

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157592	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/15/2019
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NAME OF PROVIDER OR SUPPLIER LMR INDIANA HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 7863 BROADWAY STE 124 MERRILLVILLE, IN 46410
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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. Survey Date: August 12,13,14,15, 2019 Facility #: 011123 Provider #: 157592 Census = 19 At this Emergency Preparedness survey, LMR Indiana Home Care Inc. was found out of compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 484.102.	E 0000		
E 0024 Bldg. 00	Based on record review and interview, the agency failed to develop and implement an emergency preparedness policy and procedure for the use of volunteers and other emergency staffing to address surge needs during an emergency for 1 of 1 agencies. Findings include: On 8/15/19 at 10 a.m. the agency's Emergency Preparedness program was reviewed and failed to evidence a policy on volunteer and emergency staffing use. During an interview on 8/15/19 at 10:10 a.m. the	E 0024	Emergency Preparedness Plan. The Agency Emergency Plan has an identified plan in place to ensure the safety and well being of patients and employees during periods of an emergency or disaster that disrupts LMR Indiana Home Health services. Emergency Preparedness Plan was developed, implemented, reviewed and updated annually. The Quality Assurance Committee and the Governing Body discussed the use of volunteers in an emergency or other emergency	08/23/2019

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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G 0000 Bldg. 00	<p>Administrator stated the agency did not have a specific policy addressing volunteer and emergency staffing use.</p> <p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: August 12,13,14,15, 2019 Partially Extended Survey: 8/13/19</p> <p>Facility #: 011123 Medicaid Vendor #: 200857640 Provider #: 157592</p>	G 0000	<p>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>In review of our Emergency Preparedness program after the survey conducted 08/12/19-08/15/19, the clinical manager discussed with the administrator that during times of emergency/disaster, the use of volunteers may need to be considered and utilized for continuation of patient care. The policy and procedure were further revised and adjustments/additions were made to include the use of volunteers in compliance with 484.102(b)(5) and agency needs. (See attachment of Agency's Emergency Preparedness Plan). EXHIBIT A</p>	

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G 0442 Bldg. 00	<p>Census: 19</p> <p>Home Visits 3 / Record Review 6</p> <p>These deficiencies reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>Based on observation, record review, and interview, the agency failed to provide the patient with a copy of the completed service agreement for 2 of 3 home visits. (Patients 2 and 3)</p> <p>Findings include:</p> <p>1. A 01/12/2018 policy titled Admission was provided by the Director of Nursing on 8/14/19 at 2:15 p.m. The policy indicated, but was not limited to, "3. ... Patients are furnished with copies of all forms/consents during admission as attached to the [agency] handbook."</p> <p>2. A document titled Patient Service Agreement states, "... Notification of Charges and Changes of Services: This is to confirm that I was fully informed orally, in writing, and in advance by the authorized representative of [agency] of the charges incurred while I am under the care of the Agency ..."</p> <p>3. During a home visit observation on 8/13/19 at 10 a.m. patient #2's admission packet was reviewed and evidenced a blank service agreement. Employee C, a physical therapist, acknowledged the patient's service agreement form was not filled out and that the agency kept</p>	G 0442	<p>The Administrator had a meeting to all employees on 8/23/2019. The Clinical Manager and Administrator reviewed the policy titled 'Admission'.</p> <p>On 08/23/2019, the Clinical Manager reviewed and inspected 20 unused Patient Handbook in the Agency office to verify that all required forms and consents are enclosed. Twenty out of 20 inspected Patient Handbooks contained all required forms and consents as stated in the Agency policy entitled "Patient Handbook Table of Contents". (See attached documents entitled "New/Unused Patient Handbook Audit" and "Patient Handbook Table of Contents") EXHIBIT B</p> <p>During 08/23/19 meeting, all evaluating/admitting clinicians were reinstructed that all Patient Handbooks are to be completed; with all forms and consents filled out. Admitting Clinicians were instructed to verify and ensure that</p>	09/09/2019

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G 0576 Bldg. 00	<p>the original at the office. Patient #2 was asked if all information was contained in the admission packet to which he/she replied "yes."</p> <p>4. During a home visit observation on 8/14/19 at 3 p.m. patient #3's admission packet was reviewed and evidenced a blank service agreement. Asked patient #3 if he/she had a copy of the services and the frequencies of the services the agency provides to which he/she stated "no." Employee D, a registered nurse, acknowledged the patient's service agreement form was not filled out and that the agency kept the original at the office.</p> <p>5. During an interview on 8/14/19 at 2 p.m., the Director of Nursing stated the agency would verbally inform patients about the service agreements and the original form was kept at the agency.</p> <p>Based on record review and interview, the agency failed to revise and incorporate all verbal orders for physical therapy into one plan of care for 2 of 3 patients receiving physical therapy services. (Patients 1 and 2)</p> <p>Findings include:</p> <p>1. A 01/12/2018 policy titled Admission was provided by the Director of Nursing on 8/14/19 at 2:15 p.m. The policy indicated, but was not limited</p>	G 0576	<p>all Patient Handbooks are completed on their next scheduled visit for all current active patients. The Clinical Manager will conduct random phone calls to patients and/or caregivers to monitor for compliance starting on week of 09/09/2019. Target number of patients and/or caregivers to be contacted is 50% of all active patients or 10 out 19 patients. Monthly random checks which may include random phone calls or unannounced home visits will be conducted by the Clinical Manager to ensure compliance. Target number of patients and or caregivers to be contacted monthly will be 20% of all active patients. (See attached form entitled "Patient Handbook Compliance Audit") EXHIBIT C</p> <p>The administrator and clinical manager reviewed the policy "Plan of Care". All patient care orders, including verbal orders must be recorded in the plan of care. Incorporate all verbal orders for physical therapy, and allied professionals into one plan of care. Specific plan of care will be established in conjunction with the medical plan of care, as well as in conjunction with allied</p>	08/29/2019

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	<p>to, "4. ... A specific plan of care will be established in conjunction with the medical plan of care, as well as in conjunction with the allied professional, i.e. physical therapy."</p> <p>2. A 2018 policy titled Plan of Care was provided by the Director of Nursing on 8/14/19 at 2:15 p.m. The policy indicated, but was not limited to, " Policy ... 9. All patient care orders including verbal orders must be recorded in the Plan of Care."</p> <p>3. The clinical record for patient #1, SOC 7/2/19, certification period 7/2/19 to 8/30/19 was reviewed on 8/12/19 and included a plan of care with an order for PT (physical therapy) evaluation to start "next week" per patient request.</p> <p>A review of the PT Plan of Care dated 7/3/19 stated the patient was to receive PT services 2 times a week for 5 weeks. The agency failed to revise the plan of care to include the PT treatment plan and goals into one care plan.</p> <p>4. The clinical record for patient #2, SOC 7/27/19, certification period 7/27/19 to 9/24/19 was reviewed on 8/12/19 and included a plan of care with an order for PT (physical therapy) evaluation.</p> <p>A review of the PT Plan of Care dated 8/6/19 stated the patient was to receive PT services 2 times a week for 6 weeks. The agency failed to revise the plan of care to include the PT treatment plan and goals into one care plan.</p> <p>5. During an interview on 8/14/19 at 2:15 p.m. inquired if physical therapy's plan of care was separate from the nursing plan of care, in which the Director of Nursing stated there were 2 plans of care, one for nursing and one for physical therapy.</p>		<p>professionals, ie. physical therapy.</p> <p>On 08/23/2019, the Clinical Manager demonstrated to all staff how to incorporate new orders to the ongoing patient care plan on Axxess. Clinical Manager demonstrated how to incorporate Therapy orders to the ongoing patient care plan as well.</p> <p>On 08/29/2019, the Clinical Manager reviewed all active patients receiving Physical Therapy services. There are six active patients with Physical Therapy services and all plans of care were updated to reflect Physical Therapy care plan based on the Physician signed PT POC. (see attached Exhibit E: Chart Audit Result and Plan of Care Summary with updated PT orders of one of the surveyed patients.)</p> <p>Starting on 09/23/2019 until December 2019, monthly POC audits will be conducted by the Clinical Manager to ensure all therapy orders are being incorporated to the ongoing plan of care. POCs will continue to be monitored by the Clinical Manager quarterly starting on January 2020 until June 2020 to ensure 100% compliance.</p> <p>Clinical Manager and Quality</p>	

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N 0000 Bldg. 00	<p>This was a State relicensure survey.</p> <p>Survey Dates: August 12,13,14,15, 2019</p> <p>Facility #: 011123 Medicaid Vendor #: 200857640 Provider #: 157592</p> <p>Census: 19</p>	N 0000	<p>Assurance Performance Improvement Committee will monitor all plan of care and ensure that all patient care orders, including verbal orders, physical therapy, plan of care, treatment plan and allied professionals will be incorporated into one care plan.</p> <p>The Administrator and clinical manager will coordinate with AXXESS Technology Software to ensure policy is followed.</p>	
N 0488 Bldg. 00	<p>410 IAC 17-12-2(i) and (j) Q A and performance improvement Rule 12 Sec. 2(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least fifteen (15) calendar days before the services are stopped.</p> <p>(j) The fifteen (15) day period described in subsection (i) of this rule does not apply in</p>			

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	<p>the following circumstances:</p> <p>(1) The health, safety, and/or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency continued to provide services to the patient.</p> <p>(2) The patient refuses the home health agency's services.</p> <p>(3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home health agency informs the patient of community resources to assist the patient following discharge; or</p> <p>(4) The patient no longer meets applicable regulatory criteria, such as lack of physician's order, and the home health agency informs the patient of community resources to assist the patient following discharge.</p> <p>Based on observation, record review, and interview, the agency failed to evidence a policy requiring a notice of discharge be provided to a patient at least 15 calendar days before services are stopped for 1 of 1 agency.</p> <p>Findings include:</p> <p>1. A 01/12/2018 policy titled Admissions was provided by the Director of Nursing on 8/14/19 at 2:15 p.m. The policy indicated, but was not limited to, "8. When services are to be terminated, they will be notified at least (5) days in advance of the date of termination, stating the reason for termination ..."</p> <p>2. During a home visit observation on 8/13/19 at 10 a.m. patient #2's admission packet was reviewed and evidenced that the patient would be</p>	N 0488	A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient legal representative, or other individual responsible for the patient's care at least fifteen (15)calendar days before the services are stopped. The policy and procedure were reviewed by the Administrator, Clinical Manager, and Quality Assurance Committee. Revision to "Transfer/Discharge Policy" conducted reflecting changed statement as follows: "Patient will be notified fifteen (15) calendar days in advance prior to discharge from services". (see Attachment A 'Transfer and Discharge Policy')	09/09/2019

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	<p>notified of a discharge at least 5 days in advance of the date of termination.</p> <p>3. During a home visit observation on 8/14/19 at 10 a.m. patient #1's admission packet was reviewed and evidenced that the patient would be notified of a discharge at least 5 days in advance of the date of termination.</p> <p>4. During a home visit observation on 8/14/19 at 3 p.m. patient #3's admission packet was reviewed and evidenced that the patient would be notified of a discharge at least 5 days in advance of the date of termination.</p> <p>5. During an interview on 8/15/19 at 10 a.m. the Administrator was unaware the notice of discharge should be 15 calendar days in advance of discharge instead of 5 days.</p>		<p>The home health agency has developed, implemented, maintained and evaluated a quality assurance and performance improvement program. the administrator will ensure the ongoing quality assurance program has designed objective measures to improve patient care.</p> <p>In-service to all skilled nurses and therapists on 8/23/2019 about Transfer and Discharge Policy conducted. This policy will be provided and explained to all patients and/or caregivers on initiation of care and as part of the Patient Handbook. EXHIBIT D. All Case Managers/Skilled Nurses were given copies of the updated "Transfer/Discharge Policy" to replace the old version in the Patient Handbook of all active patients. All active patient's Handbooks should have an updated Transfer/Discharge Policy by the Case Manager's next scheduled visit or within 2 weeks or by 09/07/2019. Starting on 08/23/2019, the Clinical Manager will check each admission packet for presence of the updated "Transfer/Discharge Policy" before the Admission Packet/Patient Handbook is distributed to admitting clinicians.</p> <p>On 09/09/2019, the Clinical Manager conducted random phone</p>	

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			<p>calls to patients/caregivers to verify and ensure that Patient Handbooks contain the updated Transfer/Discharge Policy. Target number of patients and/or caregivers to be contacted is 50% of all active patients or 10 out 19 patients. (See attached Phone Audit: Transfer/Discharge Policy Update Table)</p> <p>Governing Body and Quality Assurance Committee conducted mandatory meeting on 09/11/2019 to discuss ways on how to prevent patient discharges without proper transfer/discharge notices of at least 15 calendar days. Policy on "Coordination of Patient Services" reviewed and revised. Interdisciplinary care coordination/case conferences, if applicable, will be performed among all clinicians involved in the case and the clinical manager for all active patients monthly and/or as needed to discuss care status and discharge plans. This will ensure that patient and/or caregivers are given advanced notice of at least 15 calendar days prior to actual date of discharge. (See EXHIBIT F: Coordination of Patient Services Revised Policy, Mandatory Meeting Minutes)</p> <p>Starting on October 1, 2019, all patients that were discharged from the previous month will be audited by the Clinical Manager to ensure</p>	

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

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			<p>that the updated Transfer/Discharge Policy is being followed. Monthly audits will continue to be performed until March 2020 to ensure 100% compliance.</p> <p>Quality assurance personnel will audit all admitted patient to make sure the corrected transfer/discharge policy is in place.</p> <p>The Clinical Manager of Home Health Care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		