

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

Printed: 06/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2021
NAME OF PROVIDER OR SUPPLIER ABOVE & BEYOND HOMECARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1304 MAIN STREET ANDERSON, IN 46016		
(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
G 000	INITIAL COMMENTS This was a Federal and state Home Health complaint survey. Survey Dates: 5/24/21-5/26/21 Complaint Numbers: IN00354187; Substantiated: Federal deficiencies were cited. IN00351609; Substantiated: Federal deficiencies were cited. Provider Number: 15K024 Medicaid ID: 200829700 Facility ID: 004808 Census: 106 This deficiency reflects State Findings cited in accordance with 410 IAC 17.	G 000		
G 436	Receive all services in plan of care CFR(s): 484.50(c)(5) Receive all services outlined in the plan of care. This Element is not met as evidenced by: Based on record review and interview, the agency failed to provide all services outlined in the plan of care for 1 of 5 clinical records reviewed (#2). Findings include: An undated document titled "Confidential Admission Packet," stated " ...As a patient ... you have the right to the following ... participate in, be informed about, and consent or refuse care, in advance of. And during treatment where appropriate, with respect to ... the frequency of visits ... receive all services outlined in the Plan of Care"	G 436		
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 436	Continued From page 1 An undated document titled "Service Agreement/Plan," stated " ...The client shall be advised of any changes in type or frequency of services" An undated document titled "Clinical Documentation," stated " ...Agency will document each direct communication with the client ... Telephone or other communication with clients, physicians, families, or other members of the health care team will be documented in clinical progress notes or other interagency communication form ... Services not provided and the reason for the missed visits will be documented and reported to the physician" The clinical record of patient #2 was reviewed on 5/24/2021 at 2:31 PM and indicated a start of care date of 5/6/2020. The record contained a plan of care for the certification dates 3/2/2021 to 4/30/2021 and indicated orders for home health aide visits 5 to 7 days per week, 1 to 2 visits per day, 3 to 6 hours per visit, during weeks 3 and 4. The agency failed to provide all services outlined in the plan of care as evidenced by: A document titled "Schedules for [Patient #2] - Visits by All Caregivers May 2021," indicated the 2 seven-hour visits were made on 5/15/2021 and 5/16/2021 (week 3), and 2 seven-hour visits were made on 5/22/2021 and 5/23/2021 (week 4). During an interview on 5/26/2021 at 11:00 AM, when asked if the patient had a right to receive all care/treatments ordered on the plan of care, the Clinical Supervisor indicated "yes."	G 436			
G 478	Investigate complaints made by patient CFR(s): 484.50(e)(1)(i)	G 478			

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G 478	<p>Continued From page 2</p> <p>(i) Investigate complaints made by a patient, the patient's representative (if any), and the patient's caregivers and family, including, but not limited to, the following topics:</p> <p>This Element is not met as evidenced by: Based on record review and interview, the agency failed to thoroughly investigate and document complaints for 1 of 1 patient complaints reviewed (#3).</p> <p>Findings include:</p> <p>An undated document titled "Complaint Policy," stated " ...The Administrator or designee shall investigate the complaint ... This investigation shall include interviewing the complainant, the employee who is subject of the complaint, and any other individual who the Administrator or designee believes may have knowledge of the complaint ... The Administrator shall document the investigation and any conclusion reached as a result of investigation"</p> <p>The clinical record of patient #3 was reviewed on 5/24/2021 at 2:45 PM and indicated a start of care date of 6/19/2019. The record contained a plan of care for the certification period 4/9/2021 to 6/7/2021.</p> <p>An agency complaint reviewed from the complaint log on 5/24/2021 at 11:20 AM indicated " ...Received phone call from [investigator for Indiana State Department of Health] [Home health aide (HHA) D] stated he was charge with inappropriate relationship with a minor on 5/18/2021 ... Spoke with [Patient #4's Mother] ... informed of call from investigator ... we were removing [aide] from home ... she stated she was aware of charges and didn't want any other caregiver ... services were to be put on hold ...</p>	G 478			

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G 478	Continued From page 3 spoke with home health aide ... stated we were removing from home because of charges ... would suspend until charges were resolved ... results of investigation: still awaiting outcome of pending charges ... the agency took the following immediate action: no allegations of inappropriate conduct ..." The complaint failed to evidence a thorough complaint investigation as the patient was not interviewed and no referrals to outside agencies were made (i.e., child protective services). During an interview on 5/26/2021 at 11:00 AM, when asked how the agency ensured that complaints were thoroughly investigated, the Administrator indicated "do more supervisory visits and follow up with other clients." When asked if this process if documented, the Clinical Supervisor indicated "yes, it would be on the complaint form."	G 478			
G 528	Health, psychosocial, functional, cognition CFR(s): 484.55(c)(1) The patient's current health, psychosocial, functional, and cognitive status; This Element is not met as evidenced by: Based on record review and interview, the comprehensive assessment failed to contain all information about the current health status for 1 of 5 records reviewed (#1). Findings include: An undated policy titled "Comprehensive Client Assessment," stated " ...The Comprehensive Assessment must accurately reflect the client's status ... Assessment strategies ... MD or facility information" The clinical record of patient #1 was 5/24/2021 at	G 528			

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G 528	Continued From page 4 1:00 PM and indicated a start of care date of 7/3/19. The record contained a plan of care for the certification dates 4/32/21 to 6/21/21. The clinical record contained a recertification comprehensive assessment completed on 4/24/2021, which indicated on page 10 of 29, M1306 indicated the patient had no unhealed pressure injuries/injury at stage 2 or higher. On page 12 of 29, the Briggs Integumentary Status Chart, indicated the patient had bilateral stump (the distal end of a limb left after amputation) pressure ulcers, and that the wounds were unable to be assessed, as they were covered. The comprehensive assessment failed to evidence an accurate non-conflicting wound assessment. During an interview on 5/26/2021 at 11:00 AM, when asked if all information on the comprehensive assessment needed to be accurate for that patient at the time of assessment, the Clinical Supervisor indicated "yes."	G 528		
G 606	Integrate all services CFR(s): 484.60(d)(3) Integrate services, whether services are provided directly or under arrangement, to assure the identification of patient needs and factors that could affect patient safety and treatment effectiveness and the coordination of care provided by all disciplines. This Element is not met as evidenced by: Based on record review and interview, the agency failed to ensure the Registered Nurse coordinated with other agencies providing care to their patients for 1 of 5 records reviewed (#2). Findings include:	G 606		

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G 606	Continued From page 5 An undated document titled "Coordination of Client Services," stated " ...Coordination of care will include dealing with multiple programs for the complex clients [cardiology, wound care, diabetes, neuro, etc.] ... Documentation must address the coordination activities ... Coordination will include providers of care who are not part of the agency ... When and how communication happens must be documented ... The agency Clinical Manager [Supervisor] or their designee will develop and implement the coordination plan" During an interview on 5/24/2021 at 2:32 PM, Patient #2 indicated that she used another agency for care as well, that her spouse worked for, so he is able to take care of her, and she thought they were called "Care Homes." The clinical record of patient #2 was reviewed on 5/24/2021 at 2:31 PM and indicated a start of care date of 5/6/2020. The record contained a plan of care for the certification dates 3/2/21 to 4/30/21. The record failed to evidence documentation of coordination of care with the other home health agency involved in the care of the patient. During an interview on 5/26/2021 at 11 AM, when asked if the agency should document coordination of care with any other agency involved in a patient's care, the Clinical Supervisor indicated "yes, if it's a home health agency."	G 606			
G 800	Services provided by HH aide CFR(s): 484.80(g)(2) A home health aide provides services that are: (i) Ordered by the physician or allowed	G 800			

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G 800	<p>Continued From page 6</p> <p>practitioner; (ii) Included in the plan of care; (iii) Permitted to be performed under state law; and (iv) Consistent with the home health aide training. This Element is not met as evidenced by: Based on record review and interview, the agency failed to ensure the home health aide was providing services in accordance with the plan of care/aide care plan for 1 of 5 records reviewed (#1).</p> <p>Findings include:</p> <p>An undated document titled "Home Health Aide Care Plan," stated " ...The Home Health Aide cannot be responsible for performing any procedure that is beyond his/her ability"</p> <p>The clinical record of patient #1 was 5/24/2021 at 1:00 PM and indicated a start of care date of 7/3/19. The record contained a plan of care for the certification dates 4/32/21 to 6/21/21.</p> <p>The record contained a Home Health Aide Care Plan, completed on 4/10/2021, indicating " ...Chair Bath (at sink) ... 3/27/2021 until wounds are healed ... Skin Care: (Moisturize, Inspect) ... Check stumps [the distal end of a limb left after amputation] when putting on/taking of prosthetics" The record contained a document titled "Visit Record and Time Sheet," completed by Employee E (Home Health Aide), indicating the HHA completed Skin Care (Moisturize, Inspect) on 4/25/2021, 4/26/2021, 4/27/2021, 4/28/2021, 4/29/2021, 4/30/2021, 5/1/2021, 5/2/2021, 5/3/2021, 5/4/2021, 5/5/2021, 5/6/2021, 5/7/2021, 5/8/2021, 5/9/2021, 5/10/2021, 5/11/2021, 5/12/2021, 5/13/2021, 5/14/2021, and 5/15/2021. The record failed to evidence documentation of a</p>	G 800			

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G 800	Continued From page 7 home health aide care plan that ordered tasks within the employee's scope of practice, according to the state law. During an interview on 5/26/2021 at 11 AM, when asked if Home Health Aides were permitted by state law to perform skin assessments, the Clinical Supervisor indicated "yes."	G 800			