

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K074	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER VERTICAL HOME HEALTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1017 14TH STREET , BEDFORD, Indiana, 47421	
(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
G0000	INITIAL COMMENTS This visit was for a complaint investigation of a Home Health Agency. Complaint 32025 - substantiated with findings Facility #: 012617 Dates of Survey: 11/8/2021--11/9/2021 These deficiencies reflect State Findings cited in accordance with 410 IAC 17. QR completed 11/22/2021 A4	G0000		
G0574	Plan of care must include the following CFR(s): 484.60(a)(2)(i-xvi) The individualized plan of care must include the following: (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements;	G0574		

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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G0574	<p>Continued from page 1</p> <p>(x) All medications and treatments;</p> <p>(xi) Safety measures to protect against injury;</p> <p>(xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors.</p> <p>(xiii) Patient and caregiver education and training to facilitate timely discharge;</p> <p>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</p> <p>(xv) Information related to any advanced directives; and</p> <p>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview the agency failed to ensure an individualized plan of care was developed in 1 of 5 patients reviewed. (Patient 4)</p> <p>Findings include:</p> <p>1. An undated policy titled, "Plan of Care," was provided by Employee C on 11/8/2021 at 1:05 p.m. The policy indicated, but was not limited to, "Each patient must receive the home health services that are written in an individualized Plan of Care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. (Periodically reviewed means every 60 days or more frequently when indicated by changes in the patient's condition.)" ... "The client and/or representative shall be informed of any changes in the Plan of Care." ... "Any revision to the Plan of Care due to a change in patient health status must be communicated to the patient, representative (if any), caregiver, and all physicians issuing orders for the HHA (Home Health Agency) Plan of Care."</p> <p>2. A record review on Patient 4 was completed on 11/9/2021 for certification period</p>	G0574		

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G0574	Continued from page 2 7/23/2021—9/20/2021, start of care date 10/12/2017. Physician orders are as follows: Home health aide visits 3-5 hours, 5-7 days a week, The record for Patient 4 indicated an incomplete Plan of Care for certification period 7/23/2021—9/20/2021. Missing DME (Durable Medical Equipment) and Supplies, Safety Measures, Nutritional Requirements, Functional Limitations, Activities Permitted, Mental Status, Prognosis, Problems and Interventions, Goals/Rehabilitation Potential/Discharge Plans and 60-day summary. 3. An interview on 11/9/2021 at 10:25 a.m. with Employee B was completed. Inquired about the plan of care being incomplete, missing several key elements including the DME (durable medical equipment) and supplies, safety measures, nutritional requirements, functional limitations, activities permitted, mental status, prognosis, problems and interventions, goals/rehabilitation, potential discharge plans, and 60-day summary. Employee B could not provide any explanation as to why this information was not included in the plan of care for the certification period reviewed. Employee B was able to provide a complete plan of care for the certification period prior to and immediately after this particular certification period. 17-13-1(a)(1)(D)	G0574		
G0710	Provide services in the plan of care CFR(s): 484.75(b)(3) Providing services that are ordered by the physician or allowed practitioner as indicated in the plan of care; This ELEMENT is NOT MET as evidenced by: Based on record review and interview the agency failed to ensure that home health aide visits were completed as ordered by the physician in the plan of care in 2 of 5 sampled patients reviewed. (Patient 3 and 4) Findings Include: 1. An undated policy titled, "Plan of Care," was provided by Employee C on 11/8/2021 at 1:05 p.m.	G0710		

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G0710	<p>Continued from page 3</p> <p>The policy indicated, but was not limited to, "Each patient must receive the home health services that are written in an individualized Plan of Care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. (Periodically reviewed means every 60 days or more frequently when indicated by changes in the patient's condition.)" ... "The client and/or representative shall be informed of any changes in the Plan of Care." ... "Any revision to the Plan of Care due to a change in patient health status must be communicated to the patient, representative (if any), caregiver, and all physicians issuing orders for the HHA (Home Health Agency) Plan of Care."</p> <p>2. An undated policy titled, "Clinical Documentation," was provided by Employee C on 11/8/2021 at 1:05 p.m. The policy indicated but was not limited to, "Agency will document each direct contact with the client. This documentation will be completed by the direct caregivers and monitored by the skilled professional responsible for managing the client's care." ... "Purpose: To ensure that there is an accurate record of the services provided, client response, and ongoing need for care. To document conformance with the Plan of Care, modifications to the plan, and interdisciplinary involvement." ... "Documentation of services ordered on the plan of care will be completed the day service is rendered and incorporated into the clinical record within seven (7) days after the care has been provided. Services not provided and the reason for missed visits will be documented and reported to the physician."</p> <p>3. A record review on Patient 3 was completed on 11/8/2021 for certification period 8/30/2021—10/28/2021, SOC (start of care) date 7/27/2016. Physician orders are as follows:</p> <p>Home health aide visits for 1-2 hours 1-2 days a week.</p> <p>The record indicated that no home health aide visits were completed the week of 9/5/2021—9/11/2021, 9/19/2021—9/25/2021, 9/26/2021—10/2/2021, 10/3/2021—10/9/2021, 10/10/2021—10/16/2021, and 10/17/2021—10/23/2021.</p>	G0710		

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G0710	<p>Continued from page 4</p> <p>An interview on 11/8/2021 at 4:15 p.m. with Employee B was completed. Upon review of clinical record 3, it was noted multiple missed home health aide visits. Employee B indicated that most visits were missed due to a staffing shortage. Documentation in the medical record indicated patient refusal, not staff unavailable. Indicated that this area of the state is hard to staff. Confirmed that Patient 3 was receiving bi-weekly skilled nursing visits as ordered, just not the home health aide visits.</p> <p>4. A record review on Patient 4 was completed on 11/9/2021 for certification period 7/23/2021—9/20/2021, SOC date 10/12/2017. Physician orders are as follows:</p> <p>Home health aide visits 3-5 hours, 5-7 days a week,</p> <p>The record for Patient 4 indicated missed home health aide visits the week of 7/25/2021—7/31/2021. One visit documented by a home health aide on 7/31/2021 for 1 hour. The record also indicated home health aide visits exceeding the 3-5 hour daily home health aide visit during the certification period of 9/10/2021—9/20/2021. Home health aide visit hours varied from 6 hours a day to 16 hours a day.</p> <p>An interview on 11/9/2021 at 10:25 a.m. with Employee B was completed. Employee B was unable to provide an explanation as to why there were increased home health aide hours daily from 9/10/2021—9/30/2021 with Patient 4. Confirmed the physician order in the plan of care indicated home health aide visits every 5-7 days, 3-5 hours daily. Employee B then confirmed the increase in hours daily during the above time period of 6-16 hours a day. Employee B also confirmed the missed home health aide visits during the week of 7/25/2021—7/30/2021. Unable to provide any further documentation.</p> <p>17-14-1(a)(1)(H)</p>	G0710		