

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>157551</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>10/18/2021</b>	
NAME OF PROVIDER OR SUPPLIER <b>INTERIM HEALTHCARE OF SE INDIANA</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 NORTH NATIONAL ROAD , COLUMBUS, Indiana, 47201</b>			
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G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal and State Licensure complaint investigation of a home health agency.</p> <p>Complaint 31975: Substantiated, federal deficiencies related to the allegation were cited.</p> <p>Survey Date: October 18th of 2021</p> <p>Facility Number: 003257</p> <p>QR completed 10/26/2021 A4</p>			G0000			
G0470	<p>Document efforts to resolve problems</p> <p>CFR(s): 484.50(d)(5)(iv)</p> <p>(iv) Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records;</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the agency failed to document efforts to resolve problems in 4 of 5 records reviewed. (Patient 1, 3, 4, 5)</p> <p>Findings include:</p> <p>1. An admission packet was provided by Employee A on 10/18/21. The packet contained a 2018 policy titled "Statement of Patient's/Client's Rights". The policy indicated, but was not limited to, "2. Receive all services outlined in your care plan."</p> <p>2. A 04/02/2021 policy titled "Variances from the Plan of Care/Service Plan" was provided by Employee B on 10/18/21 at 1:03 p.m. The policy indicated, but was not limited to, "2. If the office is unable to fill the visit/shift/hour requirement of a patient/client, then ... contacts the patient/client/caregiver to reschedule the visit/shift to comply with the physician's ... orders or service plan ... c) If alternative means cannot be identified and the visit/shift/hours are not filled but ... do not put the patient/client</p>			G0470			

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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G0470	<p>Continued from page 1</p> <p>at risk ... does not have a potential for clinical impact ... the communication is documented as such. d) If alternative means cannot be identified and the patient/client will be put at risk by not filling the visit/shift/hour ... notifies all parties including any ordering physician ... The physician ... decides whether the patient visit may be skipped, or addition intervention is required ... 3. The Visit/Shift Variance Report form ... is completed ... for each missed visit/shift ... Care/Service Variance 1. The care manager ... provides on-going monitoring to determine that care/service plans are being followed as written ... d) Documents actions taken in the patient's/client's record ... "</p> <p>3. A 10/2017 revised job description titled "Home Health Aide-Home Care Job Description" was provided by Employee A on 10/18/21 at 4:10 p.m. The job description indicated, but was not limited to, " ... Document observations, activities and services provided in an accurate, complete and timely manner ... "</p> <p>4. A 10/2017 revised job description titled "Registered Nurse-Home Care Job Description" was provided by Employee A on 10/18/21 at 4:10 p.m. The job description indicated, but was not limited to, " ... Completes timely and accurate clinical notes ... "</p> <p>5. A 10/2017 revised job description titled "RN Case Manager-Home Care Job Description" was provided by Employee A on 10/18/21 at 4:10 p.m. The job description indicated, but was not limited to, "General Purpose: To assure quality patient/client care and services are provided to in home clients ... Participates in ongoing interdisciplinary assessment of the patient ... in the development and evaluation of the plan of care ... Provides services that are ordered by the physician as indicated in the plan of care ... Completes timely and accurate clinical notes ... Effectively communicates with other members of the interdisciplinary ... team providing care to promote coordination of ... care ... Communicates with all physicians involved ... related to the current plan of care ... Uses clinical decision making to efficient and effectively manage as assigned patient ... "</p> <p>6. The complete clinical record for Patient 1, SOC (start of care) 08/16/2017, was reviewed on 10/18/2021. The record indicated, but was not</p>			G0470			

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G0470	<p>Continued from page 2 limited to, the following:</p> <p>A document titled Plan of Care for the certification period from 08/22/2021-10/20/2021, signed on 09/03/2021, included orders for a SN (Skilled Nurse) once weekly for 9 weeks, and a HHA (Home Health Aide) 7 times a week for 9 weeks. The clinical record evidenced that there were 14 missed HHA visits during the certification period. Of the 14 missed visits, 11 visits had no documentation as to why the visits were missed, documentation of any efforts to find alternate staff or reschedule for another day, or communication to the MD.</p> <p>A document titled "Unable to Meet Visit Frequency", dated 09/21/2021, indicated, but was not limited to, "Number of Visits for Week Prescribed 7 Actual 5 ... No staff available ... Physician Contacted ... Will FAX note to MD (medical doctor) office ..." The clinical record failed to evidence any communication with the MD about the missed visits, as well as evidence any further documentation regarding missed visits.</p> <p>During an interview with Employee C on 10/18/21 at 2:00 p.m. Employee C stated that Patient 1 previously only received care from HHA's, until the prior year when a pressure ulcer developed.</p> <p>7. The complete clinical record for Patient 3, SOC 03/14/2019, was reviewed on 10/18/2021. The record indicated, but was not limited to, the following:</p> <p>A document titled Plan of Care for the certification period from 03/03/2021-05/01/2021, signed on 03/02/2021, included orders for a HHA up to 5 hours per day, 5 days per week. The clinical record evidenced that there were 40 missed HHA visits during the certification period. The clinical record failed to evidence documentation as to why the visits were missed, or documentation of any efforts to find alternate staff or reschedule for another day was available.</p> <p>A document titled Client Discharge, dated 08/26/2021, indicated that Patient 3 was discharged from the agency per patient choice. When asked if Employee C knew why the patient chose to discharge from the agency, Employee C stated, "I don't know, probably because we didn't have the staff."</p> <p>During an interview with Employee C on 10/18/2021</p>			G0470			

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G0470	<p>Continued from page 3</p> <p>at 3:40 p.m., when asked at why there were so few visits during the certification period, Employee C stated that Patient 3 only liked certain staff members. When asked if Employee C could provide any kind of documentation of communication between the agency and Patient 3 about missed visits or the patient discharge, Employee C stated "(Patient 3) has a really small chart. That's all I've got."</p> <p>8. The complete clinical record for Patient 4, SOC 06/11/2020, was reviewed on 10/18/2021. The record indicated, but was not limited to, the following:</p> <p>A document titled Plan of Care for the certification period from 08/25/2021-10/23/2021, included orders for a SN for 2 encounters every day, for 9 weeks and orders for a HHA 4 hours per day, 7 days per week for 9 weeks. The clinical record evidenced that there were 9 days with only one SN visit for the day and 14 days with no SN visits, and 22 missed HHA visits during the certification period. The clinical record failed to evidence documentation as to why the visits were missed, any effort to find alternate staff, or proof of communication to the MD.</p> <p>9. The complete clinical record for Patient 5, SOC 08/13/2018, was reviewed on 10/18/2021. The record indicated, but was not limited to, the following:</p> <p>A document titled Plan of Care for the certification period from 07/28/2021-09/25/2021, included orders for a HHA 4 hours per day, 7 days per week. The clinical record evidenced that there were 14 missed visits during the certification period. The clinical record failed to evidence documentation as to why the visits were missed, any effort to find alternate staff, or proof of communication to the MD.</p> <p>10. During an interview with Employee C on 10/18/2021 at 3:40 p.m., when asked at what point the agency would consider discharging a patient, or referring to another agency, if the agency wasn't able to fulfill the visits ordered in then plan of care, Employee C stated "I don't know. Some patients are ok with sporadic visits, or only want certain staff members, so it's hard to say."</p>	G0470					
G0710	<p>Provide services in the plan of care</p> <p>CFR(s): 484.75(b)(3)</p> <p>Providing services that are ordered by the</p>	G0710					

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G0710	<p>Continued from page 4</p> <p>physician or allowed practitioner as indicated in the plan of care;</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview, the agency failed to provide all services ordered in the plan of care for 4 of 5 records reviewed. (Patient 1, 3, 4, 5)</p> <p>Findings include:</p> <p>1. An admission packet was provided by Employee A on 10/18/21. The packet contained a 2018 policy titled "Statement of Patient's/Client's Rights". The policy indicated, but was not limited to, "2. Receive all services outlined in your care plan."</p> <p>2. A 04/02/2021 policy titled "Variances from the Plan of Care/Service Plan" was provided by Employee B on 10/18/21 at 1:03 p.m. The policy indicated, but was not limited to, "2. If the office is unable to fill the visit/shift/hour requirement of a patient/client, then ... contacts the patient/client/caregiver to reschedule the visit/shift to comply with the physician's ... orders or service plan ... c) If alternative means cannot be identified and the visit/shift/hours are not filled but ... do not put the patient/client at risk ... does not have a potential for clinical impact ... the communication is documented as such. d) If alternative means cannot be identified and the patient/client will be put at risk by not filling the visit/shift/hour ... notifies all parties including any ordering physician ... The physician ... decides whether the patient visit may be skipped, or addition intervention is required ... 3. The Visit/Shift Variance Report form ... is completed ... for each missed visit/shift ... Care/Service Variance 1. The care manager ... provides on-going monitoring to determine that care/service plans are being followed as written ... d) Documents actions taken in the patient's/client's record ... "</p> <p>3. A 10/2017 revised job description titled "Home Health Aide-Home Care Job Description" was provided by Employee A on 10/18/21 at 4:10 p.m. The job description indicated, but was not limited to, " ... Document observations, activities and services provided in an accurate, complete and timely manner ... "</p> <p>4. A 10/2017 revised job description titled</p>			G0710			

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G0710	<p>Continued from page 5</p> <p>"Registered Nurse-Home Care Job Description" was provided by Employee A on 10/18/21 at 4:10 p.m. The job description indicated, but was not limited to, " ... Completes timely and accurate clinical notes ... "</p> <p>5. A 10/2017 revised job description titled "RN Case Manager-Home Care Job Description" was provided by Employee A on 10/18/21 at 4:10 p.m. The job description indicated, but was not limited to, "General Purpose: To assure quality patient/client care and services are provided to in home clients ... Participates in ongoing interdisciplinary assessment of the patient ... in the development and evaluation of the plan of care ... Provides services that are ordered by the physician as indicated in the plan of care ... Completes timely and accurate clinical notes ... Effectively communicates with other members of the interdisciplinary ... team providing care to promote coordination of ... care ... Communicates with all physicians involved ... related to the current plan of care ... Uses clinical decision making to efficient and effectively manage as assigned patient ... "</p> <p>6. The complete clinical record for Patient 1, SOC (start of care) 08/16/2017, was reviewed on 10/18/2021. The record indicated, but was not limited to, the following:</p> <p>A document titled Plan of Care for the certification period from 08/22/2021-10/20/2021, signed on 09/03/2021, included orders for a SN (Skilled Nurse) once weekly for 9 weeks, and a HHA (Home Health Aide) 7 times a week for 9 weeks. The clinical record evidenced that there were 14 missed HHA visits during the certification period.</p> <p>During an interview with Employee C on 10/18/21 at 2:00 p.m. Employee C stated that Patient 1 previously only received care from HHA's, until the prior year when a pressure ulcer developed.</p> <p>7. The complete clinical record for Patient 3, SOC 03/14/2019, was reviewed on 10/18/2021. The record indicated, but was not limited to, the following:</p> <p>A document titled Plan of Care for the certification period from 03/03/2021-05/01/2021, signed on 03/02/2021, included orders for a HHA up to 5 hours per day, 5 days per week. The clinical record evidenced that there were 40 missed HHA visits during the certification period.</p>			G0710			

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G0710	<p>Continued from page 6</p> <p>A document titled Client Discharge, dated 08/26/2021, indicated that Patient 3 was discharged from the agency per patient choice. When asked if Employee C knew why the patient chose to discharge from the agency, Employee C stated , "I don't know, probably because we didn't have the staff."</p> <p>During an interview with Employee C on 10/18/2021 at 3:40 p.m., when asked at why there were so few visits during the certification period, Employee C stated that Patient 3 only liked certain staff members.</p> <p>8. The complete clinical record for Patient 4, SOC 06/11/2020, was reviewed on 10/18/2021. The record indicated, but was not limited to, the following:</p> <p>A document titled Plan of Care for the certification period from 08/25/2021-10/23/2021, included orders for a SN for 2 encounters every day, for 9 weeks and orders for a HHA 4 hours per day, 7 days per week for 9 weeks. The clinical record evidenced that there were 9 days with only one SN visit for the day, and 14 days with no SN visits, and 22 missed HHA visits during the certification period.</p> <p>9. The complete clinical record for Patient 5, SOC 08/13/2018, was reviewed on 10/18/2021. The record indicated, but was not limited to, the following:</p> <p>A document titled Plan of Care for the certification period from 07/28/2021-09/25/2021, included orders for a HHA 4 hours per day, 7 days per week. The clinical record evidenced that there were 14 missed visits during the certification period.</p> <p>10. During an interview with Employee C on 10/18/2021 at 3:40 p.m., when asked at what point the agency would consider discharging a patient, or referring to another agency, if the agency wasn't able to fulfill the visits ordered in then plan of care, Employee C stated "I don't know. Some patients are ok with sporadic visits, or only want certain staff members, so it's hard to say."</p> <p>17-14-1(a)(1)(C)</p>			G0710			