

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

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>157578</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>11/23/2021</b>
NAME OF PROVIDER OR SUPPLIER <b>AMEDISYS HOME HEALTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1332 W ARCH HAVEN AVE STE E , BLOOMINGTON, Indiana, 47403</b>		
(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
E0000	<p>Initial Comments</p> <p>A revisit Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Dates: 11/22/2021 - 11/23/2021</p> <p>Facility Number: 004926</p> <p>Unduplicated Census for last 12 months = 2439</p> <p>At this Emergency Preparedness revisit survey, Amedisys Home Health was found in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 484.102.</p> <p>QR completed 11/30/2021 A4</p>	E0000		
G0000	<p>INITIAL COMMENTS</p> <p>This was a post-condition revisit for a Federal and State complaint survey of a Home Health Provider conducted on October 4, 2021.</p> <p>Survey Dates: 11/22/21-11/23/21</p> <p>Facility #: 004926</p> <p>Current Active Census: 432</p> <p>Unduplicated Census last 12 months: 2439</p> <p>During this survey, 2 Conditions of Participation were corrected, 23 standards corrected, and 1 standard re-cited.</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17.</p> <p>Amedisys Home Health continues to be precluded from conducting a home health aide training or competency evaluation program for a period of two years starting October 6, 2021 to October 5, 2023</p>	G0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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G0000	Continued from page 1 for being out of compliance with Conditions of Participation 484.105 Organization and Administration of Services and 42 CFR 484.75 Skilled Professional Services.	G0000		
G0942	<p>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.</p> <p>This STANDARD is NOT MET as evidenced by:  Based on record review and interview, the agency failed to ensure policies adopted by the agency only contained information of the home health agency and not that of other entities and failed to ensure Governing Body meetings were specific to the agency and not that of other entities for 1 of 1 home health agency.</p> <p>Findings include:</p> <p>1. The Governing Body meeting minutes dated 3/8/2021 were reviewed on 10/6/2021 during a previous survey. The minutes indicated data on staffing and QAPI (quality assessment performance improvement) included information for separate providers operating under different licenses, as follows: Fort Wayne Entity, Jeffersonville Entity, and Portage Entity. The most recent Governing Body meeting minutes were reviewed on 11/22/2021; the minutes were from the 3/8/2021 meeting. There was no evidence that any changes were made to met the Condition of Participation.</p> <p>2. The following policies &amp; procedures were reviewed on 10/6/2021 and 11/22/2021: Infection Prevention Program Overview; Exposure to Coronavirus (Covid-19): Disease Response &amp; Management; Lab Values Reporting; The Provision of Wound and Skin Care; and, Hand Hygiene. The agency failed to ensure policies contained information specific to the home health agency and not that of a hospice provider.</p>	G0942		

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G0942	<p>Continued from page 2</p> <p>3. During an interview on 10/6/2021 at 4:30 p.m. the Administrator confirmed all Indiana Amedisys affiliated agencies were covered in the Governing Body meeting.</p> <p>4. During a revisit interview on 11/23/2021 at 12:40 p.m. the Administrator confirmed the policies still included the hospice information and the Governing Body did not adopt any hospice policies for the agency. The Administrator confirmed no further Governing Body meetings had taken place since 3/8/2021 and no changes had occurred. The Administrator indicated the agency was looking to make changes, but had not done so. The Administrator indicated non-employee L from corporate provided him/her with administration education on 10/29/2021 and roles/responsibilities of administrator and Governing Body on 11/4/2021.</p> <p>17-12-1(b)</p>		G0942		