

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

PRINTED: 06/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157554	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/31/2019
NAME OF PROVIDER OR SUPPLIER ANGELS OF MERCY HOMECARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N WABASH AVE STE 100 MARION, IN 46952		
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G 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Recertification and State Licensure Survey. This was an extended survey.</p> <p>Survey Dates: May 20, 21, 22, 28, 29, 30, and 31, 2019 Extended Dates: May 20, 21, 22, 28, 29, 30, and 31, 2019</p> <p>Facility Number: IN003890</p> <p>Medicaid Number: 201223510</p> <p>Census Service Type: Skilled: 574 Home Health Aide Only: 0 Personal Care Only: 0 Total: 574</p> <p>Sample: RR w/HV: 5 RR w/o HV: 9 Total: 14</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional Sate findings.</p> <p>Angels of Mercy Homecare is precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning May 31, 2019, for being found out of compliance with the Conditions of Participation 42 CFR 484.45 Reporting OASIS Information; 484.105 Organization and administration of services, and 42 CFR 484.110</p>	G 000			

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 000	Continued From page 1 Clinical Records.	G 000			
G 350	<p>Release of patient identifiable OASIS info. CFR(s): 484.40</p> <p>Condition of participation: Release of patient identifiable OASIS information.</p> <p>The HHA and agent acting on behalf of the HHA in accordance with a written contract must ensure the confidentiality of all patient identifiable information contained in the clinical record, including OASIS data, and may not release patient identifiable OASIS information to the public.</p> <p>This CONDITION is not met as evidenced by: Based on document review, and interview, the agency failed to ensure a contract existed between Angels of Mercy and another entity (#2) to review and submit its Outcome and Assessment Information (OASIS) documents for all 574 current patients, and up to and including discharged patients and failed to ensure the protection of clinical records from unauthorized use for 10 of 14 clinical records reviewed, up to, and including all current 574 patient records (See G438).</p> <p>The cumulative effect of this systemic problem resulted in the agency being out of compliance with the Condition of Participation 484.45 Reporting OASIS Information.</p> <p>Findings include</p> <p>During an interview on 5/21/19 at 9:48 AM, employee B stated OASIS (Outcome and</p>	G 350			

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G 350	Continued From page 2 Assessment Information Systems) transmission/ submission was completed by "corporate" [name of entity #2 located in another state] and they would check for accuracy of information for all the agency patients. Employee B stated she was not aware if there was a contract for this or not. At that time, non-employee A stated there was a policy for home office [entity #2] employees. Review of the Indiana State Department of Health database, ISDH had not been notified by Palmetto that there was a change of ownership from IN Homecare Network North, LLC to entity #2. Last update received from Palmetto was 10/18/18, which continued to show IN Homecare Network North, LLC d/b/a Angels of Mercy as the owner and failed evidence a change in ownership to entity #2. On 5/31/19 at 9:30 AM, the administrator provided a document titled "Arrangement for Staffing Services Agreement," dated April 1, 2018 and stated "This agreement, is ... by and between IN Homecare Network North, LLC and [Name of entity #2]." This agreement had the name of entity #2 in the bottom right hand corner of each 3 pages and was signed by two (2) representatives from entity #2. This agreement failed to evidence it had been signed by a Governing Body member or by the Administrator from Angels of Mercy.	G 350			
G 438	Have a confidential clinical record CFR(s): 484.50(c)(6) Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.	G 438			

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G 438	<p>Continued From page 3</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure the protection of clinical records from unauthorized use for 10 of 14 clinical records reviewed, with the potential to affect all current 574 patient records. (# 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10)</p> <p>Findings include</p> <ol style="list-style-type: none"> Review of the Indiana State Department of Health database, ISDH had not been notified by Palmetto that there was a change of ownership from IN Homecare Network North, LLC to entity #2. Last update received from Palmetto was 10/18/18, which continued to show IN Homecare Network North, LLC d/b/a Angels of Mercy as the owner and failed evidence a change in ownership to entity #2. The policy titled "Confidentiality of Patient Information," dated revised 2/1/12, was labeled with the name of entity #2, not the agency. This policy failed to evidence Angels of Mercy had adopted the policy. During clinical record review throughout the survey, it was noted that the main computer screen saver stated "[name of entity #2]," and many non-employee names had appeared in the clinical records as having had reviewed and sent Outcome and Assessment Information Set (OASIS) data, documented recommendations for coding, audits, and/ or had called patients to follow up with them about their care, and had documented whether or not the agency nurses needed to follow up with anything clinically. <p>On 5/30/19 at 11:10 AM, the administrator logged</p>	G 438			

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G 438	<p>Continued From page 4</p> <p>into the computer to acquire clinical record access for surveyor. The drop down menu for patient location had 6 locations to select from (3 for Marion office, 3 for another entity) and included the abbreviations for 3 locations belonging to entity #6. The administrator stated she had access to the clinical records for [entity #6] "for some reason" but the field staff only had access to their own patients.</p> <p>During an interview on 5/21/19 at 9:48 AM, employee B stated the OASIS information was currently sent in by the "corporate office" [entity #2 located in another state], but she was not aware of any contract for that function. At that time, non-employee A stated there was a policy for home office [of entity #2] employees to document and review clinical records and she would find the policy.</p> <p>During an interview on 5/21/19 at 1:45 PM, employee B stated the names (non-employees B, C, and D) in records 1, 2, and 4 were corporate employees; corporate being [name of entity #2].</p> <p>During an interview on 5/30/19 at 9:45 AM, the administrator was queried as to whom the following persons noted to be in patient records were: non-employees F, G, H, I, J, K, and L due to them not being listed on the agency's employee roster. The administrator stated she was not sure, but they were not employees of the agency, and were not borrowed from somewhere else. The administrator also stated that non-employee E was being borrowed from another agency. The administrator stated the Carelink calls were from the corporate office [location of entity #2]. They would call the patients to follow up and if there were negative</p>	G 438			

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G 438	<p>Continued From page 5 responses, they contact our nurses and patient care managers to review and follow up.</p> <p>4. The clinical record for patient # 1 was reviewed on 5/21/19. The OASIS history log evidenced the recertification information had been unlocked by non-employee E, and sent by non-employee B on 3/18/19. The agency failed to protect the record from unauthorized use.</p> <p>5. The clinical record for patient # 2 was reviewed on 5/21/19. The OASIS history log evidenced the recertification information had been sent by non-employee C on 3/18/19. The agency failed to protect the record from unauthorized use.</p> <p>6. The clinical record for patient # 3 was reviewed on 5/29/19. The patient information report evidenced non-employee F had documented review of the patient record on 5/3/19; non-employee E documented care provision on 5/8/19 and 5/28/19, and was scheduled to also provide care to the patient twice in June. The agency failed to protect the record from unauthorized use.</p> <p>7. The clinical record for patient # 4 was reviewed on 5/21/19. The OASIS history log evidenced the start of care (SOC) information had been sent by non-employee C on 5/10/19. The agency failed to protect the record from unauthorized use.</p> <p>8. The clinical record for patient # 5 was reviewed on 5/28/19. The OASIS history log evidenced the recertification information had been sent by non-employee C on 4/25/19 and non-employee G documented coding on 5/3/19.</p>	G 438			

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G 438	<p>Continued From page 6</p> <p>The agency failed to protect the record from unauthorized use.</p> <p>9. The clinical record for patient # 6 was reviewed on 5/29/19. The OASIS history log evidenced the SOC information had been sent by non-employee C on 3/18/19, and the patient information report evidenced non-employee H had documented an audit on 4/30/19. The agency failed to protect the record from unauthorized use.</p> <p>10. The clinical record for patient # 7 was reviewed on 5/29/19. The OASIS history log evidenced the recertification information had been sent by non-employee C on 4/30/19, and the patient information report evidenced non-employee I had documented an audit on 4/22/19. The agency failed to protect the record from unauthorized use.</p> <p>11. The clinical record for patient # 8 was reviewed on 5/29/19. The patient information report evidenced non-employee J audited the record on 5/17/19 and stated "there is an intervention on the POC [plan of care] for orthostatic hypotension but no valid MD [physician] documentation seen to support this DX [diagnosis]- please obtain and upload in [name of agency's records system] ... and email coder prior to POC approval for coding revisions ... [non-employee J email address @ name of entity #2]." On 5/21/19 non-employee J documented "unable to code from additions to POC notes. Igf [sic] patent has MD documentation for pressure ulcer to left heel, please contact coder via email prior to approval of 485." The agency failed to protect the record from unauthorized use.</p>	G 438			

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G 438	Continued From page 7 12. The clinical record for patient # 9 was reviewed on 5/29/19. The OASIS history log evidenced the recertification information had been sent by non-employee C on 4/29/19, and the patient information report evidenced non-employee K had documented addition on 4/10/19 and and audit on 4/11/19. A client coordination note report dated 5/9/19 evidenced a "Carelink HC Call Summary" by non-employee L whose notes stated "In the past 2 to 3 days [patient] has not experienced any symptoms of hypertension or hypotension. ... [Patient] doe not have any additional health issues that [their] nurse needs to know about today." The agency failed to protect the record from unauthorized use. 13. The clinical record for patient # 10 was reviewed on 5/29/19. The OASIS history log evidenced the SOC information had been sent by non-employee C on 4/16/19. The agency failed to protect the record from unauthorized use.	G 438			
G 940	17-12-3(b)(2)(E) Organization and administration of services CFR(s): 484.105 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	G 940			

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G 940	<p>Continued From page 8</p> <p>another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority, and services furnished.</p> <p>This CONDITION is not met as evidenced by: Based on document review, and interview, the agency failed to ensure administrative, patient care, and supervisory functions were not delegated to another entity (See G940); failed to ensure policies, procedures, and other documents were adopted by Angels of Mercy (See G942) for 1 of 1 agency.</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> <p>Findings include</p> <ol style="list-style-type: none"> Review of the Indiana State Department of Health database, ISDH had not been notified by Palmetto that there was a change of ownership from IN Homecare Network North, LLC to entity #2. Last update received from Palmetto was 10/18/18, which continued to show IN Homecare Network North, LLC d/b/a Angels of Mercy as the owner and failed evidence a change in ownership to entity #2. The agency's patient admission book cover, reviewed on 5/20/19 stated "Angels of Mercy HomeCare ... [Name of entity #2 in lower right hand corner]." Page 2 of the book had the name of entity #2 in the upper left hand corner, and throughout the table of contents on page 3, and 	G 940			

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G 940	<p>Continued From page 9 within the book in various places, and including on page 14 "Notice of Privacy Practices."</p> <p>During interview on 5/20/19 at 1:25 PM, the administrator stated [Entity #2] was the owners of the Indiana group.</p> <p>3. The agency's un-dated organizational chart reviewed on 5/20/19 evidenced a link for organizational charts via [name of entity #2] at the top of the page, and then listed at the top of the chart, the following: division president of operations, vacant position for Indiana area vice president, name of employee A area executive director, and then executive director and business manager for entity #5, name of executive director and business manager for entity #6, then agency's administrator and business office manager for Marion office, clinical director and business mangers for Warsaw and Logansport offices, and then name of executive director and business manager for IN Homecare Network North, LLC. The organization chart failed to be identifiable for the agency, and down to the patient care level.</p> <p>During an interview on 5/20/19 at 2:00 PM, the administrator stated that IN Homecare Network North, LLC was its own agency and that it had nothing to do with Angels of Mercy Homecare. The administrator stated AOMH was under the [name of entity #2] umbrella. The administrator stated this organizational chart was corporate for when entities # 2 and 4 merged.</p> <p>During an interview on 5/20/19 at 3:00 PM, non-employee A stated she was the performance improvement personnel from entity #2, and that in April of 2018 entities #2 and 4 merged but it was</p>	G 940			

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G 940	<p>Continued From page 10 not a change of ownership, only a change of information.</p> <p>4. On 5/21/19 at 10:15 AM, the administrator provided a letter dated June 4, 2018 from Pаметto GBA to In (Indiana) Homecare Network North, LLC which stated "We are pleased to inform you that your change of information request is approved. ... Medicare enrollment Information Provider/ Supplier Name: In Homecare Network North, LLC. 1800 North Wabash Street ... Marion, IN (Indiana). ... The following information was updated. ... Organization Interest/ Managing Control Section 5 Addition [Name of Entity #2]- 100%- indirect ownership interest. ... Other: [Name of Entity #2] added as Chain Home Office"</p> <p>The document provided with the above letter on 5/21/19 at 10:15 AM, not dated, and titled "Ownership Information" stated IN Homecare Network North, LLC d/b/a (doing business as) Angels of Mercy Homecare ... [Entity # 3] ... 100% Direct Owner [Entity # 4] ... Indirect Owner [Entity # 2] ... Indirect Owner." This letter failed to evidence entity #2 as the primary owner of the agency.</p> <p>5. Record review throughout the survey evidenced the following documents with owners of Entity #2: a job description for the Administrator and a job description for the Clinical Director; Quality Assessment and Performance Improvement Team Meeting Minutes and Attendance sheet dated 2/20/2019. Owner indicated Entity #2</p> <p>6. Two (2) agreements for staffing were provided on 5/31/19 at 9:30 AM. The first document was</p>	G 940			

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G 940	<p>Continued From page 11</p> <p>titled "Arrangement for Carelink Services Agreement" dated April 1, 2018, and stated "This agreement, is ... by and between IN Homecare Network North, LLC and [Name of entity #2]." This agreement had the name of entity #2 in the bottom right hand corner of each of the 6 pages and was signed by two (2) representatives from entity #2. This agreement failed to evidence it had been signed by a Governing Body member or by the Administrator from Angels of Mercy.</p> <p>The second document was titled "Arrangment for Staffing Services Agreement," dated April 1, 2018 and stated "This agreement, is ... by and between IN Homecare Network North, LLC and [Name of entity #2]." This agreement had the name of entity #2 in the bottom right hand corner of each 3 pages and was signed by two (2) representatives from entity #2. This agreement failed to evidence it had been signed by a Governing Body representative or by the Administrator from Angels of Mercy.</p> <p>During an interview on 5/21/19 at 9:48 AM, employee B stated OASIS (Outcome and Assessment Information Systems) transmission/ submission was completed by "corporate" [name of entity #2 located in another state] and they would check for accuracy of information for all the agency patients. Employee B stated she was not aware if there was a contract for this or not. At that time, non-employee A stated there was a policy for home office [entity #2] employees.</p> <p>During an interview on 5/30/19 a 9:45 AM, the administrator stated Carelink Calls were from the office [name of entity #2 located in another state] and these persons would call the patients to follow up with their care to see if they need to</p>	G 940			

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G 940	<p>Continued From page 12</p> <p>pass any clinical or negative information to the nurses at Angels of Mercy. The administrator stated that some of those personnel at entity #2 would also review the patient records for OASIS coding and review. The administrator stated they were not employees of the Angels of Mercy agency.</p> <p>7. During review of agency's employee schedules on 5/20/19, it was noted that non-employee E was not on the agency's employee roster. During an interview on 5/20/19 at 3:00 PM, employee B stated non-employee E just worked for entity #2. The administrator then stated non-employee E was an employee from [entity #5] but they did not yet have an employee file for her and non-employee A stated entity #2 had a policy for shared employees.</p> <p>During home visit observation with non-employee E and patient #3 on 5/28/19 at 9:09 AM, non-employee E stated "they're borrowing me from the [location of entity #5]" to do as needed fill in for coverage of Fort Wayne, Warsaw, and [location of entity #7]. During the visit, patient # 3 stated they did not recall non-employee E. Non-employee E responded to the patient that she had been there to provide care to the patient in the past.</p> <p>8. On 5/31/19 at 1:18 PM, the agency's provided a file for non-employee E. The hire date was 10/22/18. The criminal background check evidenced it was not completed until 5/22/19.</p> <p>During an interview on 5/31/19 at 1:19 PM, non-employee A stated that employee started working for the [locations of entities # 5 and 7] offices. The administrator then stated once the</p>	G 940			

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G 940	<p>Continued From page 13</p> <p>agency knew they needed a background check, they ran it.</p> <p>Review of 14 agency employee files on 5/31/19 failed to evidence the agency missed completing any background checks within the timeframe required.</p> <p>9. During review of the agency's employee list on 5/20/19, it was noted that each employee had an email address associated with entity #2. These email addresses stated "[employeefirstname.lastname@[entity #2.com]]."</p> <p>10. During clinical record review throughout the survey, it was noted that the main computer screen saver stated "[name of entity #2]."</p> <p>11. Personnel file documents such as:</p> <p>"Electronic Signature Agreement" signed and undated by employees B, C, G, H, I, J, K, L, and M. Owner- Entity #2.</p> <p>"Information Systems Acknowledgement Form" signed and dated on 2/25/19 by employees B, I, J, and M; signed and dated on 2/26/19 by employees B, G, K and L; and signed and dated on 2/27/19 by employee H. Owner- Entity #2.</p> <p>A letter dated 12/19/2018 to employee N which stated "On behalf of [name of entity #2], we would like to welcome you to the team. ... This letter represents our official offer to join [name of entity #2]. ... Please sign confirming you have received the offer of employment to join [name of entity #2]."</p> <p>Background Screening Report dated 12/05/2018</p>	G 940			

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G 940	Continued From page 14 for employee N which stated "Prepared for: [Name of entity #2]." "Home Health Medical File Setup" sheet in employee files reviewed on 5/31/19: B, C, D, G, H, I, J, K, L, M, N, O, P, and Q. Owner- Entity #2. Job Performance Evaluations for: employee C signed 12/3/18, employee H signed 10/22/18, and employee I signed 11/12/2018. These job performance evaluations were titled "[Name of Entity #2] Performance Evaluation."	G 940			
G 942	17-12-1 Governing body CFR(s): 484.105(a) 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. This STANDARD is not met as evidenced by: Based on document review, and interview, the Governing Body of Angels of Mercy failed to ensure policies, procedures, and other documents were adopted by the agency. Findings include 1. Review of the Indiana State Department of Health database, ISDH had not been notified by Palmetto that there was a change of ownership	G 942			

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G 942	<p>Continued From page 15</p> <p>from IN Homecare Network North, LLC to entity #2. Last update received from Palmetto was 10/18/18, which continued to show IN Homecare Network North, LLC d/b/a Angels of Mercy as the owner and failed evidence a change in ownership to entity #2.</p> <p>2. The following policies & procedures for Angels of Mercy evidenced entity #2 as the policy/ procedure owner for the following agency policies presented throughout the survey, from multiple individuals:</p> <p>OASIS (Outcome and Assessment Information Set) Date Capture, Transmission, Verification, Display and Reports Confidentiality of Patient Information Background Checks Patient Discharge/Transfer Process Angels of Mercy failed to adopt these policies as their own.</p> <p>3. The governing body members list were the same employees listed on the quality assurance and performance improvement (QAPI) meeting notes dated 2/20/19 stated "Other ... This also was our PAC [professional advisory committee] meeting. ... We reviewed our policies ... [name of employee A] discussed our merger last year with [entity #2] and the changes. We will have transitioned over to their policies by May 2019." This document failed to evidence IN Homecare Network North, LLC d/b/a Angels of Mercy retained its own policies and procedures.</p> <p>During an interview on 5/20/19 at 2:00 PM, the administrator stated that IN Homecare Network North, LLC was its own agency and that it had nothing to do with Angels of Mercy Homecare.</p>	G 942			

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G 942	Continued From page 16 The administrator stated Angels of Mercy Homecare was under the [name of entity #2] umbrella. During an interview on 5/20/19 at 3:00 PM, non-employee A stated she was the performance improvement personnel from entity #2, and that in April of 2018 entities #2 and 4 merged but it was not a change of ownership, only a change of information.	G 942			
G1008	17-12-1(b) Clinical records CFR(s): 484.110 Condition of participation: Clinical records. The HHA must maintain a clinical record containing past and current information for every patient accepted by the HHA and receiving home health services. Information contained in the clinical record must be accurate, adhere to current clinical record documentation standards of practice, and be available to the physician(s) issuing orders for the home health plan of care, and appropriate HHA staff. This information may be maintained electronically. This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure the protection of clinical records from unauthorized use for 10 of 14 clinical records reviewed, up to, and including all current 574 patient records. The cumulative effect of this systemic problem resulted in the agency being out of compliance with the Condition of Participation 484.110 Clinical Records.	G1008			

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G1028	<p>Protection of records CFR(s): 484.110(d)</p> <p>Standard: Protection of records. The clinical record, its contents, and the information contained therein must be safeguarded against loss or unauthorized use. The HHA must be in compliance with the rules regarding protected health information set out at 45 CFR parts 160 and 164. This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure the protection of clinical records from unauthorized use for 10 of 14 clinical records reviewed, up to, and including all current 574 patient records.</p> <p>Findings include</p> <ol style="list-style-type: none"> Review of the Indiana State Department of Health database, ISDH had not been notified by Palmetto that there was a change of ownership from IN Homecare Network North, LLC to entity #2. Last update received from Palmetto was 10/18/18, which continued to show IN Homecare Network North, LLC d/b/a Angels of Mercy as the owner and failed evidence a change in ownership to entity #2. The policy titled "Confidentiality of Patient Information," dated revised 2/1/12, was labled with the name of entity #2, not the agency. This polciy failed to evidence the agency had adopted it. During clinical record review throughout the survey, it was noted that the main computer screen saver stated "[name of entity #2]," and many non-employee names had appeared in the clinical records as having had reviewed and sent 	G1028			

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G1028	<p>Continued From page 18</p> <p>Outcome and Assessment Information Set (OASIS) data, documented recommendations for coding, audits, and/or had called patients to follow up with them about their care, and had documented whether or not the agency nurses needed to follow up with anything clinically.</p> <p>On 5/30/19 at 11:10 AM, the administrator logged into the computer to acquire clinical record access for surveyor. The drop down menu for patient location had 6 locations to select from (3 for Marion office, 3 for another entity) and included the abbreviations for 3 locations belonging to entity #6. The administrator stated she had access to the clinical records for [entity #6] for some reason but the field staff only had access to their own patients.</p> <p>During an interview on 5/21/19 at 9:48 AM, employee B stated the OASIS information was currently sent in by the corporate office [name of entity #2 in another state], but she was not aware of any contract for that function. At that time non-employee A stated there was a policy for home office [of entity #2] employees to document and review clinical records and she would find the policy.</p> <p>During an interview on 5/21/19 at 1:45 PM, employee B stated the names (non-employees B, C, and D) in records 1, 2, and 4 were corporate employees; corporate being [name of entity #2].</p> <p>During an interview on 5/30/19 at 9:45 AM, the administrator was queried as to whom the following persons noted to be in patient records were: non-employees F, G, H, I, J, K, and L due to them not being listed on the agency's employee roster. The administrator stated she</p>	G1028			

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G1028	<p>Continued From page 19</p> <p>was not sure, but they were not employees of the agency, and were not borrowed from somewhere else. The administrator also stated that non-employee E was being borrowed from another agency. The administrator stated the Carelink calls are from corporate office [location of entity #2] and they call the patients to follow up, and if there are negative responses they contact our nurses and patient care managers to review and follow up.</p> <p>4. The clinical record for patient # 1 was reviewed on 5/21/19. The OASIS history log evidenced the recertification information had been unlocked by non-employee E, and sent by non-employee B on 3/18/19. The agency failed to protect the record from unauthorized use.</p> <p>5. The clinical record for patient # 2 was reviewed on 5/21/19. The OASIS history log evidenced the recertification information had been sent by non-employee C on 3/18/19. The agency failed to protect the record from unauthorized use.</p> <p>6. The clinical record for patient # 3 was reviewed on 5/29/19. The patient information report evidenced non-employee F had documented review of the patient record on 5/3/19; non-employee E documented care provision on 5/8/19 and 5/28/19, and was scheduled to also provide care to the patient twice in June. The agency failed to protect the record from unauthorized use.</p> <p>7. The clinical record for patient # 4 was reviewed on 5/21/19. The OASIS history log evidenced the start of care (SOC) information had been sent by non-employee C on 5/10/19.</p>	G1028			

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G1028	<p>Continued From page 20</p> <p>The agency failed to protect the record from unauthorized use.</p> <p>8. The clinical record for patient # 5 was reviewed on 5/28/19. The OASIS history log evidenced the recertification information had been sent by non-employee C on 4/25/19 and non-employee G documented coding on 5/3/19. The agency failed to protect the record from unauthorized use.</p> <p>9. The clinical record for patient # 6 was reviewed on 5/29/19. The OASIS history log evidenced the SOC information had been sent by non-employee C on 3/18/19, and the patient information report evidenced non-employee H had documented an audit on 4/30/19. The agency failed to protect the record from unauthorized use.</p> <p>10. The clinical record for patient # 7 was reviewed on 5/29/19. The OASIS history log evidenced the recertification information had been sent by non-employee C on 4/30/19, and the patient information report evidenced non-employee I had documented an audit on 4/22/19. The agency failed to protect the record from unauthorized use.</p> <p>11. The clinical record for patient # 8 was reviewed on 5/29/19. The patient information report evidenced non-employee J audited the record on 5/17/19 and stated "there is an intervention on the POC [plan of care] for orthostatic hypotension but no valid MD [physician] documentation seen to support this DX [diagnosis]- please obtain and upload in [name of agency's records system] ... and email coder prior to POC approval for coding revisions</p>	G1028			

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G1028	Continued From page 21 ... [non-employee J email address @ name of entity #2]." On 5/21/19 non-employee J documented "unable to code from additions to POC notes. lgf [sic] patent has MD documentation for pressure ulcer to left heel, please contact coder via email prior to approval of 485." The agency failed to protect the record from unauthorized use. 12. The clinical record for patient # 9 was reviewed on 5/29/19. The OASIS history log evidenced the recertification information had been sent by non-employee C on 4/29/19, and the patient information report evidenced non-employee K had documented addition on 4/10/19 and and audit on 4/11/19. A client coordination note report dated 5/9/19 evidenced a "Carelink HC Call Summary" by non-employee L whose notes stated "In the past 2 to 3 days [patient] has not experienced any symptoms of hypertension or hypotension. ... [Patient] does not have any additional health issues that [their] nurse needs to know about today." The agency failed to protect the record from unauthorized use. 13. The clinical record for patient # 10 was reviewed on 5/29/19. The OASIS history log evidenced the SOC information had been sent by non-employee C on 4/16/19. The agency failed to protect the record from unauthorized use.	G1028			
E 000	17-15-1(c) Initial Comments An Emergency Preparedness Survey was conducted on 5/31/19 by the Indiana State Department of Health in accordance with 42 CFR	E 000			

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E 000	Continued From page 22 484.102 Home Health Agency. At this Emergency Preparedness survey, Angels of Mercy Homecare was found to be in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 484.102 Home Health Agency.	E 000		