

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

PRINTED: 12/15/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>157568</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/18/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>OMNI HOME CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 N WEINBACK AVE STE 610</b> <b>EVANSVILLE, IN 47711</b>		
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G 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal complaint investigation of a deemed agency.</p> <p>Partially/Fully Extended survey was Announced 11/17/2020 at 12:30 p.m.</p> <p>Complaint IN00339386 - substantiated with findings</p> <p>Survey Dates: November 16, 17, and 18 of 2020</p> <p>Census: 48 active Unduplicated admissions for 12 months: 217</p> <p>Record Reviews 5/Home Visits 0</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 17.</p> <p>Omni Home Care is precluded from conducting a home health aide training or competency evaluation program for a period of two years starting November 18, 2020 through November 17, 2022 for being out of compliance with §484.105 Organization and Administration of Services.</p>	G 000			
G 484	<p>Quality Review completed on 12/7/2020 A4</p> <p>Document complaint and resolution CFR(s): 484.50(e)(1)(ii)</p> <p>(ii) Document both the existence of the complaint and the resolution of the complaint; and This ELEMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure documentation was completed on a complaint for 1 of 3 complaints</p>	G 484			

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 484	<p>Continued From page 1 reviewed in the complaint log. (Patient 5)</p> <p>Findings include:</p> <p>A revised 5/1/20 policy titled Grievance Procedure, Patient Complaints was provided by the Administrator on 11/16/20 at 3:00 p.m. The policy indicated, but was not limited to, " ... the Executive Director or Clinical Director will follow-up with the patient and/or complainant and document within the information system."</p> <p>A document titled Complaint Report was reviewed for the year 2020 and evidenced patient 5's spouse filed a complaint on 6/15/2020 regarding not receiving calls for appointments in advance and wondering why PT (physical therapy) would not be coming to help patient 5 with transfers and that OT (occupational therapy) would not help with transfers. The agency failed to complete the interventions, resolutions, preventions, and follow-up comment section of the report.</p> <p>A review of the 9/1/2020 QAPI (quality assessment and performance improvement meeting minutes) indicated, "Additional Data ...Complaints do not appear to be accurately captured. It is rare that we would not have any complaints ... "</p> <p>During an interview on 11/16/2020 at 4:30 p.m. the Administrator reviewed the Complaint Report and acknowledged it was incomplete. The Administrator later checked for information on the EMR that was provided by non-employee Director of Risk Management which did not evidence any additional information. The Administrator stated the agency had made improvements.</p>	G 484			

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G 702 G 702	Continued From page 2 Services by skilled professionals CFR(s): 484.75(a)  Standard: Provision of services by skilled professionals. Skilled professional services are authorized, delivered, and supervised only by health care professionals who meet the appropriate qualifications specified under §484.115 and who practice according to the HHA's policies and procedures. This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure Competency Assessment/Peer Review RN [Registered Nurse] checklists were completed and signed by a preceptor prior to direct patient care for 6 of 9 personnel files reviewed. (Employee A, F, G, I, J, and K).  Findings include:  1. A 09/01/20 revised policy titled, Evaluation and Competency Assessments, was provided by the Executive Director on 11/18/2020 at 11:36 a.m. The policy indicated, but was not limited to, "All clinicians will demonstrate competency of identified skills before performing patient care independently and annually ...B. Licensed professional staff's clinical skill competencies are evaluated prior to initiation of patient care ...a. A designated clinical preceptor will observe the clinician performing the required skills. The preceptor must be an individual of the same discipline as the staff being observed and must have already established competency for all skills being reviewed ...c. Nursing staff must attend a scheduled skills lab or a home visit with a preceptor to demonstrate competency in all	G 702 G 702			

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G 702	<p>Continued From page 3</p> <p>procedures and skills listed on the Competency Assessment/Peer Review Form prior to performing that procedure independently on a patient."</p> <p>2. A 10/01/11 revised policy titled Employee Orientation was provided by the Executive Director on 11/18/2020 at 11:36 a.m. The policy indicated, but was not limited to, "Purpose: Establish and communicate standardized, systematic, and effective orientation ...New employees should not be asked to perform skills, tasks, or functions for which they have not received orientation, and/or for which their competency has not been validated."</p> <p>3. On 11/17/2020 the complete personnel file for Employee A was provided by the Business Manager. The personnel file evidenced a Competency Assessment/Peer Review RN checklist with the section titled "Negative Pressure Wound Therapy", Initial Competency Assessment, First Dressing Change, Second Dressing Change completed and signed on 8/17/20, 8/19/20, 8/21/20 by Employee F, a contract nurse hired on 8/17/2020. This does not follow the policy of the facility or with the information given in an interview completed with the executive director of the facility.</p> <p>An interview conducted on 11/16/202 at 11:56 a.m., employee K, a registered nurse, stated that he/she was asked to change a wound vac but refused because he/she had not been checked off on that skill or received any education on how to do this nursing skill. Employee F, a registered nurse, who was on her second day working with the company, was asked to go out and change the same wound vac employee K previously</p>	G 702			

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G 702	<p>Continued From page 4</p> <p>refused. Employee F did the wound vac change with Employee A, a registered nurse, in attendance and checked off the nurse's skill. Employee A had not been checked-off on this skill, informed employee K that he/she had never done this procedure and so would not be able to go out with employee K to teach this skill and check off the competency with this patient.</p> <p>4. On 11/17/2020 the complete personnel file for Employee F was provided by the, employee C, the Business Manager. The personnel file evidenced a Competency Assessment/Peer Review RN checklist with the section titled "Negative Pressure Wound Therapy", Initial Competency Assessment, First Dressing Change, Second Dressing Change completed and signed on 8/17/20 and 8/19/20 by Employee A who was not qualified to precept those skills with an established competency according to the facility's own policy.</p> <p>5. On 11/17/2020 the complete personnel file for Employee G was provided by the Business Manager. The personnel file failed to evidence a Competency Assessment/Peer Review RN checklist completed and signed prior to engaging in independent direct patient care.</p> <p>6. On 11/17/2020 the complete personnel file for Employee I was provided by the Business Manager. The personnel file failed to evidence a Competency Assessment/Peer Review RN checklist [completed and signed on 10/18/20] was prior to Employee F completing patient care independently on 8/7/20.</p> <p>7. On 11/17/2020 the complete personnel file for Employee J was provided by the Business</p>	G 702			

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G 702	<p>Continued From page 5</p> <p>Manager. The personnel file failed to evidence a completed and signed annual Competency Assessment/Peer Review RN checklist.</p> <p>8. On 11/17/2020 the complete personnel file for Employee K was provided by the Business Manager. The personnel file failed to evidence a Competency Assessment/Peer Review RN checklist completed and signed prior to patient care visits being performed independently in violation of the facility's own policy.</p> <p>An interview with Employee K was conducted on 11/16/20 at 11:56 a.m. Employee K stated that within the first month of hire, while still in orientation, he/she was asked to do care in the field for interventions such as wound vacs or foley catheter changes that he/she had not yet been checked off on. Employee K refused to do visits with patient's that required care with skills not yet been checked off on. Employee K stated that he/she began doing visits independently in August prior to the end of orientation and without competency skills being completed in their entirety. The facility's policy indicates that this is in direct violation with what is expected of its nurses.</p> <p>9. During an interview on 11/17/20 at 3:47 p.m., the executive director stated the following, "As a director we receive a much more thorough training than our regular nurses. It is more detailed, elaborate and intense. I must be able to check the skills of all our nurses and be able to teach procedures if necessary. I must be checked-off on all my skills before teaching, educating and supporting the nurses I put in the field to care for our patients." The executive director stated preceptors have an evaluation</p>	G 702			

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G 702	Continued From page 6 they must pass regarding knowledge, skills set and if their orientation has been completed. They must show completion of their competency skills checklist to be able to teach and guide the nurses they support. The Performance Improvement Coordinator or another Skilled Home Health Nurse will check off the Executive Director or Patient Care Manager on skills.	G 702			
G 940	10. During an interview with Executive director on 11/17/2020 at 3:47 p.m., no additional comments or further documentation was provided to support the agency's policies were followed.  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 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. This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure administrative functions were not delegated to an outside entity (See 940); and failed to adopt policies and job descriptions specific to the agency (See G942). failed to ensure the Executive Director/Administrator	G 940			

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G 940	<p>Continued From page 7</p> <p>reported to the Governing Body as identified by the state agency database (See 946); failed to ensure the Administrator / Executive Director was knowledgeable and responsible for the day to day operations related to human resource duties being maintained within the agency; ensure personnel files contained documents from Omni Home Care and not from a different indirect ownership entity, be knowledgeable of all employees and their working locations and be knowledgeable of appointments, Governing Body Members and Board of Directors and or officers of the agency (See G948); and failed to ensure the Alternate Administrator was authorized in writing by the Administrator and the Governing Body (See 954).</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>In Regards to G940, the findings include:</p> <p>A revised 4/1/20 policy titled Organizational Responsibilities and Organizational Charts was provided by the Executive Director/Administrator on 11/17/2020 at 1:56 p.m. The policy indicated, but was not limited to, "Administrative and supervisory functions are not delegated to other organizations or agencies. All services not furnished directly by the agency are monitored and coordinated by the agency. Procedure: 1. Senior Management develops and revises changes in the organizational structure as needed by the changes in the organization. 2. This organizational chart is maintained, up to date, and defines appropriate lines of responsibility. 3. Supervising and reporting</p>	G 940			

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G 940	<p>Continued From page 8</p> <p>relationships and the relationships of administration and the governing body are clearly defined in these documents. 4. The Executive Director, appointed by the Board of Directors through Senior Management delegation serves as the designated person so functioning as the governing body. The Executive Director thus assumes full legal authority and responsibility for the agency's overall management and operation, provision of all home health services ... An Alternate Executive Director is named in writing to assume responsibility when the Executive Director is not available or absent."</p> <p>A 6/25/2020 Consulting Services Agreement was provided by the Executive Director /Administrator on 11/18/2020 at 11:45 a.m. The Agreement indicated, but was not limited to, "Responsibilities of Consultant ... (a) Operational Consultants ... (b) Personal Services ... (c) Financial Operations ... (d) Statements and Reports ... (e) Policies and Procedures ... (f) Licensure and Certification. Consultant shall assist Agency in obtaining and maintaining the Agency's license and Medicare/Medicaid certifications in good standing throughout the Term of this Agreement ... (g) Consultant shall provide such additional supportive services customarily used in the operations of a home health agency as are within Consultant's capabilities and capacity ..."</p> <p>During an interview on 11/16/2020 at 2:00 p.m. the Administrator was asked to provide the intervention and resolution on patient 5's complaint that was in the complaint binder. The Administrator reviewed the complaint in the binder and stated the information was in another EMR (electronic medical record) system and he/she would have to contact them. The</p>	G 940			

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G 940	Continued From page 9 Administrator was asked who he/she would have to contact regarding additional information. The Administrator stated he/she utilized a non-employee M, Director of Risk Management in Lafayette, Louisiana, to assist with complaints on abuse/neglect issues. The agency failed to ensure all services were not delegated to an out of state entity.  During an interview on 11/17/2020 at 12:45 p.m. the Administrator was asked who does the background checks, reference checks, interviews, and sets up physicals for the agency. The Administrator stated employee C, the business manager, sets up the physicals and does the background checks. The Administrator stated he/she runs a report from LHC's HR (human resource) partners in Louisiana who does the agency's reference checks and assists with setting up phone interviews. The Administrator stated he/she reviews all applicants as well and hires who he/she wants. The agency failed to ensure administrative duties were not delegated to an out of state entity.	G 940			
G 942	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 record review and interview, the	G 942			

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G 942	<p>Continued From page 10</p> <p>Governing Body failed to adopt policies/procedures and job descriptions specific to Omni Home Care and not that of another out of state entity.</p> <p>Findings include:</p> <p>1. The agency failed to adopt the following policies /procedures and job descriptions specific for Home Health Agency LLC d/b/a Omni Home Care and not that of any out of state entities or entity 1.</p> <p>Review of a 1/1/20 revised policy titled, "Patient Rights and Responsibilities" included information about the states of Idaho, Rhode Island, and Arizona.</p> <p>Review of a 5/1/20 revised policy titled, "Patient Abuse, Exploitation and Neglect: Assessment, Identification and Reporting" included information about the states of Colorado, Tennessee, and New Hampshire.</p> <p>Review of a 1/1/19 revised policy titled, "Organizational Responsibilities and Organizational Charts" included information about the state of Connecticut.</p> <p>Review of a 10/1/18 revised policy titled, "Patient Assessment, Initial and Reassessment" included information about the states of Louisiana and Maryland.</p> <p>Review of a 9/1/20 revised policy titled, "Quality Assessment and Performance Improvement (QAPI) Plan" included information about the state of Connecticut.</p> <p>Review of a 5/1/20 revised policy titled, "Grievance Procedure, Patient Complaints" included information about the states of Texas and New York and Washington, DC.</p> <p>Review of a 9/1/20 revised policy titled,</p>	G 942			

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G 942	<p>Continued From page 11</p> <p>"Evaluation and Competency Assessments" included information about the states of Connecticut and Missouri.</p> <p>Review of a 8/1/19 revised policy titled, "Coordination of Care, From Admit Through Discharge" included information about the state of Tennessee.</p> <p>Review of a 2/1/20 revised policy titled, "Physician Orders" included information about the states of Arizona, Arkansas, Illinois, Louisiana, Georgia, Idaho, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Mississippi, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, West Virginia, and Wisconsin.</p> <p>2. Employee File forms were not specific to Home Health Agency LLC d/b/a Omni Home Care. The forms indicated entity 1 as owner as follows:</p> <p>Review of Employee file B on 11/18/2020 evidenced the following forms not specific to Omni Home Care but rather to Entity 1: RN job description, Confidentiality &amp; Non Disclosure Agreements, Conditions of Application of Employment, Harassment, Offer Letter, Background Check Acknowledgement, Employee Tuberculosis Screen Form, History &amp; Physical, Employee Influenza Vaccine Virus Consent/Declinations, Lab Corp, and Agreement &amp; Consent to Drug and/or Alcohol Testing.</p> <p>Review of Employee file F on 11/18/2020 evidenced the following forms not specific to Omni Home Care but rather to Entity 1: Employee Tuberculosis Screen Form, Home Health Contract Worker Set-up Guide, Statement of Work, Confidential Background Screen, and RN Job Description.</p>	G 942			

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G 942	<p>Continued From page 12</p> <p>Review of Employee file G on 11/18/2020 evidenced the following forms not specific to Omni Home Care but rather to Entity 1: RN Job Description, Agreement &amp; Consent to Drug and/or Alcohol Testing, Confidentiality &amp; Non Disclosure Agreements, Background Check Acknowledgement, Background Check Acknowledgment, and Offer Letter.</p> <p>Review of Employee file J on 11/18/2020 evidenced the following forms not specific to Omni Home Care but rather to Entity 1: Home Health Personnel File Set-up, Offer Letter, Electronic Signature Agreement, Employee Tuberculosis Screen Form, History &amp; Physical, Employee Influenza Vaccine Virus Consent/Declinations, RN Job Description, Agreement &amp; Consent to Drug and/or Alcohol Testing, On-Going Competency, and Lab Corp.</p> <p>Review of past Employee file N on 11/18/2020 evidenced the following forms not specific to Omni Home Care but rather to Entity 1: Letter of Agreement / Advanced Retention Bonus, RN job description, Disciplinary Counseling Form, Offer Letter, Tuberculosis Screen Form, History &amp; Physical, and Electronic Signature Form.</p> <p>3. On 11/17/2020 at 11:30 a.m. the Administrator was asked to provide the Governing Body meeting minutes. On 11/17/2020 at 1:56 p.m. the Administrator stated the Governing Body meeting minutes and QAPI meetings minutes were combined. The Administrator provided QAPI Executive Summaries and QAPI Team Meeting Minutes for Quarters 1, 2, and 3 of 2020. The QAPI Executive Summaries and QAPI Team Meeting Minutes did not indicate that they were</p>	G 942			

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G 942	Continued From page 13 also Governing Body meeting minutes. A review of the QAPI meeting minutes failed to indicate the agency adopted all policies and procedures as well as job descriptions.	G 942			
G 946	Administrator appointed by governing body CFR(s): 484.105(b)(1)(i)  (i) Be appointed by and report to the governing body; This ELEMENT is not met as evidenced by: Based on record review and interview, the Executive Director/Administrator failed to report to the Governing Body as identified by the state agency database for 1 of 1 home health agency.  Findings include:  On 11/17/2020 at 12:00 p.m. the Executive Director /Administrator was asked to identify the Governing Body on the organizational chart to which he/she stated "I am the Governing Body" and then stated that non-employee Q of entity 1 appointed him/her as the Governing Body. This conflicts with the information provided to the Indiana Department of Health, whose database identifies non-employees P, S, and V were the Board of Directors/Governing Body.  On 11/17/2020 at 1:20 p.m. the Executive Director/Administrator provided a letter identifying the appointments of the Administrator and Alternate Administrator signed by non-employee P, President.	G 946			
G 948	Responsible for all day-to-day operations CFR(s): 484.105(b)(1)(ii)  (ii) Be responsible for all day-to-day operations of the HHA;	G 948			

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G 948	<p>Continued From page 14</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, the Administrator / Executive Director failed to be knowledgeable regarding and responsible for the day to day operations related to human resource duties being maintained within the agency; ensure personnel files contained documents from Omni Home Care and not from a different indirect ownership entity, be knowledgeable of all employees and their working locations and be knowledgeable of appointments, Governing Body Members and Board of Directors and/or officers of the agency.</p> <p>Findings include:</p> <p>1. A revised 4/1/20 policy titled Organizational Responsibilities and Organizational Charts was provided by the Executive Director/Administrator on 11/17/2020 at 1:56 p.m. The policy indicated, but was not limited to, "Administrative and supervisory functions are not delegated to other organizations or agencies. All services not furnished directly by the agency are monitored and coordinated by the agency. Procedure: 1. Senior Management develops and revises changes in the organizational structure as needed by the changes in the organization. 2. This organizational chart is maintained, up to date, and defines appropriate lines of responsibility. 3. Supervising and reporting relationships and the relationships of administration and the governing body are clearly defined in these documents. 4. The Executive Director, appointed by the Board of Directors through Senior Management delegation serves as the designated person so functioning as the governing body. The Executive Director thus assumes full legal authority and responsibility for</p>	G 948			

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G 948	<p>Continued From page 15</p> <p>the agency's overall management and operation, provision of all home health services ... An Alternate Executive Director is named in writing to assume responsibility when the Executive Director is not available or absent."</p> <p>2. During entrance conference on 11/16/2020 at 11:13 a.m. the Executive Director/Administrator was asked to identify the Governing Body member(s) to which he/she replied "I will get you the Board of Director list". At that time the Executive Director/Administrator did not identify him/herself as a member of the Governing Body or as the Governing Body.</p> <p>3. Review of the organizational chart provided by the Administrator on 11/17/2020 at 12:00 p.m. indicated he/she reports to non-employee Q, Area/Regional Vice President. At that time, the Administrator was asked to identify the remaining positions above the Executive Director position. The Administrator identified the Area Regional Vice President as non-employee Q of entity 1 and was unsure where non-employee Q was located. The Administrator was unable to name the Division President because that had changed. When asked who the Chief Executive Officer/President was he/she replied "I will get you those names." At that time, the Administrator was asked to identify the Governing Body based on the organizational chart to which he/she replied "I am the Governing Body and I was appointed by non-employee Q."</p> <p>4. On 11/17/2020 at 12:30 p.m. the Executive Director/Administrator provided a second organizational chart that identified non-employee Q, Area/Regional Vice President of entity 1, non-employee R, Division President of entity 1,</p>	G 948			

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G 948	<p>Continued From page 16</p> <p>non-employee S, Chief Executive Officer/President of entity 1, non-employee T, Executive Vice President/Chief Clinical Officer of entity 1, non-employee U, Quality Performance Improvement personal of entity 1. The Executive Director/Administrator did not identify any of them as the Governing Body.</p> <p>5. Review of the Indiana Department of Health database indicated the Governing Body/Board of Directors for Omni Home Care were non-employee P, President of entity 1, non-employee S, Chief Executive Officer of entity 1, and non-employee V, Executive Vice President of entity 1. Indiana Department of Health does not list the Administrator as the Governing Body/Board of Directors nor non-employee Q.</p> <p>6. During an interview on 11/17/2020 the Administrator stated that background checks were done by employee C, the business manager at the agency.</p> <p>7. Review of Employee Files identified forms that were not specific to Home Health Agency LLC d/b/a Omni Home Care. The forms indicated entity 1, an indirect owner, on all forms as evidenced by the following:</p> <p>Review of Employee file B on 11/18/2020 evidenced the following forms not specific to Omni Home Care but rather to Entity 1: RN job description, Confidentiality &amp; Non Disclosure Agreements, Conditions of Application of Employment, Harassment, Offer Letter, Background Check Acknowledgement, Employee Tuberculosis Screen Form, History &amp; Physical, Employee Influenza Vaccine Virus Consent/Declinations, Lab Corp, and Agreement</p>	G 948			

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G 948	<p>Continued From page 17 &amp; Consent to Drug and/or Alcohol Testing.</p> <p>Review of Employee file F on 11/18/2020 evidenced the following forms not specific to Omni Home Care: but rather to Entity 1: Employee Tuberculosis Screen Form, Home Health Contract Worker Set-up Guide, Statement of Work, Confidential Background Screen, and RN Job Description.</p> <p>Review of Employee file G on 11/18/2020 evidenced the following forms not specific to Omni Home Care but rather to Entity 1: RN Job Description, Agreement &amp; Consent to Drug and/or Alcohol Testing, Confidentiality &amp; Non Disclosure Agreements, Background Check Acknowledgement, Background Check Acknowledgment, and Offer Letter.</p> <p>Review of Employee file J on 11/18/2020 evidenced the following forms not specific to Omni Home Care but rather to Entity 1: Home Health Personnel File Set-up, Offer Letter, Electronic Signature Agreement, Employee Tuberculosis Screen Form, History &amp; Physical, Employee Influenza Vaccine Virus Consent/Declinations, RN Job Description, Agreement &amp; Consent to Drug and/or Alcohol Testing, On-Going Competency, and Lab Corp.</p> <p>Review of past Employee file N on 11/18/2020 evidenced the following forms not specific to Omni Home Care but rather to Entity 1: Letter of Agreement / Advanced Retention Bonus, RN job description, Disciplinary Counseling Form, Offer Letter, Tuberculosis Screen Form, History &amp; Physical, and Electronic Signature Form.</p> <p>8. The agency failed to ensure the administrative</p>	G 948			

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G 948	Continued From page 18 duties regarding background checks were not delegated to another entity as follows:  Review of employee file B on 11/18/2020 evidenced a background check dated 8/31/2020 that indicated the requester of the report as non-employee X of entity 1.  Review of employee file G on 11/18/2020 evidenced a background check dated 9/21/2020 that indicated the requester of the report as non-employee X of entity 1.	G 948			
G 954	Ensures qualified pre-designated person CFR(s): 484.105(b)(2)  When the administrator is not available, a qualified, pre-designated person, who is authorized in writing by the administrator and the governing body, assumes the same responsibilities and obligations as the administrator. The pre-designated person may be the clinical manager as described in paragraph (c) of this section.  This ELEMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure the Alternate Administrator was authorized in writing by the Executive Director / Administrator and the Governing Body for 1 of 1 home health agency.  Findings include:  A revised 4/1/20 policy titled Organizational Responsibilities and Organizational Charts was provided by the Administrator on 11/17/2020 at 1:56 p.m. The policy indicated, but was not limited to, "Administrative and supervisory functions are not delegated to other organizations	G 954			

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G 954	<p>Continued From page 19</p> <p>or agencies. All services not furnished directly by the agency are monitored and coordinated by the agency ... Supervising and reporting relationships and the relationship of administration and the governing body are clearly defined in these documents ... An Alternate Executive Director is named in writing to assume responsibility when the Executive Director is not available or absent."</p> <p>During entrance conference on 11/16/2020 at 11:13 a.m. the Administrator was asked to identify the Alternate Administrator. The Administrator stated employee B was the full time Alternate. Inquired the whereabouts of the Alternate at that time, to which the Administrator stated he/she was in the building. Informed the Administrator that state information indicated that a different person was listed as the Alternate. The Administrator stated he/she would have to check the records to see if the change was submitted to the state agency. At that time the Administrator stated the past Alternate was available as a "sub" and was with the company, but not the agency. The Administrator then stated the past Alternate was no longer here and employee B was the Alternate Administrator. The Administrator was asked to provide the appointment letters of both the Administrator and Alternate Administrator.</p> <p>The Home Health Agency Report form that was completed by the Administrator on 11/16/2020 at 1:35 p.m. indicated employee B was the Alternate Administrator and the Alternate Clinical Supervisor.</p> <p>A letter addressed to the Indiana State Department of Health dated July 1, 2020 was provided by the Administrator on 11/17/20 at 1:20 p.m. The letter stated, "Effective, June 7, 2020</p>	G 954			

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G 954	Continued From page 20 the following personnel changes occurred for the agency referenced above ... Add - Alternate Administrator [former employee L's name]".  A Joint Written Consent of the Members and Managers in Lieu of a Meeting dated June 25, 2020 was provided by the Administrator on 11/17/2020 at 3:30 p.m. The document indicated, but was not limited to, " ... [non-employee L's name] is hereby appointed as the Alternate Administrator." The document was signed by the President, non-employee P of entity 1.  Received the completed active employee list from the Administrator on 11/16/2020 at 4:00 p.m. The active employee roster evidenced employee B as the active patient care manager.  The Administrator was asked to provide a list of past employees from April of 2020 through July 2020. The Administrator stated employee L was no longer employed and that employee B was hired on 8/30/20 and had not completed 90 days of employment. The agency failed to provide a letter of appointment for employee B as the Alternate and failed to notify the state agency of the change in management.	G 954			
E 000	Initial Comments  An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 484.102.  Survey Date: November 16, 17, and 18, 2020  Facility Number: 004583 Provider Number: 157568	E 000			

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E 000	Continued From page 21 Census = 48  At this Emergency Preparedness survey, Omni Home Care was found in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR choose appropriate program CFR 484.102.	E 000		