed the lack of use of volunteers in their Emergency Preparedness program.</p> <p>At the time of survey exit on 2-12-21 at 2:51 p.m., when queried as to the lack of use of volunteers, the Administrator provided nothing further.</p>	E 0024	<p>E024</p> <p>Immediate Action Implemented to Correct Specific Deficiency</p> <p>On March 8, 2021, Policy 33.33 Emergency Management Business Continuity Plan was updated to address the use of volunteers in an emergency, including the process and role for integration of State and Federal designated health care professionals to address surge needs during an emergency.</p> <p>On March 8, 2021, the Emergency Management Plan was updated to include the use of volunteers to address surge needs during an emergency.</p> <p>Mandatory in-service for all staff regarding the use of volunteers in an emergency including the process and role for integration of State and Federal designated health care professionals to address surge needs during an emergency, was completed by the</p>	03/12/2021

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G 0000 Bldg. 00	This visit was for a Federal Recertification and a State Licensure survey of a home health agency. One (1) complaint was investigated in conjunction with the recertification survey. This survey was announced as fully extended on 2-10-21 at 4:25 p.m.	G 0000	<p>Director of Clinical Services and designee, on March 10, 2021.</p> <p>Education provided included the following policy: Policy 33.33 Emergency Management Business Continuity Plan Staff unable to attend the in-service was provided an educational packet on the above education by March 10, 2021.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u></p> <p>Review/Revisions to the policy and Emergency Management Plan will be completed annually and as necessary.</p> <p>This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p>	

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G 0848 Bldg. 00	<p>Complaint #: IN00347254-Substantiated with findings</p> <p>Survey dates: 2-10, 2-11, & 2-12-21</p> <p>Facility: IN005272</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Refer to state form for additional state findings.</p> <p>Dearborn County Hospital Home Health is precluded from conducting a home health aide training or competency evaluation program for a period of two years beginning February 12, 2021 through February 11, 2023 for being out of compliance with §484.100 Condition of participation: Compliance with Federal, State, and local laws and regulations related to the health and safety of patients and §484.105 Condition of participation: Organization and administration of services.</p> <p>Quality Review completed on 3/5/2021 A4</p> <p>484.100 Compliance with Federal, State, Local Law Condition of participation: Compliance with Federal, State, and local laws and regulations related to the health and safety of patients.</p> <p>The HHA and its staff must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to the health and safety of patients. If state or local law provides licensing of HHAs, the HHA must be licensed.</p> <p>Based on record review and interview, the agency</p>	G 0848	G848	06/01/2021

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	<p>failed to disclose a change in Agency ownership and management (see G0850), failed to provide the names and addresses of the managing employees of the new owning entity (see G0856), failed to provide the names and business addresses of the new owning corporation including the chief executive officer and Governing Board Chairperson (see G0858), and failed to obtain an Indiana license for the new owning entity (see G0860).</p> <p>The cumulative effect of this systemic problem resulted in the agency being out of compliance with the Condition of Participation 42 CFR 484.100 Compliance with Federal, State, and local laws and regulations related to the health and safety of patients.</p>		<p>Immediate Action Implemented to Correct Specific Deficiency</p> <p>Dearborn County Hospital Home Health & Hospice followed-up on the change of ownership application previously submitted and updated the application with additional information missing on February 23, 2021 and February 25, 2021. This follow up included the names and addresses of the managing employees of the new owning entity as well as the names and business addresses of the new owning corporation including the chief executive officer, Governing Board Chairperson and overall managers. The agency continues to actively work to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>Dearborn County Hospital Home Health & Hospice submission of the license renewal occurred on February 10, 2021. License renewal was received on March 17, 2021.</p> <p>The agency anticipates receiving the change of ownership approval by June 1, 2021, so that is the completion date selected.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process</u></p>		

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G 0850 Bldg. 00	484.100(a) Disclosure of ownership and management info. Standard: Disclosure of ownership and management information. The HHA must comply with the requirements of part 420 subpart C, of this chapter. Based on record review and interview, the Agency failed to disclose the change in ownership for 1 of 1 agency.	G 0850	Improvement and Continued Compliance The agency will continue to work with ISDH to deliver any further information required by ISDH to issue the change of ownership approval. The Administrator and the Governing Board will discuss on a quarterly basis any anticipated changes of ownership or other changes requiring notice to ISDH and report such changes. The Agency will submit any change of ownership applications at least 30 days in advance and include all necessary enclosures. The Administrator will monitor for receipt of the renewal request from ISDH starting in the month of October prior to expiration and confirm renewal is submitted timely for processing. This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.	06/01/2021	
			G0850 Immediate Action Implemented to Correct Specific Deficiency		

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	<p>Findings included:</p> <ol style="list-style-type: none"> Review of the ASPEN database indicated the Indiana Department of Health (IDOH) had previously been informed Employee H was the administrator/alternate clinical supervisor and Employee C was the alternate administrator/clinical supervisor. The database further indicated Employee H as a member/officer on the Governing Body along with eight (8) other members with the owner as Dearborn Home Health. On 11-02-2020, the IDOH received an incomplete change in ownership (CHOW) notification from Other Entity A, effective 11-01-2020. Return communication was sent to Other Entity A, dated 11-9-2020, referring them to the home health agency website and specifically instructing them to follow the instructions provided to complete the CHOW. On 1-4-21, IDOH had not received the Agency's license renewal application which expired on 12-31-2020. On 1-29-21, IDOH attempted to contact licensed entity via the listed number in Aspen Central Office (ACO) and reached a switchboard in Kentucky identifying self as Other Entity A, that was unfamiliar with the number IDOH had listed. A second attempt was made to contact the Administrator listed in ACO with the phone being answered as Other Entity A (not reported to IDOH) with the specific request to speak with the Administrator listed in ACO, Employee H. Employee H answered the call and stated he was no longer associated with the home health agency and that he was aware the agency was actively seeing patients with a current patient census. 		<p>Dearborn County Hospital Home Health & Hospice followed-up on the change of ownership application previously submitted and updated the application with additional information missing on February 23, 2021 and February 25, 2021. The agency continues to actively work to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The agency anticipates receiving the change of ownership approval by June 1, 2021, so that is the completion date selected.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u></p> <p>The agency will continue to work with ISDH to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The Administrator and the Governing Board will discuss on a quarterly basis any anticipated changes of ownership or other changes requiring notice to ISDH and report such changes. The Agency will submit any change of ownership applications at least 30 days in advance and include all necessary enclosures.</p> <p>This compliance process will be under the direct supervision of the</p>		

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	<p>Employee H further stated he was unaware IDOH was still awaiting appropriate paperwork for the supposed CHOW and expired license as of 12-31-2020 requesting an email with this information so that he may forward to the new owners. IDOH notified CMS.</p> <p>5. On 2-9-21, the ACO listed Administrator returned a call to the IDOH and responded the owners of Dearborn Home Health were all dissolved as Other Entity A purchased the hospital and Other Entity A and another entity joined to purchase the HHA (home health agency). The listed Administrator confirmed awareness of the Agency still operating in Indiana.</p> <p>6. On entrance to Agency on 2-10-21 at 1:00 p.m., Agency's Indiana license to operate a Home Health Agency was not visible. When queried as to availability or location, the Alternate Administrator, Employee B, of the new Entity (Other Entity A) stated: "Will look (as to location)".</p> <p>On 2-10-21 at 1:17 p.m., when queried as to the location of Agency's license to operate in the state of Indiana, the Administrator, Employee A of the new Entity (Other Entity A) reported it was with the attorney's as a change in ownership was being processed effective 11-1-20 for said Agency.</p> <p>On 2-10-21 at 3:18 p.m., the Administrator, Employee A of the new Entity (Other Entity A) stated the license application was submitted with the following copies provided: a) Other Entity A check request dated 2-10-21 for \$250.00 to the IDOH; b) State form 48851, Renewal Application for license to operate a Home Health Agency</p>		Administrator with oversight by the Governing Body.		

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	<p>identifying the date of license expiration of 12-31-2020 with the agency name listed with IDOH as the operating agency in section I and name of the new agency, Other Entity A in section II, signed by the Administrator, Employee A of Other Entity and dated 2-10-21; c) Two, one-page documents from the Ohio Bureau of Criminal Investigation to Other Entity B, with both for Employee B of Other Entity A, titled "Criminal History Record Check"; a one-page document for Entity A listing four (4) owners, Other Entity's C, D, E & F; a one-page document for Entity A, listing seven (7) board members, Other Entity's G, H, I, J, K, L, & M; a two-page resume for the Administrator, Employee A of Other Entity A; a two-page resume for the Alternate Administrator, Employee B of Other Entity A; a one-page organizational chart, last revised 2-10-21, titled Other Entity A/Lawrenceburg, IN/ Home Care with position titles and without individual names.</p> <p>On 2-11-21 at 11:15 a.m., the Alternate Administrator of Other Entity A, presented twenty (20) page document and stated: "(Called by name) Administrator of Other Entity A said the CMS agreement is in here (agreement with CMS to provide services)." This twenty-page packet of information contained the following: a) a five (5) page "Bill of Sale" between IDOH listed agency as the seller and Other Entity A as the buyer that included signatures with effective date of 11-01-2020; a seven (7) page "Membership Transaction Agreement" with effective date of 11-01-2020, listing acquisition of assets between the IDOH listed agency and Other Entity A that included signatures; and an eight (8) page document titled "Interim Billing Agreement" between IDOH listed agency and Other Entity A with an effective date of 11-01-2020 outlining billing of services and receipt of payment for said</p>			

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G 0856 Bldg. 00	<p>services that included signatures for both companies.</p> <p>The Indiana Department of Health had not been appropriately notified of these changes in administration/management or of a Change of Ownership (CHOW) in advance of the license renewal application.</p> <p>At the time of survey exit on 2-12-21 at 2:51 p.m., when queried as to the above findings and the lack of a current and active license to operate a home health agency in Indiana, no further information was provided.</p> <p>17-10-1(d)</p> <p>484.100(a)(2)</p> <p>Officer, a director, agent, managing employee</p> <p>The name and address of each person who is an officer, a director, an agent, or a managing employee of the HHA as defined in §420.201, §420.202, and §420.206 of this chapter.</p> <p>Based on document review and interview, the Agency failed to provide the names and addresses of each individual serving as a managing employee and/or officer prior to Agency license expiration and at the time of a change in ownership (CHOW) for 1 of 1 agency.</p> <p>Findings included:</p> <p>1. Review of the ASPEN database indicated the Indiana Department of Health (IDOH) had previously been informed Employee H was the administrator/alternate clinical supervisor and Employee C was the alternate administrator/clinical supervisor. The database further indicated Employee H as a member/officer on the Governing Body along with eight (8) other</p>	G 0856	<p>G0856</p> <p>Immediate Action Implemented to Correct Specific Deficiency</p> <p>Dearborn County Hospital Home Health & Hospice followed-up on the change of ownership application previously submitted and updated the application with additional information missing on February 23, 2021 and February 25, 2021. This follow up included the names and addresses of the managing employees of the new owning entity as well as the names and business addresses of the new owning corporation</p>	06/01/2021	

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	<p>members with the owner as Dearborn Home Health.</p> <p>2. On 1-29-21, IDOH attempted to contact licensed entity via the listed number in Aspen Central Office (ACO) and reached a switchboard in Kentucky identifying self as Other Entity A, that was unfamiliar with the number IDOH had listed. A second attempt was made to contact the Administrator listed in ACO with the phone being answered as Other Entity A (not reported to IDOH) with the specific request to speak with the Administrator listed in ACO, Employee H. Employee H answered the call and stated he was no longer associated with the home health agency.</p> <p>3. On 2-9-21, the ACO listed Administrator returned a call to the IDOH and responded the owners of Dearborn Home Health were all dissolved as Other Entity A purchased the hospital and Other Entity A and another entity joined to purchase the HHA. The listed Administrator confirmed awareness of the Agency still operating in Indiana.</p> <p>4. During entrance conference on 2/10/21 at 1:17 p.m., the Administrator, Employee A, indicated via phone she was indeed the current administrator, Employee B was the current Alternate Administrator and Clinical Supervisor, and Employee C was the current Alternate Clinical Supervisor.</p> <p>5. The agency failed to notify IDOH with changes of the names and addresses of each individual serving as managing employees.</p> <p>17-10-1(d)(2)</p>		<p>including the chief executive officer, Governing Board Chairperson and overall managers. The agency continues to actively work to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The agency anticipates receiving the change of ownership approval by June 1, 2021, so that is the completion date selected.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u></p> <p>The agency will continue to work with ISDH to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The Administrator and the Governing Board will discuss on a quarterly basis any anticipated changes of ownership or other changes requiring notice to ISDH and report such changes. The Agency will submit any change of ownership applications at least 30 days in advance and include all necessary enclosures.</p> <p>This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p>		

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G 0858 Bldg. 00	<p>484.100(a)(3) Responsible for the management of the HHA The name and business address of the corporation, association, or other company that is responsible for the management of the HHA, and the names and addresses of the chief executive officer and the chairperson of the board of directors of that corporation, association, or other company responsible for the management of the HHA. Based on document review and interview, the Agency failed to provide company management information that included the names and addresses of the chief executive officer, chairperson of the board of directors, and overall managers for 1 of 1 agency.</p> <p>Findings included:</p> <p>1. Review of the ASPEN database indicated the Indiana Department of Health (IDOH) had previously been informed Employee H was the administrator/alternate clinical supervisor and Employee C was the alternate administrator/clinical supervisor. The database further indicated Employee H as a member/officer on the Governing Body along with eight (8) other members with the owner as Dearborn Home Health.</p> <p>2. On 11-02-2020, the IDOH received an incomplete change in ownership (CHOW) notification from Other Entity A, effective 11-01-2020. Return communication was sent to Other Entity A on 11-9-2020, referring them to the home health agency website and specifically instructing them to follow the instructions provided to complete the CHOW.</p>	G 0858	<p>G0858 Immediate Action Implemented to Correct Specific Deficiency</p> <p>Dearborn County Hospital Home Health & Hospice followed-up on the change of ownership application previously submitted and updated the application with additional information missing on February 23, 2021 and February 25, 2021. This follow up included the names and addresses of the managing employees of the new owning entity as well as the names and business addresses of the new owning corporation including the chief executive officer, Governing Board Chairperson and overall managers. The agency continues to actively work to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The agency anticipates receiving the change of ownership approval</p>	06/01/2021
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157055	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2021
NAME OF PROVIDER OR SUPPLIER DEARBORN COUNTY HOSPITAL HOME HEALTH & HOSPICE			STREET ADDRESS, CITY, STATE, ZIP COD 370 BIELBY RD LAWRENCEBURG, IN 47025		
(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>3. On 1-4-21, IDOH had not received the Agency's license renewal application which expired on 12-31-2020.</p> <p>4. On 1-29-21, IDOH attempted to contact licensed entity via the listed number in Aspen Central Office (ACO) and reached a switchboard in Kentucky identifying self as Other Entity A, that was unfamiliar with the number IDOH had listed. A second attempt was made to contact the Administrator listed in ACO with the phone being answered as Other Entity A (not reported to IDOH) with the specific request to speak with the Administrator listed in ACO, Employee H. Employee H answered the call and stated he was no longer associated with the home health agency and that he was aware the agency was actively seeing patients with a current patient census. Employee H further stated he was unaware IDOH was still awaiting appropriate paperwork for the supposed CHOW and expired license as of 12-31-2020 requesting an email with this information so that he may forward to the new owners. IDOH notified CMS.</p> <p>5. On 2-9-21, the ACO listed Administrator returned a call to the IDOH and responded the owners of Dearborn Home Health were all dissolved as Other Entity A purchased the hospital and Other Entity A and another entity joined to purchase the HHA. The listed Administrator confirmed awareness of the Agency still operating in Indiana.</p> <p>6. On entrance to Agency on 2-10-21 at 1:00 p.m., Agency's Indiana license to operate a Home Health Agency was not visible. When queried as to availability or location, the Alternate Administrator, Employee B, of the new Entity</p>		<p>by June 1, 2021, so that is the completion date selected.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u></p> <p>The agency will continue to work with ISDH to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The Administrator and the Governing Board will discuss on a quarterly basis any anticipated changes of ownership or other changes requiring notice to ISDH and report such changes. The Agency will submit any change of ownership applications at least 30 days in advance and include all necessary enclosures.</p> <p>This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p>		

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	<p>(Other Entity A) stated: "Will look (as to location)".</p> <p>On 2-10-21 at 1:17 p.m., when queried as to the location of Agency's license to operate in the state of Indiana, the Administrator, Employee A of the new Entity (Other Entity A) reported it was with the attorney's as a change in ownership was being processed effective 11-1-20 for said Agency.</p> <p>On 2-10-21 at 3:18 p.m., the Administrator, Employee A of the new Entity (Other Entity A) stated the license application was submitted with the following copies provided: a) Other Entity A check request dated 2-10-21 for \$250.00 to the IDOH; b) State form 48851, Renewal Application for license to operate a Home Health Agency identifying the date of license expiration of 12-31-2020 with the agency name listed with IDOH as the operating agency in section I and name of the new agency, Other Entity A in section II, signed by the Administrator, Employee A of Other Entity and dated 2-10-21; c) Two, one-page documents from the Ohio Bureau of Criminal Investigation to Other Entity B, with both for Employee B of Other Entity A, titled "Criminal History Record Check"; a one-page document for Entity A listing four (4) owners, Other Entity's C, D, E & F; a one-page document for Entity A, listing seven (7) board members, Other Entity's G, H, I, J, K, L, & M; a two-page resume for the Administrator, Employee A of Other Entity A; a two-page resume for the Alternate Administrator, Employee B of Other Entity A; a one-page organizational chart, last revised 2-10-21, titled Other Entity A/Lawrenceburg, IN/ Home Care with position titles and without individual names.</p> <p>On 2-11-21 at 11:15 a.m., the Alternate</p>			

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G 0860 Bldg. 00	<p>Administrator of Other Entity A, presented twenty (20) page document and stated: "(Called by name) Administrator of Other Entity A said the CMS agreement is in here (agreement with CMS to provide services)." This twenty-page packet of information contained the following: a) a five (5) page "Bill of Sale" between IDOH listed agency as the seller and Other Entity A as the buyer that included signatures with effective date of 11-01-2020; a seven (7) page "Membership Transaction Agreement" with effective date of 11-01-2020, listing acquisition of assets between the IDOH listed agency and Other Entity A that included signatures; and an eight (8) page document titled "Interim Billing Agreement" between IDOH listed agency and Other Entity A with an effective date of 11-01-2020 outlining billing of services and receipt of payment for said services that included signatures for both companies.</p> <p>The Indiana Department of Health had not been appropriately notified of these changes in administration/management or of a Change of Ownership (CHOW) in advance of the license renewal application.</p> <p>At the time of survey exit on 2-12-21 at 2:51 p.m., when queried as to the above findings, the lack of a current and active license to operate a home health agency in Indiana, and the status of the CHOW, no further information was provided.</p> <p>17-10-1(d)(4)</p> <p>484.100(b) Licensing (b) Standard: Licensing. The HHA, its branches, and all persons furnishing services to patients must be</p>			

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	<p>licensed, certified, or registered, as applicable, in accordance with the state licensing authority as meeting those requirements.</p> <p>Based on observation, record review and interview, the Agency failed to produce a current, active license to operate a home health agency in the state of Indiana for 1 of 1 agency.</p> <p>Findings included:</p> <p>On entrance to Agency on 2-10-21 at 1:00 p.m., Agency's Indiana license to operate a Home Health Agency was not visible. When queried as to availability or location of the license, the Alternate Administrator, Employee B, of the new Entity (Other Entity A) stated: "Will look (as to location)".</p> <p>On 2-10-21 at 1:17 p.m., when queried as to the location of Agency's license to operate in the state of Indiana, the Administrator, Employee A of the new Entity (Other Entity A) reported it was with the attorney's as a change in ownership was being processed effective 11-1-20 for said Agency.</p> <p>On 2-10-21 at 3:18 p.m., the Administrator, Employee A of the new Entity (Other Entity A) stated the license application was submitted with the following copies provided: a) Other Entity A check request dated 2-10-21 for \$250.00 to the IDOH; b) State form 48851, Renewal Application for license to operate a Home Health Agency identifying the date of license expiration of 12-31-2020 with the agency name listed with IDOH as the operating agency in section I and name of the new agency, Other Entity A in section II, signed by the Administrator, Employee A of Other Entity and dated 2-10-21; c) Two, one-page</p>	G 0860	<p>G860</p> <p>Immediate Action Implemented to Correct Specific Deficiency</p> <p>Dearborn County Hospital Home Health & Hospice submission of the license renewal occurred on February 10, 2021. License renewal was received on March 17, 2021.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u></p> <p>The Administrator will monitor for receipt of the renewal request from ISDH starting in the month of October prior to expiration and confirm renewal is submitted timely for processing.</p> <p>This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p>	03/17/2021

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

PRINTED: 04/27/2021

FORM APPROVED

OMB NO. 0938-039

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G 0940 Bldg. 00	<p>documents from the Ohio Bureau of Criminal Investigation to Other Entity B, with both for Employee B of Other Entity A, titled "Criminal History Record Check"; a one-page document for Entity A listing four (4) owners, Other Entity's C, D, E & F; a one-page document for Entity A, listing seven (7) board members, Other Entity's G, H, I, J, K, L, & M; a two-page resume for the Administrator, Employee A of Other Entity A; a two-page resume for the Alternate Administrator, Employee B of Other Entity A; a one-page organizational chart, last revised 2-10-21, titled Other Entity A/Lawrenceburg, IN/ Home Care with position titles and without individual names.</p> <p>At the time of survey exit on 2-12-21 at 2:51 p.m., the Administrator failed to produce a current and active home health agency license and when queried as to the lack of a current and active license to operate a home health agency in Indiana, no further information was provided.</p> <p>17-10-1(a)</p> <p>484.105 Organization and administration of services Condition of participation: Organization and administration of services. 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. 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</p>			

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	<p>writing, its organizational structure, including lines of authority, and services furnished.</p> <p>Based on record review and interview, the governing body failed to report changes in management and ownership; failed to ensure the agency did not operate without an active license, failed to appoint a qualified administrator, adopt written bylaws, and oversee the management, quality assurance and performance improvement (QAPI) and fiscal affairs of the Agency (See G0942), and failed to ensure the Governing Board approved the appointment of an Agency Administrator (See G0946).</p> <p>The cumulative effect of this systemic problem resulted in the agency being out of compliance with the Condition of Participation 484.105 Organization and administration of services.</p>	G 0940	<p>G0940</p> <p>Immediate Action Implemented to Correct Specific Deficiency</p> <p>Dearborn County Hospital Home Health & Hospice followed-up on the change of ownership application previously submitted and updated the application with additional information missing on February 23, 2021 and February 25, 2021. This follow up included the names and addresses of the managing employees of the new owning entity as well as the names and business addresses of the new owning corporation including the chief executive officer, Governing Board Chairperson and overall managers. The agency continues to actively work to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>Dearborn County Hospital Home Health & Hospice submission of the license renewal occurred on February 10, 2021. License renewal was received on March 17, 2021.</p> <p>The Governing Board formally appointed the Administrator and Back-up Administrator during the board meeting on March 11, 2021. The Governing Board also</p>	06/01/2021

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			<p>formally adopted the QAPI Program, budget as well as policies and procedures during the March 11, 2021 meeting. The agency anticipates receiving the change of ownership approval by June 1, 2021, so that is the completion date selected.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u></p> <p>The agency will continue to work with ISDH to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The Administrator and the Governing Board will discuss on a quarterly basis any anticipated changes of ownership or other changes requiring notice to ISDH and report such changes. The Agency will submit any change of ownership applications at least 30 days in advance and include all necessary enclosures.</p> <p>The Board of Managers shall monitor on a quarterly basis that the current administrator and back-up administrator have been disclosed to CMS and ISDH. The Administrator will monitor for receipt of the renewal request from ISDH starting in the month of October prior to expiration and confirm renewal is submitted</p>	

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G 0942 Bldg. 00	<p>484.105(a) Governing body Standard: Governing body. 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. Based on record review and interview, the governing body failed to report changes in management and ownership; failed to ensure the agency did not operate without an active license, failed to appoint a qualified administrator, adopt written bylaws, and oversee the management, quality assurance and performance improvement (QAPI) and fiscal affairs of the Agency for 1 of 1 Agency.</p> <p>Findings included:</p> <p>1. Regarding Change of Management & Ownership</p> <p>Review of the ASPEN database indicated the Indiana Department of Health (IDOH) had previously been informed Employee H was the Administrator/Alternate Nursing Supervisor and Employee C as the Alternate Administrator/Nursing Supervisor with Other</p>	G 0942	<p>timely for processing.</p> <p>This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p> <p>G0942 Immediate Action Implemented to Correct Specific Deficiency</p> <p>Dearborn County Hospital Home Health & Hospice followed-up on the change of ownership application previously submitted and updated the application with additional information missing on February 23, 2021 and February 25, 2021. This follow up included the names and addresses of the managing employees of the new owning entity as well as the names and business addresses of the new owning corporation including the chief executive officer, Governing Board Chairperson and overall managers. The agency continues to actively</p>	06/01/2021	

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	<p>Entity's, N, O, P, Q, R, S, T, U, V and Employee H listed as the Governing Board members.</p> <p>On 11-02-2020, the IDOH received an incomplete change in ownership (CHOW) notification from Other Entity A, effective 11-01-2020. Return communication was sent to Other Entity A referring them to the home health agency website and specifically instructing them to follow the instructions provided to complete the CHOW.</p> <p>On 1-4-21, IDOH had not received the Agency's license renewal application which expired on 12-31-2020 and had not received a completed CHOW application.</p> <p>On 1-29-21, IDOH attempted to contact licensed entity via the listed number in Aspen Central Office (ACO) and reached a switchboard in Kentucky identifying self as Other Entity A, that was unfamiliar with the number IDOH had listed. A second attempt was made to contact the Administrator listed in ACO with the phone being answered as Other Entity A (not reported to IDOH) with the specific request to speak with the Administrator listed in ACO, Employee H. Employee H answered the call and stated he was no longer associated with the home health agency and that he was aware the agency was actively seeing patients with a current patient census. Employee H further stated he was unaware IDOH was still awaiting appropriate paperwork for the supposed CHOW and expired license as of 12-31-2020 requesting an email with this information so that he may forward to the new owners. IDOH notified CMS.</p> <p>On 2-9-21, the ACO listed Administrator returned a call to the IDOH and responded the owners of Dearborn Home Health were all dissolved as Other</p>		<p>work to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>Dearborn County Hospital Home Health & Hospice submission of the license renewal occurred on February 10, 2021. License renewal was received on March 17, 2021.</p> <p>The Governing Board formally appointed the Administrator and Back-up Administrator during the board meeting on March 11, 2021. The Governing Board also formally adopted the QAPI Program, budget as well as policies and procedures during the March 11, 2021 meeting. The agency anticipates receiving the change of ownership approval by June 1, 2021, so that is the completion date selected.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u></p> <p>The agency will continue to work with ISDH to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The Administrator and the Governing Board will discuss on a quarterly basis any anticipated changes of ownership or other</p>		

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	<p>Entity A purchased the hospital and Other Entity A and another entity joined to purchase the HHA. The listed Administrator confirmed awareness of the Agency still operating in Indiana.</p> <p>On entrance to Agency on 2-10-21 at 1:00 p.m., Agency's Indiana license to operate a Home Health Agency was not visible. When queried as to availability or location, the Alternate Administrator, Employee B, of the new Entity (Other Entity A) stated: "Will look (as to location)".</p> <p>On 2-10-21 at 3:18 p.m., the Administrator, Employee A of the new Entity (Other Entity A) stated the license application was submitted with the following copies provided: a) Other Entity A check request dated 2-10-21 for \$250.00 to the IDOH; b) State form 48851, Renewal Application for license to operate a Home Health Agency identifying the date of license expiration of 12-31-2020 with the agency name listed with IDOH as the operating agency in section I and name of the new agency, Other Entity A in section II, signed by the Administrator, Employee A of Other Entity and dated 2-10-21; c) Two, one-page documents from the Ohio Bureau of Criminal Investigation to Other Entity B, with both for Employee B of Other Entity A, titled "Criminal History Record Check"; a one-page document for Entity A listing four (4) owners, Other Entity's C, D, E & F; a one-page document for Entity A, listing seven (7) board members, Other Entity's G, H, I, J, K, L, & M; a two-page resume for the Administrator, Employee A of Other Entity A; a two-page resume for the Alternate Administrator, Employee B of Other Entity A; a one-page organizational chart, last revised 2-10-21, titled Other Entity A/Lawrenceburg, IN/ Home Care with position titles and without individual names.</p>		<p>changes requiring notice to ISDH and report such changes. The Agency will submit any change of ownership applications at least 30 days in advance and include all necessary enclosures.</p> <p>The Board of Managers shall monitor on a quarterly basis that the current administrator and back-up administrator have been disclosed to CMS and ISDH. The Administrator will monitor for receipt of the renewal request from ISDH starting in the month of October prior to expiration and confirm renewal is submitted timely for processing.</p> <p>This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p>	

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	<p>On 2-11-21 at 11:15 a.m., the Alternate Administrator of Other Entity A, presented twenty (20) page document and stated: "(Called by name) Administrator of Other Entity A said the CMS agreement is in here (agreement with CMS to provide services)." This twenty-page packet of information contained the following: a) a five (5) page "Bill of Sale" between IDOH listed agency as the seller and Other Entity A as the buyer that included signatures with effective date of 11-01-2020; a seven (7) page "Membership Transaction Agreement" with effective date of 11-01-2020, listing acquisition of assets between IDOH listed agency and Other Entity A that included signatures; and an eight (8) page document titled "Interim Billing Agreement" between IDOH listed agency and Other Entity A with an effective date of 11-01-2020 outlining billing of services and receipt of payment for said services that included signatures for both companies.</p> <p>The Indiana Department of Health had not been appropriately notified of these changes in administration/management/operation of or of a Change of Ownership (CHOW) in advance of the license renewal application.</p> <p>2. Regarding Timeliness of License Renewal and Operating Without an Active License On 1-4-21, IDOH had not received the Agency's license renewal application which expired on 12-31-2020 and had not received a completed CHOW application.</p> <p>Refer to the documented evidence listed in #1.</p> <p>3. Regarding the appointment of a qualified Administrator, adoption of written bylaws,</p>			

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NAME OF PROVIDER OR SUPPLIER DEARBORN COUNTY HOSPITAL HOME HEALTH & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP COD 370 BIELBY RD LAWRENCEBURG, IN 47025
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	<p>overseeing the management and fiscal affairs of the Agency.</p> <p>On 2-10-21 at 1:17 p.m., copies of the Agency's organizational chart, bylaws and governing board minutes were requested from the Agency Administrator, Employee A (Other Entity A).</p> <p>On 2-10-21 at 4:28 p.m., the Alternate Administrator, Employee B (Other Entity A) presented a policy from Other Entity F, titled "Bylaws", last revised 4-28-15 and a policy from Other Entity E, titled "Administrative Control", last revised 11-5-20. Request was made a second time for a copy of the Agency's actual bylaws and governing board minutes from Employee B (Other Entity A).</p> <p>On 2-11-21 at 11:15 p.m., the Alternate Administrator, Employee B (Other Entity A) presented a 3-page document stating "(Called by name-Administrator [Other Entity A] says this is all she can give out, will this work?" which contained a list of Other Entity A's Board of Directors and the most current Board meeting date of 9-15-2020, the location of WebEx meeting and attendees and failed to evidence the content or meeting minutes. A request for minutes of the Agency Governing Board was made a third time.</p> <p>On 2-12-21 at 10:25 a.m., the Alternate Administrator, Employee B (Other Entity A) presented a two-page document with a handwritten note stating: "Board meeting minutes. 1st board meeting for Dearborn is March (2021)". The minutes were dated 9-15-2020 and failed to evidence any mention of this agency, purchase of this agency, license application, adoption of agency bylaws, QAPI, budget approval and/or approval of the administrator/alternate</p>			

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G 0946 Bldg. 00	<p>administrator for this Agency.</p> <p>On 2-12-21 at 10:25 a.m., the Alternate Administrator, Employee B (Other Entity A) presented an eleven (11) page document as the Agency's bylaws titled "Code of Regulations of Other Entity F known as "the Corporation", which contained eleven Articles for the corporation.</p> <p>At the time of survey exit on 2-12-21 at 2:51 p.m., when queried as to the above findings and the lack of a current and active license to operate a home health agency in Indiana, the oversight of management and fiscal affairs of the agency, QAPI and appointment of the Administrator/Management, no further information was provided.</p> <p>17-12-1(b)</p> <p>484.105(b)(1)(i) Administrator appointed by governing body (i) Be appointed by and report to the governing body;</p> <p>Based on record review and interview, the Agency failed to ensure the Governing Board approved the appointment of an Agency Administrator for 1 of 1 Agency.</p> <p>Findings included:</p> <p>Review of the ASPEN database indicated the Indiana Department of Health (IDOH) had previously been informed Employee H was the Administrator/Alternate Nursing Supervisor and Employee C as the Alternate Administrator/Nursing Supervisor with Other Entity's, N, O, P, Q, R, S, T, U, V and Employee H listed as the Governing Board members.</p>	G 0946	<p>G0946</p> <p>Immediate Action Implemented to Correct Specific Deficiency</p> <p>The Governing Board formally appointed the Administrator and Back-up Administrator during the board meeting on March 11, 2021. The Governing Board also formally adopted the QAPI Program, budget as well as policies and procedures during the March 11, 2021 meeting.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process</u></p>	03/11/2021	

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N 0000 Bldg. 00	<p>Upon entrance to the Agency on 2-10-21 at 1:00 p.m., Agency name now Other Entity A and with new ownership, management and leadership as reported by Other Entity's Alternate Administrator, Employee B.</p> <p>On 2-11-21 at 11:15 p.m., the Alternate Administrator, Employee B (Other Entity A) presented a 3-page document stating "(Called by name-Administrator [Other Entity A]) says this is all she can give out, will this work?" which contained a list of Other Entity A's Board of Directors and the most current Board meeting date of 9-15-2020, the location of WebEx meeting and attendees and failed to evidence the content or meeting minutes.</p> <p>On 2-12-21 at 10:25 a.m., the Alternate Administrator, Employee B (Other Entity A) presented a two-page document with a handwritten note stating: "Board meeting minutes. 1st board meeting for Dearborn is March (2021)". The minutes were dated 9-15-2020 and failed to evidence any mention of this agency, purchase of this agency, license application, adoption of agency bylaws, QAPI, budget approval and/or approval of the administrator/alternate administrator for this Agency.</p> <p>At the time of survey exit on 2-12-21 at 2:51 p.m., when queried as to the above findings and the lack of the Governing Board approval of an Administrator/Alternate Administrator, no further information was provided.</p> <p>17-12-1(b)(1)</p>		<p><u>Improvement and Continued Compliance</u></p> <p>The Board of Managers shall monitor on a quarterly basis that the current administrator and back-up administrator have been disclosed to CMS and ISDH. This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p>	

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	<p>On 2-11-21 at 11:15 a.m., the Alternate Administrator of Other Entity A, presented twenty (20) page document and stated: "(Called by name) Administrator of Other Entity A said the CMS agreement is in here (agreement with CMS to provide services)." This twenty-page packet of information contained the following: a) a five (5) page "Bill of Sale" between IDOH listed agency as the seller and Other Entity A as the buyer that included signatures with effective date of 11-01-2020; a seven (7) page "Membership Transaction Agreement" with effective date of 11-01-2020, listing acquisition of assets between IDOH listed agency and Other Entity A that included signatures; and an eight (8) page document titled "Interim Billing Agreement" between IDOH listed agency and Other Entity A with an effective date of 11-01-2020 outlining billing of services and receipt of payment for said services that included signatures for both companies.</p> <p>The Indiana Department of Health had not been appropriately notified of these changes in administration/management or of a Change of Ownership (CHOW) in advance of the license renewal application.</p> <p>At the time of survey exit on 2-12-21 at 2:51 p.m., when queried as to the above findings and the lack of a current and active license to operate a home health agency in Indiana, no further information was provided.</p>		<p>including the chief executive officer, Governing Board Chairperson and overall managers. The agency continues to actively work to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The agency anticipates receiving the change of ownership approval by June 1, 2021, so that is the completion date selected.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u></p> <p>The agency will continue to work with ISDH to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The Administrator and the Governing Board will discuss on a quarterly basis any anticipated changes of ownership or other changes requiring notice to ISDH and report such changes. The Agency will submit any change of ownership applications at least 30 days in advance and include all necessary enclosures.</p> <p>This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p>	
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N 0424 Bldg. 00	<p>410 IAC 17-10-1(o) Licensure Rule 10 Sec. 1(o) Each license shall: (1) be issued only for the home health agency named in the application; and (2) not be transferred or assigned. Upon sale, assignment, lease, or other transfer, voluntary or involuntary, including those transfers that qualify as changes of ownership, a new owner or person in interest shall obtain a license from the department before maintaining, operating, or conducting a home health agency. Based on interview and record review, the Agency, Other Entity A, failed to obtain a license from the Indiana Department of Health (IDOH) before maintaining, operating, or conducting business as a home health agency for 1 of 1 Agency.</p> <p>Findings included:</p> <p>On 11-02-2020, the IDOH received an incomplete change in ownership (CHOW) notification from Other Entity A, effective 11-01-2020. Return communication was sent to Other Entity A on 11-9-2020, referring them to the home health agency website and specifically instructing them to follow the instructions provided to complete the CHOW.</p> <p>On 1-4-21, IDOH had not received the licensed Agency's license renewal application which expired on 12-31-2020.</p> <p>On entrance to Agency on 2-10-21 at 1:00 p.m., Agency's Indiana license to operate a Home Health Agency was not visible. When queried as to availability or location, the Alternate Administrator, Employee B, of the new Entity</p>	N 0424	<p>N0424 Immediate Action Implemented to Correct Specific Deficiency</p> <p>Dearborn County Hospital Home Health & Hospice followed-up on the change of ownership application previously submitted and updated the application with additional information missing on February 23, 2021 and February 25, 2021. This follow up included the names and addresses of the managing employees of the new owning entity as well as the names and business addresses of the new owning corporation including the chief executive officer, Governing Board Chairperson and overall managers. The agency continues to actively work to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>Dearborn County Hospital Home</p>	06/01/2021	

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	<p>(Other Entity A) stated: "Will look (as to location)".</p> <p>On 2-10-21 at 1:17 p.m., when queried as to the location of Agency's license to operate in the state of Indiana, the Administrator, Employee A of the new Entity (Other Entity A) reported it was with the attorney's as a change in ownership was being processed effective 11-1-21 for said Agency.</p> <p>On 2-10-21 at 3:18 p.m., the Administrator, Employee A of the new Entity (Other Entity A) stated the license application was submitted with the following copies provided: a) Other Entity A check request dated 2-10-21 for \$250.00 to the IDOH; b) State form 48851, Renewal Application for license to operate a Home Health Agency identifying the date of license expiration of 12-31-2020 with the agency name listed with IDOH as the operating agency in section I and name of the new agency, Other Entity A in section II, signed by the Administrator, Employee A of Other Entity and dated 2-10-21; c) Two, one-page documents from the Ohio Bureau of Criminal Investigation to Other Entity B, with both for Employee B of Other Entity A, titled "Criminal History Record Check"; a one-page document for Entity A listing four (4) owners, Other Entity's C, D, E & F; a one-page document for Entity A, listing seven (7) board members, Other Entity's G, H, I, J, K, L, & M; a two-page resume for the Administrator, Employee A of Other Entity A; a two-page resume for the Alternate Administrator, Employee B of Other Entity A; a one-page organizational chart, last revised 2-10-21, titled Other Entity A/Lawrenceburg, IN/ Home Care with position titles and without individual names.</p> <p>On 2-10-21 at 4:28 p.m., the Alternate</p>		<p>Health & Hospice submission of the license renewal occurred on February 10, 2021. License renewal was received on March 17, 2021.</p> <p>The agency anticipates receiving the change of ownership approval by June 1, 2021, so that is the completion date selected.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u></p> <p>The agency will continue to work with ISDH to deliver any further information required by ISDH to issue the change of ownership approval.</p> <p>The Administrator and the Governing Board will discuss on a quarterly basis any anticipated changes of ownership or other changes requiring notice to ISDH and report such changes. The Agency will submit any change of ownership applications at least 30 days in advance and include all necessary enclosures.</p> <p>The Administrator will monitor for receipt of the renewal request from ISDH starting in the month of October prior to expiration and confirm renewal is submitted timely for processing.</p> <p>This compliance process will be under the direct supervision of the</p>	

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	<p>Administrator for Other Entity A, provided a completed IDOH Facility Census form indicating 183 unduplicated admissions since 11-1-2020 and with a current census of 90 patients.</p> <p>On 2-11-21 at 11:15 a.m., the Alternate Administrator of Other Entity A, presented twenty (20) page document and stated: "(Called by name) Administrator of Other Entity A said the CMS agreement is in here (agreement with CMS to provide services)." This twenty-page packet of information contained the following: a) a five (5) page "Bill of Sale" between IDOH listed agency as the seller and Other Entity A as the buyer that included signatures with effective date of 11-01-2020; a seven (7) page "Membership Transaction Agreement" with effective date of 11-01-2020, listing acquisition of assets between IDOH listed agency and Other Entity A that included signatures; and an eight (8) page document titled "Interim Billing Agreement" between IDOH listed agency and Other Entity A with an effective date of 11-01-2020 outlining billing of services and receipt of payment for said services that included signatures for both companies.</p> <p>The Indiana Department of Health had not been appropriately notified of these changes in administration/management/operation of or of a Change of Ownership (CHOW) in advance of the license renewal application.</p> <p>At the time of survey exit on 2-12-21 at 2:51 p.m., when queried as to the above findings and the lack of a current and active license to operate a home health agency in Indiana, no further information was provided.</p>		Administrator with oversight by the Governing Body.	

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N 0434 Bldg. 00	<p>410 IAC 17-11-3 Renewal of home health licensure Rule 11 Sec. 3 An application for renewal of license shall be filed with the department at least sixty (60) days prior, but not sooner than ninety (90) days before, the expiration date of the current license.</p> <p>Based on document review and interview, the home health agency failed to ensure the renewal application for licensure was filed at least 60 days prior to the expiration of the Indiana home health license for 1 of 1 agency.</p> <p>Findings included:</p> <p>The Indiana State Department of Health did not receive the renewal application by 12-31-2020 when the agency's license expired.</p> <p>On 1-29-21, IDOH attempted to contact licensed entity via the listed number in Aspen Central Office (ACO) and reached a switchboard in Kentucky identifying self as Other Entity A, that was unfamiliar with the number IDOH had listed. A second attempt was made to contact the Administrator listed in ACO with the phone being answered as Other Entity A (not reported to IDOH) with the specific request to speak with the Administrator listed in ACO, Employee H. Employee H answered the call and stated he was no longer associated with the home health agency and that he was aware the agency was actively seeing patients with a current patient census. Employee H further stated he was unaware IDOH was still awaiting appropriate paperwork for the supposed CHOW and expired license as of 12-31-2020.</p> <p>On 2-9-21, the ACO listed Administrator returned a call to the IDOH and responded the owners of</p>	N 0434	<p>N0434 Immediate Action Implemented to Correct Specific Deficiency</p> <p>Dearborn County Hospital Home Health & Hospice submission of the license renewal occurred on February 10, 2021. License renewal was received on March 17, 2021.</p> <p><u>New Process and Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u></p> <p>The Administrator will monitor for receipt of the renewal request from ISDH starting in the month of October prior to expiration and confirm renewal is submitted timely for processing.</p> <p>This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p>	03/17/2021

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	<p>Dearborn Home Health were all dissolved as Other Entity A purchased the hospital and Other Entity A and another entity joined to purchase the HHA. The listed Administrator confirmed awareness of the Agency still operating in Indiana</p> <p>On 2-10-21 at 3:18 p.m., the Administrator, Employee A of the new Entity (Other Entity A) stated the license application was submitted with the following copies provided: a) Other Entity A check request dated 2-10-21 for \$250.00 to the IDOH; b) State form 48851, Renewal Application for license to operate a Home Health Agency identifying the date of license expiration of 12-31-2020 with the agency name listed with IDOH as the operating agency in section I and name of the new agency, Other Entity A in section II, signed by the Administrator, Employee A of Other Entity and dated 2-10-21; c) Two, one-page documents from the Ohio Bureau of Criminal Investigation to Other Entity B, with both for Employee B of Other Entity A, titled "Criminal History Record Check"; a one-page document for Entity A listing four (4) owners, Other Entity's C, D, E & F; a one-page document for Entity A, listing seven (7) board members, Other Entity's G, H, I, J, K, L, & M; a two-page resume for the Administrator, Employee A of Other Entity A; a two-page resume for the Alternate Administrator, Employee B of Other Entity A; a one-page organizational chart, last revised 2-10-21, titled Other Entity A/Lawrenceburg, IN/ Home Care with position titles and without individual names.</p> <p>The Indiana Department of Health had not been appropriately notified 60 days in advance of these changes in administration/management or of a Change of Ownership (CHOW) and in advance of the license renewal application.</p>			

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N 0458 Bldg. 00	<p>At the time of survey exit on 2-12-21 at 2:51 p.m., when queried as to the above findings and the lack of a current and active license to operate a home health agency in Indiana, no further information was provided.</p> <p>410 IAC 17-12-1(f) Home health agency administration/management 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, 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: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. Based on record review and interview, the agency failed to ensure provided personnel files were current and complete in relation to having documentation that an employee signed a job description for 7 (Employee A, B, C, D, E, F & G) of 7 employee records reviewed; failed to ensure documentation of orientation to their position in their employee record for 3 (Employee A, C, & D) of 7 employee records reviewed; failed to evidence a performance evaluation for the most recent annual appraisal period for 6 (Employee A, B, D, E, F & G) of 7 employee records reviewed for 1 of 1 Agency.</p>	N 0458	<p>N0458 Immediate Action Implemented to Correct Specific Deficiency One-on-one education was provided to the Human Resource designee on keeping personnel records current and to include documentation of orientation including job description, qualifications, copy of limited criminal history and performance evaluation on March 12, 2021 by the Administrator. Education included the following</p>	03/12/2021

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	<p>Findings Included:</p> <p>1. Review of the Administrator's, Employee A, (Other Entity A) record, failed to evidence the presence of a signed and dated Administrator job description.</p> <p>Review of the Alternate Administrator's, Employee B, (Other Entity A) record failed to evidence the presence of a signed and dated Alternate Administrator job description.</p> <p>Review of Registered Nurse's & Alternate Clinical Supervisor, Employee C, (Other Entity A) record failed to evidence the presence of a signed and dated registered nurse job & an alternate clinical supervisor description.</p> <p>Review of Registered Nurse, Employee D, (Other Entity A) record failed to evidence the presence of a signed and dated registered nurse job description.</p> <p>Review of Registered Nurse, Employee E, (Other Entity A) record failed to evidence the presence of a signed and dated registered nurse job description.</p> <p>Review of Physical Therapist, Employee F, (Other Entity A) record failed to evidence the presence of a signed and dated physical therapist job description.</p> <p>Review of Certified Occupational Therapist Assistant (COTA), Employee G, (Other Entity A) record failed to evidence the presence of a signed and dated COTA job description.</p> <p>2. Review of the Administrator's, Employee A, (Other Entity A) record failed to evidence</p>		<p>policies:</p> <p>Policy 32.83 Employment Files and Medical Record</p> <p>Policy 32.05 Job Descriptions</p> <p>Policy 32.88 Hiring Process</p> <p>Policy 32.61 Criminal Background investigation Sanction-Screening Process</p> <p>Policy 32.02 Performance Management</p> <p>Policy 32.84 Licensure and Certification</p> <p>Policy 32.30 Orientation Period</p> <p>Policy 33.129 Orientation for Direct Caregivers</p> <p>All Personnel records were reviewed for the above documentation by the HR designee on March 12, 2021.</p> <p>Job descriptions for Employees A, B, C, D, E, F and G were signed and dated by March 12, 2021.</p> <p>The Administrator and the Back-up Administrator were provided orientation by a Governing Body Member and Compliance Officer on March 11, 2021.</p> <p>Education provided included the following policies:</p> <p>Policy 31.01A Administrative Control</p> <p>Policy 31.05 Quality Improvement Performance Improvement Plan</p> <p>Policy 31.19 Compliance Risk Assessment and Policy Development</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157055	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2021
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NAME OF PROVIDER OR SUPPLIER DEARBORN COUNTY HOSPITAL HOME HEALTH & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP COD 370 BIELBY RD LAWRENCEBURG, IN 47025
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	<p>orientation to her Administrator's position.</p> <p>Review of Registered Nurse and Alternate Clinical Supervisor, Employee C's, (Other Entity A) record failed to evidence orientation to her registered nurse position and/or Alternate Clinical Supervisor position.</p> <p>Review of Registered Nurse's, Employee D, (Other Entity A) record failed to evidence orientation to her registered nurse position.</p> <p>4. Review of the following employee records from Other Entity A, failed to evidence the most current period performance evaluations signed, dated & timed by both the author and the following employees: Administrator, Employee A with hire date of 1-31-97; Alternate Administrator, Employee B, with date of hire of 1-3-12; Registered Nurse, Employee D with date of hire of 10-18-04; Registered Nurse, Employee E, with date of hire 9-29-08; Physical Therapist, Employee F, with date of hire of 8-21-19; & Certified Occupational Therapy Assistant, Employee F, with date of hire of 1-30-2020.</p> <p>5. On 2/12/21 at 2:51 p.m., when queried for additional information regarding the above, the Administrator was without comment & provided nothing further.</p>		<p>484.105 Organization and Administration of Services 410 IAC17-12-1 Home Health Agency Administration and Management Administrator and the Back-up Administrator reviewed and signed job description.</p> <p>Employee C was provided orientation to the Registered Nurse position and Alternate Clinical Supervisor position by the Director of Clinical Services on March 12, 2021. Education provided included the following policies: Policy 33.08 Nursing Services Policy 33.00 Admission for Care and Services Policy 33.16 Supervision of Paraprofessionals Policy 33.33 Emergency Management Business Continuity Plan Policy 33.24 Plan of Care and Physician Orders Review and signing of job description.</p> <p>Employee D was provided orientation to the Registered Nurse position by the Director of Clinical Services on March 12, 2021. Education provided included the following policy: Policy 33.08 Nursing Services Review and signing of job description.</p>	

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N 0529 Bldg. 00	<p>410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1(a)(2) A written summary report for each patient shall be sent to the: (A) physician; (B) dentist; (C) chiropractor; (D) optometrist or (E) podiatrist; at least every two (2) months. Based on record review and interview, the agency failed to send a written summary for each patient every 60 days to the physician for 2 of 7 Patients (#1 & #6) clinical records reviewed.</p> <p>Findings included: Review of Agency policy titled "Plan of care and</p>	N 0529	<p>Performance Evaluations for Employee A, B, D, E, F, and G were reviewed, signed, dated & timed by the employees by March 12, 2021.</p> <p><u>Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u> To ensure compliance with the above policies the Human Resource designee will audit all new employee files for required documents, and monitor 5 employee files annually to validate completed performance reviews. This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p> <p>N529 Immediate Action Implemented to Correct Specific Deficiency Mandatory in-service for all clinical staff regarding the inclusion of a 60 day summary and sending the 60 day summary to the ordering physician, was completed by the</p>	03/12/2021

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	<p>Physician orders", last revised 2-29-19, stated: ". . . At recertification, a 60-day summary of the patient's care and services are provided to the ordering physician. . ."</p> <p>Review of Patient #1's clinical record evidenced a start of care of 11-6-2020, a certification period of 1-5-21 through 3-5-21, and a diagnosis of a pressure ulcer of the sacral (lower back) region. The clinical record failed to evidence the inclusion of a 60-day summary at the time of recertification of the plan of care on 1-5-21.</p> <p>Review of Patient #6's clinical record evidenced a start of care of 11-5-2020, a certification period of 11-5-2020 through 1-3-21, and diagnosis of neuromyelitis optica (disorder in which white blood cells and antibodies primarily attack the optic nerves and the spinal cord but may also attack the brain) and management of a vascular access device. The clinical record failed to evidence the inclusion of a 60-day summary at the time of recertification of the plan of care on 1-3-21.</p> <p>At the time of survey exit on 2-12-21 at 2:51 p.m., when queried as to the above findings and the lack of a 60-day summary, the Administrator provided nothing further.</p>		<p>Director of Clinical Services and designee, on March 3, 2021 and March 8, 2021.</p> <p>Education provided included the following policy: Policy 33.24 Plan of Care and Physician Orders Staff unable to attend the in-service was provided an educational packet on the above education on March 8, 2021.</p> <p>Patient #1 - 60 day summary for recertification dated January 5, 2021 to March 5, 2021 was sent to the ordering physician on March 11, 2021. Patient #6 - 60 day summary for recertification dated January 7, 2021 to March 7, 2021 was sent to the ordering physician on March 11, 2021.</p> <p><u>Monitoring Procedures to Ensure Effectiveness of Process Improvement and Continued Compliance</u> To ensure compliance with the above policy the Director of Clinical Services or designee will complete 5 patient chart reviews for 3 months, starting in March, to ensure the physician was provided a 60 day summary. 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>	

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

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			This compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.		