

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

PRINTED: 11/21/2012  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: |                     | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING   |  | X3) DATE SURVEY<br>COMPLETED<br>11/09/2012 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>PEAK HOME HEALTH |   |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>8684 CONNECTICUT STREET, SUITE A2<br>MERRILLVILLE, IN 46410                     |  |  |  |
| (X4) ID<br>PREFIX<br>TAG                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                 |  |
| G0000  | <p>This visit was for a home health initial Medicaid certification survey. This was a partial extended survey.</p> <p>Facility: 12888.</p> <p>Medicaid Vendor #: N/A.</p> <p>Dates of Survey: November 7, 8, and 9, 2012.</p> <p>Surveyor: Janet Brandt, RN,PHNS.</p> <p>Number of records reviewed: 05<br/>Number of active records reviewed: 03<br/>Number of closed records reviewed: 02.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>November 13, 2012</p> |  | G0000               |  |  |  |  |

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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| G0101  | <p><b>484.10<br/>PATIENT RIGHTS</b></p> <p>The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of those rights.</p> <p>Based on medical record and policy review and interview, the agency failed to ensure the patient was advised of the charges, anticipated insurance coverage, patient liability, and other methods of payment as identified in the agency policy for 5 of 5 records reviewed with the potential to affect all the agency's patients. (#1-5)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. "Patient Admission Process C-140", undated, policy states, "Advise the patient / caregiver of the charges and billing procedures and, to the extent possible, the anticipated insurance coverage, the patient / caregiver financial liability, and other methods of payment. ... Obtain the patient's signature on the Service Agreement, Home Care Bill of Rights, and other forms required by the agency."</li> <li>2. Medical record #1, SOC 11-1-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</li> </ol> |  | G0101               | <p>G101 The Administrator has prepared a letter that will be sent via certified mail to all patients that have received home health care services. The letter will reflect that the patient nor the patient's insurance will be billed, that the only services currently being provided are skilled nursing and physical therapy, and that we are not currently a Medicare certified agency. A copy of the letter along with the signature of receipt will be placed in each patient's medical record. All future patients will receive a written letter that they will sign to verify that they received the appropriate information. The patient orientation handbook will be modified to reflect that the patient nor the patient's insurance will be billed and that the only services currently being provided are skilled nursing and physical therapy. The agency Administrator will be responsible for instituting and monitoring these corrective actions to ensure that this deficiency is adequately correct and will not reoccur.</p> |  | 11/19/2012                                 |  |

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|  | <p>3. Medical record #2, SOC 10-28-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>4. Medical record #3, SOC 10-12-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>5. Medical record #4, SOC 10-11-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>6. Medical record #5, SOC 08-24-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>5. In an interview with Employee A on 11/9/12 at 2:00 PM CST, Employee A indicated that patients admitted to the agency under the provisional state license were told that there was no charge for the services of the agency and the assignment of benefits signed by the patients were not used to obtain payment. Employee A indicated there was no documentation that the patients were told what their financial</p> |  |  |  |                            |  |  |

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|  | obligation to the agency was.  |  |                     |  |  |  |  |

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| G0113  | <p><b>484.10(e)(1)</b><br/><b>PATIENT LIABILITY FOR PAYMENT</b><br/>The patient has the right to be advised, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient.</p> <p>Based on medical record and policy review and interview, the agency failed to ensure the patient was advised of the charges, anticipated insurance coverage, patient liability, and other methods of payment for 5 of 5 records reviewed with the potential to affect all the agency's patients. (#1-5)</p> <p>Findings include:</p> <p>1. "Patient Admission Process C-140", undated, policy states, "Advise the patient / caregiver of the charges and billing procedures and, to the extent possible, the anticipated insurance coverage, the patient / caregiver financial liability, and other methods of payment. ... Obtain the patient's signature on the Service Agreement, Home Care Bill of Rights, and other forms required by the agency."</p> <p>2. Medical record #1, SOC 11-1-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> |  | G0113               | <p>G113 The Administrator has prepared a letter that will be sent via certified mail to all patients that have received home health care services. The letter will reflect that the patient nor the patient's insurance will be billed, that the only services currently being provided are skilled nursing and physical therapy, and that we are not currently a Medicare certified agency. A copy of the letter along with the signature of receipt will be placed in each patient's medical record. All future patients will receive a written letter that they will sign to verify that they received the appropriate information. The patient orientation handbook will be modified to reflect that the patient nor the patient's insurance will be billed and that the only services currently being provided are skilled nursing and physical therapy. The agency Administrator will be responsible for instituting and monitoring these corrective actions to ensure that this deficiency is adequately correct and will not reoccur.</p> |  | 11/19/2012                                 |  |

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|  | <p>3. Medical record #2, SOC 10-28-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>4. Medical record #3, SOC 10-12-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>5. Medical record #4, SOC 10-11-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>6. Medical record #5, SOC 08-24-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>5. In an interview with Employee A on 11/9/12 at 2:00 PM CST, Employee A indicated that patients admitted to the agency under the provisional state license were told that there was no charge for the services of the agency and the assignment of benefits signed by the patients were not used to obtain payment. Employee A indicated there was no documentation that</p> |  |  |  |                            |  |  |

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|  | the patients were told what their financial obligation to the agency was.  |  |  |  |  |  |                            |

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| G0114  | <p>484.10(e)(1)(i-iii)<br/>PATIENT LIABILITY FOR PAYMENT<br/>Before the care is initiated, the HHA must inform the patient, orally and in writing, of:</p> <p>(i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA;</p> <p>(ii) The charges for services that will not be covered by Medicare; and</p> <p>(iii) The charges that the individual may have to pay.</p> <p>Based on medical record and policy review and interview, the agency failed to ensure the patient was advised of the charges, anticipated insurance coverage, patient liability, and other methods of payment for 5 of 5 records reviewed with the potential to affect all the agency's patients. (#1-5)</p> <p>Findings include:</p> <p>1. "Patient Admission Process C-140", undated, policy states, "Advise the patient / caregiver of the charges and billing procedures and, to the extent possible, the anticipated insurance coverage, the patient / caregiver financial liability, and other methods of payment. ... Obtain the patient's signature on the Service Agreement, Home Care Bill of Rights, and other forms required by the agency."</p> <p>2. Medical record #1, SOC 11-1-12, failed to evidence documentation the</p> |  | G0114               | <p>G114 The Administrator has prepared a letter that will be sent via certified mail to all patients that have received home health care services. The letter will reflect that the patient nor the patient's insurance will be billed, that the only services currently being provided are skilled nursing and physical therapy, and that we are not currently a Medicare certified agency. A copy of the letter along with the signature of receipt will be placed in each patient's medical record. All future patients will receive a written letter that they will sign to verify that they received the appropriate information. The patient orientation handbook will be modified to reflect that the patient nor the patient's insurance will be billed and that the only services currently being provided are skilled nursing and physical therapy. The agency Administrator will be responsible for instituting and monitoring these corrective actions to ensure</p> |  | 11/19/2012                                 |  |



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|  | <p>patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>3. Medical record #2, SOC 10-28-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>4. Medical record #3, SOC 10-12-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>5. Medical record #4, SOC 10-11-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>6. Medical record #5, SOC 08-24-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>5. In an interview with Employee A on 11/9/12 at 2:00 PM CST, Employee A indicated that patients admitted to the agency under the provisional state license were told that there was no charge for the services of the agency and the assignment</p> |  | that this deficiency is adequately correct and will not reoccur.   |  |                            |  |  |

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|  | of benefits signed by the patients were not used to obtain payment. Employee A indicated there was no documentation that the patients were told what their financial obligation to the agency was. |  |  |  |  |  |                            |

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| G0135  | <p><b>484.14(c)<br/>ADMINISTRATOR</b></p> <p>The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, ensures the accuracy of public information materials and activities.</p> <p>Based on admission packet review and interview, the administrator failed to ensure the admission packet documents were accurate for 1 of 1 agency with the potential to affect all patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The admission packet, presented by Employee B on 11-7-12 at 11:00 AM CST as the agency's admission packet, identified the agency offered social services, skilled nursing services, home health aide services, occupational therapy, speech therapy, and physical therapy in the home.</li> <li>2. In an interview on 11-7-12 at 11:30 AM CST, Employee B indicated the agency offered skilled nursing services and physical therapy services. Per Employee B, the agency did not offer social work services, occupational therapy services, speech therapy services, or home health aide services.</li> </ol> |  | G0135               | <p>G135 The Administrator has prepared a letter that will be sent via certified mail to all patients that have received home health care services. The letter will reflect that the patient nor the patient's insurance will be billed, that the only services currently being provided are skilled nursing and physical therapy, and that we are not currently a Medicare certified agency. A copy of the letter along with the signature of receipt will be placed in each patient's medical record. All future patients will receive a written letter that they will sign to verify that they received the appropriate information. The patient orientation handbook will be modified to reflect that the patient nor the patient's insurance will be billed and that the only services currently being provided are skilled nursing and physical therapy. The agency Administrator will be responsible for instituting and monitoring these corrective actions to ensure that this deficiency is adequately correct and will not reoccur.</p> |  | 11/19/2012                                 |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: |                     | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING  |  | X3) DATE SURVEY<br>COMPLETED<br>11/09/2012 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>PEAK HOME HEALTH |   |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>8684 CONNECTICUT STREET, SUITE A2<br>MERRILLVILLE, IN 46410  |  |  |  |
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| N0447  | <p>410 IAC 17-12-1(c)(4)<br/>Home health agency<br/>administration/management<br/>Rule 12 Sec. 1(c)(4) The administrator,<br/>who may also be the supervising physician<br/>or registered nurse required by subsection<br/>(d), shall do the following:<br/>(4) Ensure the accuracy of public<br/>information materials and activities.<br/>Based on admission packet review and<br/>interview, the administrator failed to<br/>ensure the admission packet documents<br/>were accurate for 1 of 1 agency with the<br/>potential to affect all patients of the<br/>agency.</p> <p>Findings include:</p> <p>1. The admission packet, presented by<br/>Employee B on 11-7-12 at 11:00 AM<br/>CST as the agency's admission packet,<br/>identified the agency offered social<br/>services, skilled nursing services, home<br/>health aide services, occupational therapy,<br/>speech therapy, and physical therapy in<br/>the home.</p> <p>2. In an interview on 11-7-12 at 11:30<br/>AM CST, Employee B indicated the<br/>agency offered skilled nursing services<br/>and physical therapy services. Per<br/>Employee B, the agency did not offer<br/>social work services, occupational therapy<br/>services, speech therapy services, or home<br/>health aide services.</p> |  | N0447               | <p>N447 The Administrator has<br/>prepared a letter that will be sent<br/>via certified mail to all patients<br/>that have received home health<br/>care services. The letter will<br/>reflect that the patient nor the<br/>patient's insurance will be<br/>billed, that the only services<br/>currently being provided are<br/>skilled nursing and physical<br/>therapy, and that we are not<br/>currently a Medicare certified<br/>agency. A copy of the letter along<br/>with the signature of receipt will<br/>be placed in each patient's<br/>medical record. All future patients<br/>will receive a written letter that<br/>they will sign to verify that they<br/>received the appropriate<br/>information. The patient<br/>orientation handbook will be<br/>modified to reflect that the patient<br/>nor the patient's insurance will be<br/>billed and that the only services<br/>currently being provided<br/>are skilled nursing and physical<br/>therapy. The agency<br/>Administrator will be responsible<br/>for instituting and monitoring<br/>these corrective actions to ensure<br/>that this deficiency is adequately<br/>correct and will not reoccur.</p> |  | 11/19/2012                                 |  |

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| N0494  | <p>410 IAC 17-12-3(a)(1)&amp;(2)<br/>Patient Rights<br/>Rule 12 Sec. 3(a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following:<br/>(1) Provide the patient with a written notice of the patient's right:<br/>(A) in advance of furnishing care to the patient; or<br/>(B) during the initial evaluation visit before the initiation of treatment.<br/>(2) Maintain documentation showing that it has complied with the requirements of this section.</p> <p>Based on medical record and policy review and interview, the agency failed to ensure the patient was advised of the charges, anticipated insurance coverage, patient liability, and other methods of payment as identified in the agency policy for 5 of 5 records reviewed with the potential to affect all the agency's patients. (#1-5)</p> <p>Findings include:</p> <p>1. "Patient Admission Process C-140", undated, policy states, "Advise the patient / caregiver of the charges and billing procedures and, to the extent possible, the anticipated insurance coverage, the patient / caregiver financial liability, and</p> |  | N0494               | <p>N494 The Administrator has prepared a letter that will be sent via certified mail to all patients that have received home health care services. The letter will reflect that the patient nor the patient's insurance will be billed, that the only services currently being provided are skilled nursing and physical therapy, and that we are not currently a Medicare certified agency. A copy of the letter along with the signature of receipt will be placed in each patient's medical record. All future patients will receive a written letter that they will sign to verify that they received the appropriate information. The patient orientation handbook will be modified to reflect that the patient nor the patient's insurance will be billed and that the only services</p> |  | 11/19/2012                                 |  |

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|  | <p>other methods of payment. ... Obtain the patient's signature on the Service Agreement, Home Care Bill of Rights, and other forms required by the agency."</p> <p>2. Medical record #1, SOC 11-1-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>3. Medical record #2, SOC 10-28-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>4. Medical record #3, SOC 10-12-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>5. Medical record #4, SOC 10-11-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> <p>6. Medical record #5, SOC 08-24-12, failed to evidence documentation the patient was informed of the patient liability as per the patient rights document and agency policy.</p> |  | currently being provided areskilled nursing and physical therapy. The agency Administrator will be responsible for instituting and monitoring these corrective actions toensure that this deficiency is adequately correct and will not reoccur. |  |  |  |  |

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

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|  | 5. In an interview with Employee A on 11/9/12 at 2:00 PM CST, Employee A indicated that patients admitted to the agency under the provisional state license were told that there was no charge for the services of the agency and the assignment of benefits signed by the patients were not used to obtain payment. Employee A indicated there was no documentation that the patients were told what their financial obligation to the agency was. |  |                     |  |  |  |  |