

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  300051837	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  02/18/2022
NAME OF PROVIDER OR SUPPLIER  AMERICAN HOME HEALTH SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE  7895 BROADWAY AVENUE, SUITE G-A, MERRILLVILLE , IN, 46410		
(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>An Emergency Preparedness survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Dates: 2/15/2022, 2/16/2022, 2/17/2022, and 2/18/2022.</p> <p>Facility ID: 004699</p>	E0000	<p><a href="#">The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of the agency.</a></p> <p>The Emergency Preparedness Plan and Hazard Vulnerability Analysis utilizing all-hazard approach were reviewed and revised to make the Emergency Preparedness Plan, and Hazard Vulnerability Analysis specific and individualized to the location of the facility. The Governing Body approved the final copies of the American Home Health Services, Inc. Emergency Preparedness Plan (<b>Exhibit 1</b>) and Hazard Vulnerability Analysis (<b>Exhibit 2</b>) on 02-21-2022. The Administrator and Clinical Supervisor conducted an In-service on 02-22-2022 regarding the Emergency Preparedness Plan and The Hazard Vulnerability Analysis which was attended by all staff. Copies of which will be made available to everyone to reference anytime. It will be the responsibility of the Administrator and the Clinical Supervisor to</p>	2022-03-04

			monitorand ensure the Emergency Preparedness Plan and Hazard Vulnerability Analysisare updated annually and as needed. Emergency Preparedness Plan and HazardVulnerability Analysis updates will be a part of the agenda of the GoverningBody during the meetings to ensure 100% compliance. Date ofcompletion-02-22-2022.	
N0000	Initial Comments  This was a State re-licensure survey for a home health agency conducted by the Indiana Department of Health.  Survey Dates: 2/15/2022, 2/16/2022, 2/17/2022, and 2/18/2022  Facility ID: 004699	N0000		2022-03-04
G0000	This survey was a Federal Re-certification, Focused Infection Control and State licensure survey for a home health agency, conducted by the Indiana Department of Health.  Survey Dates: 2/15/2022, 2/16/2022, 2/17/2022, and 2/18/2022  Facility ID: 004699  This deficiency report reflects State Findings cited in accordance with 410 IAC 17.  American Home Health Services, Inc. is precluded from providing its own home health aide training and competency evaluation for a period of two years from 02/18/2022 - 02/18/2024, due to being found out of compliance with Conditions of Participation 484.70 Infection Prevention and Control.	G0000		2022-03-04

	Quality Review Completed 03/09/2022			
E0004	<p>Develop EP Plan, Review and Update Annually</p> <p>494.62(a)</p> <p>§403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a).</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p>	E0004	<p><a href="#">The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of the agency. The Emergency Preparedness Plan and Hazard Vulnerability Analysis utilizing the all-hazard approach were reviewed and revised to make the Emergency Preparedness Plan (<b>Exhibit 1</b>), and Hazard Vulnerability Analysis (<b>Exhibit 2</b>) specific and individualized to the location of American Home Health Services, Inc. The Governing Body approved on 02-21-2022 the final copies of the Emergency Preparedness Plan and Hazard Vulnerability Analysis; and included is the up-to-date list of staff and key agency contacts such as local health unit, local emergency management team (shelter identification), local enforcement and regional staff (<b>Exhibit 4</b>). The Administrator and Clinical Supervisor conducted an In-service on 02-22-2022 regarding the newly revised Emergency Preparedness Plan with emphasis on the updated All-hazard approach Hazard Vulnerability Analysis identifying the top 10 possible emergency and disaster events that could possibly hit the area, the local authorities and agencies, transportation, and evacuation plan. The In-service was attended by all staff (<b>Exhibit 3</b>). Copies of which will be made available to everyone to reference anytime. It will be the responsibility of the Administrator and the Clinical Supervisor to monitor and ensure the Emergency Preparedness Plan and Hazard Vulnerability Analysis are updated annually and as needed. Emergency Preparedness Plan and Hazard Vulnerability Analysis updates will be a part of the agenda of the Governing Body during the meetings to ensure 100% compliance.</a></p>	2022-02-22

\* [For ESRD Facilities at §494.62(a):]  
Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.

Based on record review and interview, the home health agency failed to develop an emergency preparedness plan that was individualized to the location of the facility.

The findings include:

Record review of an undated agency document titled Emergency Management Policy stated Policy American Home Health Services, Inc. will have an identified plan in place to insure the safety and well-being of clients and employees during periods of an emergency or disaster that disrupts agency services & The plan considers the agency's commitment to provide service while ensuring the safety of its employees and clients. The Agency will implement this Emergency Preparedness Policy as soon as the agency becomes aware of the existence of an emergency & An emergency or human made event that significantly disrupts the environment of care & American Home Health Services, Inc. conducts an analysis to identify potential emergencies and the direct and indirect effects these emergencies may have on agency operations and the demand for services & Purpose To establish guidelines for client care during periods of emergency or disaster & To provide direction and instruction for staff to follow in the event of a life-threatening situation that disrupts delivery of home care services & To establish a structure that identifies the agency's relationship to a community wide emergency management program & Special Instructions 1. Situations that would constitute an emergency include, but are not limited to: a. Adverse weather such as floods, tornadoes, hurricanes, blizzards, and storms & b. Natural disasters & c. Internal emergencies such as communications systems or utilities failure due to outages of telephone and/or electricity & 3. All staff members and volunteers will be oriented to the emergency preparedness plan and their associated responsibilities & 12. Clients

determined to be at risk in their homes would be evacuated to the nearest shelter, if appropriate & 15. An evacuation plan will be developed and communicated to all staff & 16. The emergency plan will identify the links to local community organizations that may be needed to assist the agency in responding to client needs or who may need to utilize agency staff and resources to respond to community needs &."

Record review on 2/15/2022, of the agency's emergency preparedness plan, which was a binder the agency stored in the common area of the office for all to have access to the information, as indicated by clinical manager B. The binder evidenced an agency document titled "Internal Disaster Plan" that stated "Command Center ... [Entity A] ..." Another area of the emergency preparedness plan stated "Emergency Preparedness Guidelines: ... Maintain up-to-date contact lists of staff and key agency contacts such as local health unit, local emergency management team (shelter identification), local law enforcement and Regional, [Entity B] staff ..." Another section titled "Communications" stated "External communications: Notification plans to ensure all outside agencies are notified. This requires the maintenance and distribution of an updated list of all key agencies [i.e. [Entity C], if applicable, the [Entity B] (regional), local emergency management services and City/County Emergency Management Office] ..." Another section of the emergency preparedness plan titled "Comprehensive Emergency Management Plan Checklist" stated "Communication ... Up-to-date contact information of key agencies, local emergency management offices, EMS [emergency medical services], law enforcement, and [Entity B] ..." An area of the agency's emergency preparedness plan binder evidenced a section subtitled "Waivers" which stated "During an emergency event, it may be necessary for regulatory bodies to issue waivers to health care providers to temporarily streamline the process and ensure patients have access to care ... It is important to understand that federal waivers: ... (2) do not waive any [Entity B] regulations, waivers for which much [sic] be requested individually through your Regional Department of Health Office ...."

Review of the agency's emergency

	<p>preparedness binder evidenced Entity A, Entity B, and Entity C were not located in the same state or region as American Home Health Services, Inc. Review evidenced multiple references to Entity B, as previously listed. Review failed to evidence the emergency preparedness plan was developed and individualized to meet the emergent needs for the patients being serviced by American Home Health Services, in Merrillville, Indiana.</p> <p>During an interview on 2/18/2022, at 11:03 AM, clinical manager B indicated the emergency preparedness plan should be individualized to the location of American Home Health Services in Merrillville, Indiana.</p>			
E0006	<p>Plan Based on All Hazards Risk Assessment</p> <p>494.62(a)(1)-(2)</p> <p>§403.748(a)(1)-(2), §416.54(a)(1)-(2), §418.113(a)(1)-(2), §441.184(a)(1)-(2), §460.84(a)(1)-(2), §482.15(a)(1)-(2), §483.73(a)(1)-(2), §483.475(a)(1)-(2), §484.102(a)(1)-(2), §485.68(a)(1)-(2), §485.625(a)(1)-(2), §485.727(a)(1)-(2), §485.920(a)(1)-(2), §486.360(a)(1)-(2), §491.12(a)(1)-(2), §494.62(a)(1)-(2)</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:]</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.*</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p>	E0006	<p>The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of the agency. The Emergency Preparedness Plan and Hazard Vulnerability Analysis utilizing the all-hazard approach were reviewed and revised to make the Emergency Preparedness Plan (<b>Exhibit 1</b>), and Hazard Vulnerability Analysis (<b>Exhibit 2</b>) specific and individualized to the location of the facility. The Governing Body approved the Emergency Preparedness Plan and Hazard Vulnerability Analysis; and included the up-to-date lists of staff (<b>Exhibit 4</b>) and key agency contacts such as local health unit, local emergency management team (shelter identification), local enforcement and regional staff. The Administrator and Clinical Supervisor conducted an In-service on 02-22-2022 with the following topics: American Home Health Services Inc. updated Emergency Preparedness Plan and Hazard Vulnerability Analysis, which was attended by all staff (<b>Exhibit 3</b>). Copies of which will be made available to everyone to reference anytime. It will be the responsibility of the Administrator and the Clinical Supervisor to monitor and ensure the Emergency Preparedness Plan and Hazard Vulnerability Analysis are updated annually and as needed. Emergency Preparedness Plan and Hazard Vulnerability Analysis updates will be a part of the agenda of the Governing Body during the meetings to ensure 100% compliance.</p>	2022-02-22

\* [For Hospices at §418.113(a):] Emergency Plan. The Hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:

(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.

(2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.

\*[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.

(2) Include strategies for addressing emergency events identified by the risk assessment.

\*[For ICF/IIDs at §483.475(a):] Emergency Plan. The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:

(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients.

(2) Include strategies for addressing emergency events identified by the risk assessment.

Based on record review and interview, the home health agency failed to ensure a Hazard Vulnerability Analysis (HVA) was conducted to reflect the probability of events that would occur in the location of the agency.

The findings include:

Record review of an undated agency document titled Emergency Management Policy retrieved on 2/18/2022, stated Policy

American Home Health Services, Inc. will have an identified plan in place to insure the safety and well-being of clients and employees during periods of an emergency or disaster that disrupts agency services & An emergency or human made event that significantly disrupts the environment of care & American Home Health Services, Inc. conducts an analysis to identify potential emergencies and the direct and indirect effects these emergencies may have on agency operations and the demand for services & Purpose To establish guidelines for client care during periods of emergency or disaster & To provide direction and instruction for staff to follow in the event of a life-threatening situation that disrupts delivery of home care services & To establish a structure that identifies the agency's relationship to a community wide emergency management program & Special Instructions 1. Situations that would constitute an emergency include, but are not limited to: a. Adverse weather such as floods, tornadoes, hurricanes, blizzards, and storms & b. Natural disasters & c. Internal emergencies such as communications systems or utilities failure due to outages of telephone and/or electricity &.

Record review on 2/15/2022, of the agencies emergency preparedness binder evidenced an area subtitled "Hazard Vulnerability Analysis Worksheet" that stated "Instructions: ... Please review each potential event in the worksheet and assign numbers evaluating ... 1) the probability of that event happening ... 2) how disruptive that event happening ... 3) how prepared your agency is ... This worksheet will help you prioritize and develop your plan based on the risks identified ...."

Review of the agencies emergency preparedness plan, evidenced agency document titled "Hazard Vulnerability Analysis Worksheet" which was a spreadsheet of all hazards events including, but not limited to flooding, fire, ice/snow and hurricane. The Hazard Vulnerability Analysis Worksheet rated flooding and fire as a low probability, and ice/snow and hurricane as a high probability in the region of Northwest Indiana.

Review of the website "www.lakecounty.in.gov" evidenced a link to



	<p>Plan" which was last updated in December 2018. This document indicated flooding and ice/snow was a severe/high probability, and flooding was a moderate probability. Review of this document failed to evidence hurricane was a probable hazardous event for the areas being serviced by American Home Health Services. Review failed to evidence the Hazard Vulnerability Analysis was individualized to the location of the home health agency and the area where patient's were being serviced.</p> <p>During an interview on 2/18/2022, at 10:59 AM, clinical manager B indicated common hazardous events for the region surrounding the agency included but were not limited to winter weather, tornadoes, and heat waves. The clinical manager indicated hurricanes were not common for Indiana.</p>			
E0017	<p>HHA Comprehensive Assessment in Disaster 484.102(b)(1)</p> <p>§484.102(b)(1) Condition for Participation:</p> <p>[(b) Policies and procedures. The HHA must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years.</p> <p>At a minimum, the policies and procedures must address the following:]</p> <p>(1) The plans for the HHA's patients during a natural or man-made disaster. Individual plans for each patient must be included as part of the comprehensive patient assessment, which must be conducted according to the provisions at §484.55.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure each patient was provided with an individualized emergency preparedness plan for 7 of 7 clinical records where a home visit was conducted. (#1, #2, #3, #4, #5, #6, #7)</p> <p>The findings include:</p>	E0017	<p>The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of the agency. During the meeting, the Admission / Initial Visit Checklist, the Clinical Chart Review, and the Individualized Emergency Plan in the home folder of the patient were reviewed, revised, and approved on 02-21-2022 for immediate use effective 02-22-2022. In the Admission / Initial Visit Checklist (<b>Exhibit 6</b>), item- 10. h. was added to include Individualized Emergency Preparedness Care Plan completed: in the home folder with the completion date which needs to be filled up signed and dated by the admitting discipline (SN/PT) to attest that the individualized emergency preparedness plan in the home folder was finalized by the admitting discipline (SN/PT) with the patient/PCG at the time admission / start of care (SOC). The Clinical Chart Review (<b>Exhibit 7</b>) was revised to include the item- B-10: Inclusion of Emergency &amp; Disaster Plan specific to client's location as part of the plan of treatment; and the Individualized Emergency Plan (<b>Exhibit 8</b>) in the home folder was revised to include the local emergency agencies, transportation evacuation plan and emergency shelter specific to the area of the patient to provide instructions and ensure safety during emergency and disaster. It will be the responsibility of the admitting SN/PT with the patient/PCG to complete the home folder Individualized Emergency Preparedness Plan at the time of admission/SOC; the Admission/Initial</p>	2022-02-28

1. Record review of an undated agency document titled Emergency Management Policy retrieved on 2/18/2022, stated Policy American Home Health Services, Inc. will have an identified plan in place to insure the safety and well-being of clients and employees during periods of an emergency or disaster that disrupts agency services & The plan considers the agency's commitment to provide service while ensuring the safety of its employees and clients & An emergency or human made event that significantly disrupts the environment of care & Purpose To establish guidelines for client care during periods of emergency or disaster & To provide direction and instruction for staff to follow in the event of a life-threatening situation that disrupts delivery of home care services & Special Instructions 1. Situations that would constitute an emergency include, but are not limited to: a. Adverse weather such as floods, tornadoes, hurricanes, blizzards, and storms & b. Natural disasters & c. Internal emergencies such as communications systems or utilities failure due to outages of telephone and/or electricity & h. Staffing shortages & 12. Clients determined to be at risk in their homes would be evacuated to the nearest shelter, if appropriate & 15. An evacuation plan will be developed and communicated to all staff & 16. The emergency plan will identify the links to local community organizations that may be needed to assist the agency in responding to client needs or who may need to utilize agency staff and resources to respond to community needs &.

2. Record review of an undated agency policy titled Plan of Treatment retrieved on 2/18/2022, stated Policy Home care services are furnished under the supervision and direction of the client's physician. The plan of treatment is based on a comprehensive assessment and information provided by the client/family and health team members & Purpose To provide guidelines for agency staff to develop a plan of treatment individualized to meet specific identified needs & To reflect client's ability to make choices and actively participate in establishing and following the plan designated to attain personal health goals & Special Instructions & 2. The Plan of treatment shall be completed in full to include: & o. Instructions to client/caregiver, as applicable & t. Other items such as

Visit Checklist will be completed by the admitting SN/PT as well. On 02-22-2022, In-service (**Exhibit 3**) was conducted by the Clinical Supervisor and Administrator regarding the Emergency Preparedness Plan policies and procedures of the agency. Meanwhile, on 02-28-2022, all active patients' home folder were updated with the new individualized Emergency Preparedness Plan completed by the patient and the Skilled Nurse (SN) assigned with the assistance of the Physical Therapist that facilitated the implementation of the plan of action. And all active patients' plan of treatment were updated regarding individualized emergency preparedness plan/transportation and evacuation plan. The Quality Assurance Coordinator and Clinical Supervisor will strictly monitor inclusion of the emergency preparedness plan in the plan of care with the evacuation plan/transportation and emergency shelter specific to patient location/address utilizing the newly revised Clinical Chart review to ensure 100% compliance.

disaster and emergency preparedness/plan & u. All of the above items must always be addressed on the Plan of treatment & 9. Professional staff should be provided a copy to be reviewed with the patient or patient representative &

3. Observation of a home visit was conducted on 02/16/2022 at 9:00 AM, with patient #1, start of care 01/18/2022, and Home Health Aide (HHA) F. During this home visit at 9:47 AM the patient s home health agency home folder was reviewed. Review of patient #1 s home folder evidenced general tips and guidelines for weather alerts including but not limited to heatwave, winter storms, and floods. The home folder evidenced a document which indicated areas for the patient or clinician to fill out, to include, phone numbers for emergency contact, physician, DME [durable medical equipment], and pharmacy. The patient s home folder failed to evidence specific evacuation plans, to include, but not be limited to, transportation and shelter information in the event of an emergency.

Clinical record review on 2/18/2022, for patient #1, start of care 1/18/2022, diagnoses include but were not limited to spinal stenosis (narrowing of the spaces within the spine), chronic pain and hypertension (high blood pressure), evidenced an agency document titled Home Health Certification and Plan of Treatment for certification period 1/18/2022 3/18/2022, which was signed by the physician on 1/20/2022. Review of this document failed to evidence an emergency preparedness/disaster plan, created from the comprehensive assessment as stated in the agency policy.

4. Observation of a home visit was conducted on 02/16/2022 at 3:55 PM, with patient #2, start of care 2/1 2022, and administrator A. During this home visit at 4:37 PM the patient s home health agency home folder was reviewed. Review of patient #2 s home folder evidenced general tips and guidelines for weather alerts including but not limited to heatwave, winter storms, and floods. The home folder evidenced a document which indicated areas for the patient or clinician to fill out, to include, phone numbers for emergency contact, physician, DME, and pharmacy. The patient s home folder failed to evidence specific evacuation plans, to include, but not

be limited to, transportation and shelter information in the event of an emergency.

Clinical record review on 2/18/2022, for patient #2, start of care 2/1/2022, primary diagnosis of hypertension, evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 2/1/2022 - 4/1/2022, which was signed by the physician on 2/10/2022. Review of this document failed to evidence an emergency preparedness/disaster plan, created from the comprehensive assessment as stated in the agency policy.

5. Observation of a home visit was conducted on 02/16/2022 at 9:00 AM, with patient #3, start of care 12/13/2021, and administrator A. During this home visit at 9:20 AM the patient's home health agency home folder was reviewed. Review of patient #3's home folder evidenced general tips and guidelines for weather alerts including but not limited to heatwave, winter storms, and floods. The home folder evidenced a document which indicated areas for the patient or clinician to fill out, to include, phone numbers for emergency contact, physician, DME, and pharmacy. The patient's home folder failed to evidence specific evacuation plans, to include, but not be limited to, transportation and shelter information in the event of an emergency.

Clinical record review on 2/18/2022, for patient #3, start of care 12/13/2021, primary diagnosis of spondylosis [age related degeneration of the bones in the spine], evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 12/13/2022 - 2/10/2022, which was signed by the physician on 12/22/2021. Review of this document failed to evidence an emergency preparedness/disaster plan, created from the comprehensive assessment as stated in the agency policy.

6. Clinical record review on 2/18/2022, for patient #4, start of care 1/21/2022, primary diagnosis of hydronephrosis [condition of excess fluid in a kidney due to a backup of urine], evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 1/21/2022 - 3/21/2022, which was signed by the physician on 1/25/2022. Review of this document failed to evidence an emergency

	<p>preparedness/disaster plan, created from the comprehensive assessment as stated in the agency policy.</p> <p>7. Clinical record review on 2/18/2022, for patient #5, start of care 1/15/2021, primary diagnosis of osteoarthritis of the right knee (type of arthritis that occurs when flexible tissue at the ends of the bone wears down), evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 1/10/2022 - 3/10/2022, which was signed by the physician on 1/24/2022. Review of this document failed to evidence an emergency preparedness/disaster plan, created from the comprehensive assessment as stated in the agency policy.</p> <p>8. Clinical record review on 2/18/2022, for patient #6, start of care 10/15/2021, primary diagnosis of dementia, evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 12/14/2021 - 2/11/2022, which was signed by the physician on 12/16/2021. Review of this document failed to evidence an emergency preparedness/disaster plan, created from the comprehensive assessment as stated in the agency policy.</p> <p>9. Clinical record review on 2/18/2022, for patient #7, start of care 1/12/2021, primary diagnosis of Type 2 Diabetes with hyperglycemia (high blood sugar), evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 9/9/2021 - 11/7/2021, which was signed by the physician on 9/20/2021. Review of this document failed to evidence an emergency preparedness/disaster plan, created from the comprehensive assessment as stated in the agency policy.</p> <p>10. During an interview on 2/18/2022, at 10:51 AM, when queried where the patient's individualized emergency preparedness plans were kept, administrator A indicated phone numbers for different shelters in the area are in the patient's home folders. Clinical manager B indicated if a patient needed to be relocated, it is usually to the home of the patient's next of kin.</p>			
E0031	Emergency Officials Contact Information	E0031	The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a	2022-02-28

	<p>494.62(c)(2)</p> <p>§403.748(c)(2), §416.54(c)(2), §418.113(c)(2), §441.184(c)(2), §460.84(c)(2), §482.15(c)(2), §483.73(c)(2), §483.475(c)(2), §484.102(c)(2), §485.68(c)(2), §485.625(c)(2), §485.727(c)(2), §485.920(c)(2), §486.360(c)(2), §491.12(c)(2), §494.62(c)(2).</p> <p>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following:</p> <p>(2) Contact information for the following:</p> <p>(i) Federal, State, tribal, regional, and local emergency preparedness staff.</p> <p>(ii) Other sources of assistance.</p> <p>*[For LTC Facilities at §483.73(c):] (2) Contact information for the following:</p> <p>(i) Federal, State, tribal, regional, and local emergency preparedness staff.</p> <p>(ii) The State Licensing and Certification Agency.</p> <p>(iii) The Office of the State Long-Term Care Ombudsman.</p> <p>(iv) Other sources of assistance.</p> <p>*[For ICF/IIDs at §483.475(c):] (2) Contact information for the following:</p> <p>(i) Federal, State, tribal, regional, and local emergency preparedness staff.</p> <p>(ii) Other sources of assistance.</p> <p>(iii) The State Licensing and Certification Agency.</p> <p>(iv) The State Protection and Advocacy Agency.</p> <p>Based on record review, and interview, the home health agency failed to ensure the emergency preparedness plan included the contact information for local officials in the event of an emergency.</p>	<p>plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of the agency. During the meeting, the Emergency Management Policy, was reviewed to ensure the safety and wellbeing of clients and employees during emergency or disaster that may disrupt the provision of services. The Admission / Initial Visit Checklist, the Clinical Chart Review, and the Individualized Emergency Plan in the home folder of the patient were reviewed, revised, and approved on 02-21-2022 for immediate use effective 02-22-2022. In the Admission/ Initial Visit Checklist (<b>Exhibit 6</b>), item- 10. h. was added to include Individualized Emergency Preparedness Care Plan completed in the home folder with the completion date which needs to be filled up signed and dated by the admitting discipline (SN/PT) to attest completion of the individualized Emergency Preparedness Care plan in the home folder, finalized by the admitting discipline (SN/PT) with the patient/PCG at the time admission / start of care (SOC). The Clinical Chart Review (<b>Exhibit 7</b>) was revised to include the item- B-10: Inclusion of Emergency &amp; Disaster Plan specific to client's location as part of the plan of treatment; and the Individualized Emergency Plan (<b>Exhibit 8</b>) in the home folder was revised to include the local emergency agencies, transportation evacuation plan and emergency shelter specific to the area of the patient to provide instructions and ensure safety during emergency and disaster. It will be the responsibility of the admitting SN/PT with the patient/PCG to complete the home folder Individualized Emergency Preparedness Plan at the time of admission/SOC. The Admission/Initial Visit Checklist will be completed by the admitting SN/PT as well. On 02-22-2022, In-service was conducted regarding the Emergency Preparedness Plan policies and procedures of the agency (<b>Exhibit 3</b>). Meanwhile, on 02-28-2022, all active patients home folder were updated with the new individualized Emergency Preparedness Care Plan completed by the patient and the Skilled Nurse (SN) assigned with the assistance of the Physical Therapist that facilitated the implementation of the plan of action. All old home folders preprinted were discarded and printed new ones for new patient admission; and all active patients' plan of treatment were updated regarding individualized emergency preparedness plan/transportation and evacuation plan. The Quality Assurance Coordinator and Clinical Supervisor will strictly monitor inclusion of the emergency preparedness plan in the plan of care with the evacuation plan transportation and emergency shelter specific to patient location/address utilizing the newly revised Clinical Chart review to ensure 100%</p>	
--	---	---	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

	<p>The findings include:</p> <p>Record review of an undated agency document titled Emergency Management Policy retrieved on 2/18/2022, stated Policy American Home Health Services, Inc. will have an identified plan in place to insure the safety and well-being of clients and employees during periods of an emergency or disaster that disrupts agency services &amp; The plan considers the agency's commitment to provide service while ensuring the safety of its employees and clients. The Agency will implement this Emergency Preparedness Policy as soon as the agency becomes aware of the existence of an emergency &amp; Purpose To establish guidelines for client care during periods of emergency or disaster &amp; To provide direction and instruction for staff to follow in the event of a life-threatening situation that disrupts delivery of home care services &amp; To establish a structure that identifies the agency's relationship to a community wide emergency management program &amp; 12. Clients determined to be at risk in their homes would be evacuated to the nearest shelter, if appropriate &amp; 16. The emergency plan will identify the links to local community organizations that may be needed to assist the agency in responding to client needs or who may need to utilize agency staff and resources to respond to community needs &amp;..."</p> <p>Record review was conducted of the agency's emergency preparedness binder on 02/15/2022. Clinical manager B indicated this binder was stored in an agency common area for staff to review information at their leisure. The emergency preparedness binder failed to evidence the contact information for local officials in the event of an emergency, as required by federal regulations and agency policy.</p> <p>During an interview on 2/18/2022, at 10:51 AM, clinical manager B indicated the information for local emergency officials was not in the emergency preparedness binder at the time of review, but stated "Will get them in there now."</p>		compliance.	
N0458	Home health agency administration/management	N0458	The Governing Body immediately held an emergency meeting on	2022-02-22

<p>410 IAC 17-12-1(f)</p> <p>Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:</p> <ol style="list-style-type: none"> <li>(1) Receipt of job description.</li> <li>(2) Qualifications.</li> <li>(3) A copy of limited criminal history pursuant to IC 16-27-2.</li> <li>(4) A copy of current license, certification, or registration.</li> <li>(5) Annual performance evaluations.</li> </ol> <p>Based on record review and interview, the home health agency failed to ensure all employee records contained pertinent information, including but not limited to a signed job description and criminal background check as required for 3 of 7 personnel records reviewed. (employee A, C, E)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Record review of an undated agency policy titled Personnel Records retrieved on 2/18/2022, stated Policy Personnel files will be established and maintained for all personnel &amp; Purpose To provide a mechanism for maintaining accurate, complete, and current personnel information &amp; Special Instructions 1. Personnel Records: The personnel record for an employee will include, but not be limited to:             <ol style="list-style-type: none"> <li>a. Pre-employment Information: &amp; Criminal history and background checks as required by law &amp; b. &amp; Signed job description &amp;.</li> </ol> </li> </ol>	<p>02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the meeting, policies and procedures On Personnel Records was reviewed, including the personnel file checked by the surveyor. During review, the Job Description signed by the Administrator(A) on 12/31/2020 (<b>Exhibit. 58</b>) was included in the minutes of the meeting for the Governing Body during that day, and the Alternate Clinical Manager (C) job description effective (12-03-2021) (<b>Exhibit. 59</b>) was attached to the minutes of the meeting of the Governing Body held on 12-31-2022. Both job descriptions of personnel A &amp; C were then attached to the employee personnel file for compliance. For Employee E, as stated during the survey, was formerly a contract employee with a Criminal Background check on file dated 06-19-2013 (<b>Exhibit. 60</b>) provided by St. John Therapy Services, Inc. Since St. John Therapy Services, Inc did not yet send the agency a copy of the new contract, Employee E necessitated to complete an application to continue employment as a Physical Therapist of American Home Health Services, Inc. To</p>
---	--



2. Personnel record review on 2/18/2022, for administrator A, date of hire 12/3/2005, evidenced an agency document titled Job Description: Physical Therapist signed on 12/31/2020. The employee file failed to evidence a signed job description for the employee's position as the agency's administrator.

During an interview on 2/18/2022, at 11:10 AM, clinical manager B indicated if an employee held more than one position at the home health agency, both or all job descriptions would be kept in the employee's personnel file.

3. Personnel record review on 2/18/2022, for alternate clinical manager C, date of hire 10/29/2019, evidenced an agency document titled Job Description: Clinical Supervisor signed on 1/1/2021. Record review evidenced another agency document titled Job Description: Skilled Nurse/Registered Nurse which was signed on 1/4/2021. Review of the employee file failed to evidence a job description for the role as the agency's alternate clinical manager.

During an interview on 2/18/2022, at 11:14 AM, clinical manager B, indicated the positions were just changed and forgot to switch documentation in the personnel files.

4. Personnel record review on 2/18/2022, for physical therapist (PT) E, date of hire 1/5/2021, evidenced a first patient contact date of 1/25/2021. Record review evidenced a document titled National Criminal and Offense Report which had a reported date of 2/25/2021. Review failed to evidence the criminal background check was performed prior to first patient contact.

During an interview on 2/18/2022, at 11:06 AM, clinical manager B indicated background checks are sent prior to first patient visit.

During an interview on 2/18/2022, at 11:15 AM, administrator A indicated PT E was formerly a contract employee and did not complete a background check per the Indiana State regulations prior to his first patient contact as an American Home Health Services employee.

avoid such deficiencies and to ensure 100% compliance to the policies and procedures pertaining to the Personnel File, the Employee Records Checklist was revised by the Governing Body during the meeting to include the item A-24a: Job Description/s- as \_\_\_\_\_ signed and dated, and item A24b- JD for other positions held

\_\_\_\_\_ signed and dated for those personnel who hold more than 1 position, item 24c-b Updated JD as needed:

\_\_\_\_\_ signed and dated and item A31- National Criminal History & Background Check\* a : Completed Finger Printing- Identogo prior to first patient contact. The newly revised Employee Records Checklist (**Exhibit.61**) was approved by the Governing Body on 02-21-2022. The Administrator and the Clinical Manager shall be responsible to audit all employee records starting on 02-22-2022 using the newly revised Employee Records Checklist to ensure all personnel records are up-to-date and shall be used for new applicants on wards and ensure 100 % compliance.

<p>N0460</p>	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(g)</p> <p>Rule 12 Sec. 1(g) As follows, personnel records of the supervising nurse, appointed under subsection (d) of this rule, shall:</p> <p>(1) Be kept current.</p> <p>(2) Include a copy of the following:</p> <p>(A) Limited criminal history pursuant to IC 16-27-2.</p> <p>(B) Nursing license.</p> <p>(C) Annual performance evaluations.</p> <p>(D) Documentation of orientation to the job.</p> <p>Performance evaluations required by this subsection must be performed every nine (9) to fifteen (15) months of active employment.</p> <p>Based on record review and interview, the home health agency failed to ensure the clinical manager employee record contained pertinent information, including but not limited to a signed job description as required for 1 of 1 clinical manager personnel records reviewed. (B)</p> <p>The findings include:</p> <p>Record review of an undated agency policy titled Personnel Records retrieved on 2/18/2022, stated Policy Personnel files will be established and maintained for all personnel &amp; Purpose To provide a mechanism for maintaining accurate, complete, and current personnel information &amp; Special Instructions 1. Personnel Records: The personnel record for an employee will include, but not be limited to: b. Employment Information &amp; Signed job description &amp;.</p> <p>Personnel record review on 2/18/2022, for clinical manager B, date of hire 1/4/2021,</p>	<p>N0460</p>	<p>The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the meeting, policies and procedures on Personnel Records was reviewed, including the personnel files checked by the surveyor. During review, the Job Description signed and dated by the new Clinical Supervisor (B) (<b>Exhibit.62</b>) on 12/03/2021 as approved by the Indiana State Department of Health letter dated 12-03-2021 (<b>Exhibit.63</b>) was attached to the minutes of the meeting of the Governing Body on 12-31-2021. The said job description of Clinical Manager (B) was then attached to the employee personnel file for compliance. To avoid such deficiency and to ensure 100% compliance to the policies and procedures pertaining to the Personnel File, the Employee Records Checklist was revised by the Governing Body during the meeting to include the item A-24a: Job Description/s- as _____ signed and dated, item A24b- JD for other positions held _____ signed and dated for those personnel who hold more than 1 position, and item 24c-b Updated JD as needed: _____ signed a&amp;</p>	<p>2022-02-22</p>
--------------	---	--------------	--	-------------------

	<p>evidenced an agency document titled "Job Description: Alternate Clinical Manager" signed on 1/8/2021. Record review failed to evidence a signed job description for the employee's role as the home health agency's clinical manager.</p> <p>During an interview on 2/18/2022, at 11:10 AM, the clinical manager indicated if more than one position is held by an employee, a job description for all positions would be in the employee's personnel file.</p> <p>During an interview on 2/18/2022, at 11:14 AM, clinical manager B indicated the clinical manager and alternate clinical manager positions were just switched and forgot to change the documentation in the personnel files. The clinical manager indicated the positions were switched in December 2021 (2 months prior to the survey).</p>		<p>dated. The newly revised Employee Records Checklist (<b>Exhibit.64</b>) was approved by the Governing Body on 02-21-2022. The Administrator and the Clinical Manager shall be responsible to audit all employee records starting on 02-22-2022 utilizing the newly revised Employee Records Checklist to ensure all personnel records are up-to-date and shall be use for new applicants onwards and ensure 100 % compliance.</p>	
N0488	<p>Q A and performance improvement</p> <p>410 IAC 17-12-2(i) and (j)</p> <p>Rule 12 Sec. 2(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least fifteen (15) calendar days before the services are stopped.</p> <p>(j) The fifteen (15) day period described in subsection (i) of this rule does not apply in the following circumstances:</p> <p>(1) The health, safety, and/or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency continued to provide services to the patient.</p> <p>(2) The patient refuses the home health agency's services.</p> <p>(3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home health agency informs the patient of community resources to assist the patient following discharge; or</p> <p>(4) The patient no longer meets applicable regulatory criteria, such as lack of physician's</p>	N0488	<p>The Governing Body immediately convened an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the survey, on 02-15-2022, the admission booklet page 55 document entitled Client Discharge Process item 9b- Notification shall be made 5 days prior to discharge as opposed to the Administrative Policies and Procedures regarding Client Discharge Process provided to the surveyor from pages 190-191 on the Administrative Policies and Procedures which states only Item 9-b. Notification shall be made 15 days prior to discharge.</p>	2022-02-22

patient of community resources to assist the patient following discharge.

Based on observation, record review, and interview, the home health agency failed to ensure a 15 day discharge notice policy was provided to for 3 of 3 patient home visits conducted. (#1, #2, #3)

The findings include:

1. Record review of the Agency's admission booklet, received on 2/15/2022, and was indicated to be ready for patient use by clinical manager B, evidenced a document titled Client Discharge Process on page 55 of the booklet. The document stated Discharge Planning is initiated for every home care client at the time of the client's admission for home care. The transfer process is based on the client's assessed needs & Discharge Procedure: & 9. To avoid charges of abandonment at the time of discharge agency documentation will include the following: & b. Notification shall be made 5 days prior to discharge &.

2. Record review of an undated agency titled Client Discharge Process retrieved on 2/18/2022, stated Discharge Planning is initiated for every home care client at the time of the client's admission for home care. The transfer process is based on the client's assessed needs & Discharge Procedure: & 9. To avoid charges of abandonment at the time of discharge agency documentation will include the following: & b. Notification

The Client Discharge Process on the Admission Booklet item 9-b (**Exhibit. 65**) was then immediately updated as follows: 9-b: Notification shall be made 15 days prior to discharge. Thenewly updated copies of the Client Discharge Process on the admission booklets/ home folders werethen provided immediately to replace the old Client Discharge Process startingfrom patients' home folders (admission Booklets) during the surveyor's homevisits for patients #1, #2, and #3. Patients and representatives were giveninstructions regarding the fifteen (15) days notification requirement prior todischarge. All new admission booklets preprinted were updated with the newlyrevised page entitled ClientDischarge Process. The rest of the 13 active patients were provided on02-21-2022 with the same copies and were informed about the newly revisedClient Discharge Process by the Skilled Nurses with the assistance of PhysicalTherapists to facilitate the process. Template of the newly revised admissionbooklet was saved in a PDF form to avoid unwarranted changes on the admissionbooklet. It shall be the responsibility ofthe Clinical Manager and the Administrator to ensure admission packets are upto date to ensure 100% compliance.

Review failed to evidence the patient home information folder contained the same information as the policy. Review evidenced the patients were informed of a 5 day discharge notice.

3. An observation of a home visit was conducted on 2/16/2022, at 9:00 AM, for patient #1, start of care 1/18/2022, and Home Health Aide (HHA) F was observed providing a bath. At 9:47 AM, the patient's home folder was reviewed for the required information and evidenced the document titled "Client Discharge Process" which stated "... Notification shall be made 5 days prior to discharge ...." Review failed to evidence the patient was given the correct information for discharge at time of admission, which would be a 15 day discharge notice.

4. An observation of a home visit was conducted on 2/16/2022, at 3:55 PM, for patient #2, start of care 2/1/2022. During the home visit, administrator/physical therapist (PT) A, provided a physical therapy session. At 4:37 PM, the patient's home folder was reviewed for the required information and evidenced the document titled "Client Discharge Process" which stated "... Notification shall be made 5 days prior to discharge ...." Review failed to evidence the patient was given the correct information for discharge at time of admission, which would be a 15 day discharge notice.

5. An observation of a home visit was conducted on 2/17/2022, at 9:00 AM, for patient #3, start of care 12/13/2021. During the home visit, Registered Nurse (RN) G provided skilled nursing services. At 9:20 AM, the patient's home folder was reviewed for the required information and evidenced the document titled "Client Discharge Process" which stated "... Notification shall be made 5 days prior to discharge ...." Review failed to evidence the patient was given the correct information for discharge at the time of admission, which would be a 15 day discharge notice.

6. During an interview on 2/15/2022, at 4:40 PM, clinical manager B indicated they will update patient information to indicate a 15 day discharge notice.

G0536	<p>A review of all current medications</p> <p>484.55(c)(5)</p> <p>A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure the clinical record for each patient was accurate and current for 1 of 3 patient home visits conducted. (#1)</p> <p>The findings include:</p> <p>Record review of an undated agency policy titled Plan of Treatment retrieved on 2/18/2022, stated Policy Home care services are furnished under the supervision and direction of the clients physician. The plan of treatment is based on a comprehensive assessment and information provided by the client/family and health team members &amp; The plan will be consistently reviewed to ensure that client needs are met, and will be updated as necessary, but at least every 60 days &amp; Purpose To provide guidelines for agency staff to develop a plan of treatment individualized to meet specific identified needs &amp; Special Instructions &amp; 2. The Plan of treatment shall be completed in full to include: &amp; l. Medications, treatments, and procedures &amp; o. Instructions to client/caregiver, as applicable &amp; u. All of the above items must always be addressed on the Plan of treatment &amp;.</p> <p>Record review of the agency s home folder on 2/15/2022, evidenced an agency document titled Patient s Rights and Responsibilities which stated All patients and patients representatives of American Home Health Services, Inc. have the right to be informed in advance of the services provided by the Agency and their responsibilities related to home health services. All information shall be provided in a manner understandable to the person &amp; A. Patient s Rights: As a part of American Home Health Services, you have the right to:</p> <ol style="list-style-type: none"> <li>1. Be fully informed in advance about the care and treatment to be furnished including the skilled staff that will furnish the care and the proposed number of visits they will make to your home &amp;.</li> </ol>	G0536	<p>The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the meeting, the policy pertaining to the Plan of Treatment, was reviewed as well as all charts of active patients that were checked by the surveyor. Voltaren Gel, a medication that was prescribed by physician on 01/20/2022, telephone order was sent together with the updated medication profile to include the new medication for signature and approval, and which was signed and received back on 01-20-2022 (<b>Exhibit 9</b>). With regards to the over-the-counter Vitamin A &amp; D ointment that was found at the patient's home on 02-16-2022 at 9:47 am that was not included in the patient's current medication profile, SN involved in her care was asked by the Clinical Supervisor. SN claimed that as per patient this is a new over-the-counter medication of the patient, which was noted during SN visit on 02-17-2022. Physician was notified and approved use of the OTC Vitamin A &amp; D ointment to be applied thinly daily PRN to rashes and reddened pressure areas with an order dated 02-17-2022 (<b>Exhibit 10</b>) together with the updated medication list which was signed and dated 03/14/2022 attached to EMR, medication list updated, and instructions provided by SN as to dose, frequency, use/indication and proper application to maximize efficacy of the medication. In-service was conducted by the Clinical Supervisor and the Administrator on 02-22-2022 regarding Policies and Procedures on Plan of treatment, Patient's rights and Responsibilities, <a href="#">Medication Profile, and Medication Management</a> (<b>Exhibit. 11</b>) with emphasis on the need to review current medications of patient during each visit, the need to notify physician regarding new medications or new changes noted during the visit to update and/or obtain approval thru a telephone order duly signed and dated by the physician, and the need to update both medication list on EMR and patient medication list in the home folder as ordered to provide accurate instructions to patient, caregivers, and everyone involved in the care especially on PRN use of medications. To ensure compliance, the Governing Body approved the revision of the Clinical Chart Review during the meeting held on 02-19-2022. Final copy of the Clinical Chart Review audit tool was approved on 02-21-2022 (<b>Exhibit 12</b>) showing the following items: item B-2: Medications complete, PRN use indicated, &amp; at par w/ diagnoses; item E-1: All medications, dose, route, frequency, PRN use reconciled with patient and Physician; item E-2: Updated medication list on EMR and home folder every visit; item F-8: Medication as to dose, route, frequency, with PRN use reconciled with</p> <p>2022-02-22</p>
-------	---	-------	--

	<p>Observation was conducted of a home visit on 02/16/2022, at 9:00 AM, with patient #1, start of care 01/18/2022, and Home Health Aide (HHA) F. During this home visit patient #1's home health agency home folder was observed next to a tube of Voltaren gel [Non Steroidal Anti Inflammatory Drug (NSAID) topical gel] and A&amp;D ointment [topical skin protectant containing zinc and dimethicone]. Record review of the home folder at 9:47 AM evidenced a document titled Medication Profile which failed to indicate the patient's use of Voltaren gel and A&amp;D ointment. Review of the patient's medication profile failed to evidence the topical ointments evidenced in his/her home.</p> <p>Clinical record review on 2/18/2022, for patient #1, diagnoses include but were not limited to spinal stenosis (narrowing of the spaces within the spine), chronic pain and hypertension (high blood pressure), evidenced an agency document titled Home Health Certification and Plan of Treatment for certification period 1/18/2022 3/18/2022, which was signed by the physician on 1/20/2022. This document had an area subtitled 10. Medications: Dose/Frequency/Route &amp; which failed to evidence Voltaren gel and A&amp;D ointment listed.</p> <p>Record review of an agency document titled "Medication Profile" which was received on 2/15/2022, and was indicated to be a list of the patient's active medications. This document indicated the patient was taking Voltaren topical gel twice a day to the left knee, as needed for pain. Review of the clinical record failed to evidence A&amp;D topical ointment.</p> <p>During an interview on 2/18/2022, at 11:43 AM, clinical manager B indicated patients are made aware of medication instructions from the medication list in the home and reviewed with the patient at every visit.</p> <p>During an interview on 2/18/2022, at 11:49 AM, clinical manager B indicated Voltaren gel and A&amp;D ointment were recently added for the patient.</p> <p>410 IAC 17-14-1(a)(1)(B)</p>		<p>patient and MD. It shall be used by the Quality Assurance Coordinator and Clinical Supervisor to audit charts to guarantee completeness of the clinical records and review of medication every visit and to ensure medication lists both in the home folder and EMR are updated accordingly. Notice the updated medication profile on <b>exhibit 10 page 2 and page 3</b>, how the PRN medication are supposed to be taken by the patient now flows on the medication list of the patient as printed out from the EMR which is the same copy provided to the patient to be attached to the home folder for everyone involved in the care to reference. All charts of active patients were also reviewed using the newly revised Clinical Chart Review audit tool starting on 02-22-2022 to ensure that the medication profile of patients are updated as ordered on the EMR and medication profile of patients in the home folder are current. It shall be the responsibility of the Clinical Supervisor to monitor strict 100% compliance to ensure medication review are done every SN visit and medication profile on the EMR and patient's home folder are updated every time a new medication or change of medication.</p>	
G0574	Plan of care must include the following	G0574	The Governing Body immediately held an emergency meeting on 02-19-2022 to address	2022-02-22

<p>484.60(a)(2)(i-xvi)</p> <p>The individualized plan of care must include the following:</p> <ul style="list-style-type: none"> <li>(i) All pertinent diagnoses;</li> <li>(ii) The patient's mental, psychosocial, and cognitive status;</li> <li>(iii) The types of services, supplies, and equipment required;</li> <li>(iv) The frequency and duration of visits to be made;</li> <li>(v) Prognosis;</li> <li>(vi) Rehabilitation potential;</li> <li>(vii) Functional limitations;</li> <li>(viii) Activities permitted;</li> <li>(ix) Nutritional requirements;</li> <li>(x) All medications and treatments;</li> <li>(xi) Safety measures to protect against injury;</li> <li>(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.</li> <li>(xiii) Patient and caregiver education and training to facilitate timely discharge;</li> <li>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</li> <li>(xv) Information related to any advanced directives; and</li> <li>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.</li> </ul> <p>Based on record review, and interview, the home health agency failed to ensure the plan of care contained patient specific indications for all medications prescribed for 6 of 7 clinical records reviewed. (#1, #2, #3, #4, #6, #7)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Record review of an undated agency policy titled Plan of Treatment retrieved on 2/18/2022, stated Policy Home care services are furnished under the supervision and direction of the clients physician. The plan of treatment is based on a comprehensive assessment and information provided by the client/family and health team</li> </ol>	<p>the initial results of the survey and developed a plan of actionthat was immediately implemented to ensure provision of a safe and quality careto all patients of American Home Health Services, Inc. During the meeting thepolicy pertaining the Plan of Treatment was reviewed, as well as all charts ofactive patients that were checked by the surveyor. RN/Therapist enteringmedications with PRN use has been done under special instructions in thesoftware, MyGenesys, but would not flow to the plan of care / 485 when printedout; the medication profile, however, would indicate the PRN use of themedication when printed out (<b>Exhibit 13, Exhibit 14, Exhibit 15</b>).It is the practice of the agency to send the Plans of care/ 485 with a separatecopy of the medication profile as attachment as this issue has been alreadynoticed recently. The same copy of the medication profile goes to the homefolder of the patient as a reference. The software provider, <i>mygenesys</i>,was immediately contacted on 02-18-2022 during the survey to notify regardingthe issue. After thorough verification, one of thecustomer service representatives suggested as a temporary remediation toaddress the issue is to input the PRN use next to the name of the medication,instead of entering it on the special instructions so the PRN use of themedication will flow to the plan of care (485) as well as on the separatemedication list on the home folder when printed out. In-service conducted bythe Clinical Supervisor on 02-22-2022 regarding Policies and Procedures on Planof treatment, Patient's Rights and Responsibilities, Medication Profile, andMedication Management (<b>Exhibit. 11, and MyGenesys/EMS Treatment Plan,Medication; PRN Medication: PRN Medications, Indication, Frequency/Duration;Plan and Goal; Verbal Order: Medication, Service Exhibit.11-A )</b> withemphasis on the new directions and instructions on how to enter PRN use of themedication next to the name of the medication as ordered for it to appear onthe plan of treatment / 485. (<b>Exhibit. 16 #1, Exhibit. 17 #2, Exhibit 18#3, Exhibit 19 #4, Exhibit. 20 #6, Exhibit 21 #7</b>). To ensure compliance, the GoverningBody approved the revision of the Clinical Chart Review and Visit VerificationForm during the meeting held on 02-19-2022. The Clinical Chart Review audittool (<b>Exhibit.22</b>) was modified to include item E-1: Medication-dose/route/frequency/<b>PRN use</b> reconciled with patient and Physician, item E-2: updatedmedication list on EMR and home folder every visit, and item B-2: Medicationscomplete, PRN use indicated, &amp; at par w/ diagnoses. The Visit VerificationForm (<b>Exhibit.23</b>) was revised to include just below thediscipline signature a check box to indicate that the home folder medicationlist was updated and included PRN use as ordered to remind every time to</p>	
--	---	--



<p>members &amp; The plan will be consistently reviewed to ensure that client needs are met, and will be updated as necessary, but at least every 60 days &amp; Purpose To provide guidelines for agency staff to develop a plan of treatment individualized to meet specific identified needs &amp; To reflect client s ability to make choices and actively participate in establishing and following the plan designated to attain personal health goals &amp; Special Instructions &amp; 2. The Plan of treatment shall be completed in full to include: &amp; c. Type, frequency, and duration of all visits/services &amp; l. Medications, treatments, and procedures &amp; o. Instructions to client/caregiver, as applicable &amp; u. All of the above items must always be addressed on the Plan of treatment &amp; 4. Orders for therapy services shall include the specific procedures and modalities to be used and the amount, frequency, and duration &amp; 9. Professional staff should be provided a copy to be reviewed with the patient or patient representative &amp; 11. The PRN [as needed] orders will be accompanied by a description of the client s needs that could warrant a visit &amp;.</p> <p>2. Clinical record review on 2/18/2022, for patient #1, start of care 1/18/2022, diagnoses include but were not limited to spinal stenosis (narrowing of the spaces within the spine), chronic pain and hypertension (high blood pressure). Review evidenced an agency document titled Home Health Certification and Plan of Treatment for certification period 1/18/2022 3/18/2022, which was signed by the physician on 1/20/2022. This document had an area subtitled 10. Medications:</p> <p>Dose/Frequency/Route &amp; which stated Acetaminophen [Non-Steroidal Anti-Inflammatory Drug (NSAID) used to treat mild to moderate pain and fevers] 325 MG [milligram] 1-2 tablet-every 6 hours as needed &amp; Furosemide [diuretic medication to treat fluid retention and swelling caused by heart failure and other medical conditions] 40 MG 1 tab [tablet]- daily PRN [as needed] &amp; An area subtitled 21. Orders For Discipline and Treatment (Specify Amount/Frequency/Duration) stated &amp; Skilled Nursing: &amp; SN [skilled nurse] to perform medication review each skilled nursing visit and reconcile medications as indicated, SN to instruct on all new and changed medications and teach medication</p>	<p>update the medication list in the home folder of patient. Both forms were approved on 02-21-2022 for immediate implementation. It shall be the responsibility of the assigned SN (or Therapist for therapy only patients) to update the medication list of the patient in the EMR and the plan of care and home folder of the patient as to name of medication, strength, dose, frequency, including specific instructions as to when a PRN dose is to be taken as indicated in the Visit Verification form. The newly revised Clinical Chart Review shall be used by the Quality Assurance Coordinator to audit all charts of active patients to ensure that PRN indications of medications are shown on the plan of care /485 and ensure completeness of the EMR and Plan of Care (485) and to guarantee 100% compliance.</p>	
---	--	--

regimen as to use/ indication, dosage, frequency, side effects and adverse reactions as part of the disease process, and/ or demonstration of knowledge deficit as it relates to management of medications ... SN to instruct patient/ caregiver regarding, recording and reporting pain; strategies to mitigate pain including nonpharmacological measures such as positioning, massage, visualization, distraction, warm compress, and when to use pain medication- Acetaminophen (Tylenol) to maximize therapeutic effectiveness & SN to instruct patient on disease process & symptom management of the essential (primary) hypertension, chronic venous hypertension with ulcer of left lower leg, and history of TIA [transient ischemic attack; stroke-like attack] teach regarding importance of compliance to dietary measures- low fat low cholesterol no added salt heart healthy diet- to avoid salty, cured processed food, exercise regimen and medication education & management- daily doses of metoprolol succinate [medication used to treat hypertension] & Furosemide ....." Record review failed to evidence indications for acetaminophen and furosemide to be taken as needed. Review failed to evidence the plan of care was individualized to the patient s needs.

3. Clinical record review on 2/18/2022, for patient #2, start of care 2/1/2022, primary diagnosis of hypertension, evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 2/1/2022 - 4/1/2022, which was signed by the physician on 2/10/2022. This document had an area subtitled Medications: Dose/Frequency/Route & which stated Tylenol Caplet Extra Strength 500 MG 2 tabs daily PRN ... An area subtitled 21. Orders For Discipline and Treatment (Specify Amount/Frequency/Duration) stated & Skilled Nursing: & SN to perform medication review each skilled nursing visit and reconcile medications as indicated, SN to instruct on all new and changed medications and teach medication regimen as to use/ indication, dosage, frequency, side effects and adverse reactions as part of the disease process, and/ or demonstration of knowledge deficit as it relates to management of medications ... SN to instruct patient/ caregiver regarding & recording and

reporting pain; strategies to mitigate pain including nonpharmacological measures such as positioning, massage, visualization, distraction, warm compress, and when to use pain medication Tylenol ES [extra strength] to maximize therapeutic effectiveness....." Record review failed to evidence indications for acetaminophen to be taken as needed. Review failed to evidence the plan of care was individualized to the patient s needs.

4. Clinical record review on 2/18/2022, for patient #3, start of care 12/13/2021, primary diagnosis of spondylosis [age related degeneration of the bones in the spine], evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 12/13/2022 - 2/10/2022, which was signed by the physician on 12/22/2021. This document had an area subtitled Medications:

Dose/Frequency/Route & which stated Hydrocodone-Acetaminophen (Norco) [opioid pain medication combined with NSAID medication used to treat moderate to severe pain] 5 - 325 mg [5 mg hydrocodone - 325 mg acetaminophen] 2 tabs- as directed ... Acetaminophen (Tylenol) 325 mg every 4 hours as needed ..." An area subtitled 21.

Orders For Discipline and Treatment (Specify Amount/Frequency/Duration) stated & Skilled Nursing: & SN to perform medication review each skilled nursing visit and reconcile medications as indicated, SN to instruct on all new and changed medications and teach medication regimen as to use/ indication, dosage, frequency, side effects and adverse reactions as part of the disease process, and/ or demonstration of knowledge deficit as it relates to management of medications ... SN to instruct patient/ caregiver regarding, recording and reporting pain; strategies to mitigate pain including nonpharmacological measures such as positioning, massage, visualization, distraction, warm compress, and when to use pain medication Hydrocodone-Acetaminophen (Norco) & Acetaminophen (Tylenol) ....." Record review failed to evidence indications for Hydrocodone-Acetaminophen and acetaminophen to be taken as needed. Review failed to evidence the plan of care was individualized to the patient s needs.

5. Clinical record review on 2/18/2022, for patient #4, start of care 1/21/2022, primary

excess fluid in a kidney due to a backup of urine], evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 1/21/2022 - 3/21/2022, which was signed by the physician on 1/25/2022. This document had an area subtitled Medications: Dose/Frequency/Route & which stated Melatonin [a hormone released at night and associated with the control of sleep-wake cycle; supplement] 5 mg 1 tab @ [at] bedtime as needed ...". An area subtitled 21. Orders For Discipline and Treatment (Specify Amount/Frequency/Duration) stated & Skilled Nursing: & SN to perform medication review each skilled nursing visit and reconcile medications as indicated, SN to instruct on all new and changed medications and teach medication regimen as to use/ indication, dosage, frequency, side effects and adverse reactions as part of the disease process, and/ or demonstration of knowledge deficit as it relates to management of medications ... SN to instruct regarding importance of compliance to & Melatonin ...." Review failed to evidence indications for for the need of Melatonin documented on the plan of care. Review failed to evidence the plan of care was individualized to the patient s needs.

6. Clinical record review on 2/18/2022, for patient #6, start of care 10/15/2021, primary diagnosis of dementia, evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 12/14/2021 - 2/11/2022, which was signed by the physician on 12/16/2021. This document had an area subtitled Medications: Dose/Frequency/Route & which stated ... Nystatin [antifungal medication] Topical Cream ... twice a day as needed ... Nystatin Powder 1 application - twice a day as needed ...". An area subtitled 21. Orders For Discipline and Treatment (Specify Amount/Frequency/Duration) stated & Skilled Nursing: & SN to perform medication review each skilled nursing visit and reconcile medications as indicated, SN to instruct on all new and changed medications and teach medication regimen as to use/ indication, dosage, frequency, side effects and adverse reactions as part of the disease process, and/ or demonstration of knowledge deficit as it relates to management of medications ...." Record review failed to evidence indications for indications for

	<p>Nystatin topical cream and Nystatin powder, as well as where they were to be applied. Review failed to evidence the plan of care was individualized to the patient's needs.</p> <p>7. Clinical record review on 2/18/2022, for patient #7, start of care 1/12/2021, primary diagnosis of Type 2 Diabetes with hyperglycemia (high blood sugar), evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 9/9/2021 - 11/7/2021, which was signed by the physician on 9/20/2021. This document had an area subtitled Medications:</p> <p>Dose/Frequency/Route &amp; which stated Lomotil (Diphenoxylate-Atrop) [used to treat diarrhea] ... four times a day as needed ... Imodium A-D [used to treat diarrhea] ... 1 tab - BID [twice daily] PRN ... Tramadol [narcotic medication used to treat moderate to severe pain] ... 1 tab- BID PRN ... Cyclobenzaprine [medication used to treat pain and stiffness caused by muscle spasms] ... 1 tab - three times a day as needed ...."</p> <p>Record review failed to evidence indications for Lomotil, Imodium, Tramadol, and Cyclobenzaprine to be taken as needed. Review failed to evidence the plan of care was individualized to the patient's needs.</p> <p>8. During an interview on 2/18/2022, at 11:49 AM, clinical manager B indicated why and when a patient should take a PRN medication should be included on the plan of care. The clinical manager indicated the indications for all PRN medications should be on the plan of care addendums. Review failed to evidence instructions and indications for all PRN medications on the patient's plan of care.</p> <p>410 IAC 17-13-1(a)(1)(D)(i-xiii)</p>			
G0592	<p>Revised plan of care</p> <p>484.60(c)(2)</p> <p>A revised plan of care must reflect current information from the patient's updated comprehensive assessment, and contain information concerning the patient's progress toward the measurable outcomes and goals identified by the HHA and patient in the plan of</p>	G0592	The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the meeting the policy pertaining the Plan of Treatment was reviewed, as well as all charts of active patients that were checked by the surveyor. The agency has been using the	2022-02-22

care.

Based on record review and interview, the home health agency failed to ensure the plan of care was revised to reflect the most current frequencies and durations for all disciplines for 4 of 4 patients who received PT [physical therapy] services, from a total of 5 active clinical records reviewed. (#1, #2, #3, #4)

The findings include:

1. Record review of an undated agency policy titled Plan of Treatment retrieved on 2/18/2022, stated Policy Home care services are furnished under the supervision and direction of the clients physician. The plan of treatment is based on a comprehensive assessment and information provided by the client/family and health team members & The plan will be consistently reviewed to ensure that client needs are met, and will be updated as necessary, but at least every 60 days & Purpose To provide guidelines for agency staff to develop a plan of treatment individualized to meet specific identified needs & Special Instructions & 2. The Plan of treatment shall be completed in full to include: & c. Type, frequency, and duration of all visits/services & l. Medications, treatments, and procedures & o. Instructions to client/caregiver, as applicable & u. All of the above items must always be addressed on the Plan of treatment & 4. Orders for therapy services shall include the specific procedures and modalities to be used and the amount, frequency, and duration &.

2. Clinical record review on 2/18/2022, for patient #1, start of care 1/18/2022, diagnoses include but were not limited to spinal stenosis (narrowing of the spaces within the spine), chronic pain and hypertension (high blood pressure), evidenced an agency document titled Home Health Certification and Plan of Treatment for certification period 1/18/2022 3/18/2022, which was signed by the physician on 1/20/2022. This document had an area that stated Frequency and Duration: SN [skilled nurse] 1 wk 9 wk(s) [once a week, for 9 weeks] & An area subtitled 21. Orders For Discipline and Treatment (Specify Amount/Frequency/Duration) stated For PT [physical therapy] evaluation and treatment &." Review evidenced the plan of care signed by the physician, ordered SN and PT

telephone orders to effect changes and which becomes an addendum/attachment to the plan of care/ 485, and Physical therapy Evaluation and Plan of treatment where frequency of their visits are entered on the item- PT frequency on page 1 of the form (**Exhibit. 24**); upon completion of the PT Evaluation Plan of Treatment is sent for physician to review, sign and date: attached to EMR as another addendum to the plan of care/ 485 (**Exhibit 24a, Exhibit 24b, Exhibit 24c, Exhibit 24d**). On 02-18-2022, the software, MyGenesys, was contacted and spoke to the representative to inquire how to enter the new frequency after the plan of care/485 has already been completed. As per instruction of the software representative, new frequencies can be added to the EMR after the completion of the plan of care/485, by creating a new verbal order/ communication to add services by entering the new frequency, to be signed and dated by the discipline. This action will automatically effect the change to the EMR as an addendum (**Exhibit.25 #1, Exhibit.26 #2, Exhibit 27 #3, Exhibit 28 #4**). On 02-22-2022, In-service was conducted by the Clinical Supervisor on Plan of Treatment with emphasis on the need to revise the plan of treatment to include changes on the frequency and duration for every discipline; and at the same time updated as to how to enter such changes on mygenesys (**Exhibit. 29**) to effect the change on the EMR thereby updating the plan of treatment (**Exhibit 29a**). The Governing Body approved the revision of the Clinical Chart Review audit tool (**Exhibit.30**) on 02-19-2022 to include the item: Compliant to frequency, updated as needed in EMR & plan of care/ 485 on items F-13, G-5, H-3; and included item- Frequency of all disciplines included and updated as needed w/ verbal order on item B-5. Final copy was approved by the Governing Body for use on 02-21-2022. It will be used by the Quality Assurance Coordinator and the Clinical Supervisor to audit all active Charts of patients to make sure the EMR and Plan of Care are updated to include frequency and duration for every discipline to ensure 100% compliance

services to visit the patient. Review failed to evidence frequency and duration of PT skilled services.

Review of an agency document titled "Physician Telephone/Verbal Order" from 1/27/2022, and was signed by the physician on 1/31/2022. This document stated "May provide HHaide [home health aide] services: 2x/week x 7 weeks [twice a week for 7 weeks] ... To start next week per patient request ....." Review evidenced an order for home health aide services after the patient's start of care.

Review of the agency's EMR [electronic medical record] on 2/18/2022, evidenced an area that indicated the frequencies and duration of services for SN and home health aide. Review of the EMR failed to evidence frequency and duration for PT services. Clinical record review failed to evidence the plan of care was revised to include the current frequency and duration for every discipline.

3. Clinical record review on 2/18/2022, for patient #2, start of care 2/1/2022, primary diagnosis of hypertension, evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 2/1/2022 - 4/1/2022, which was signed by the physician on 2/10/2022. This document had an area that stated Frequency and Duration: SN [skilled nurse] 1 wk 9 wk(s) & An area subtitled 21. Orders For Discipline and Treatment (Specify Amount/Frequency/Duration) stated PT to evaluate and treat ... For Physical Therapy ... For re-evaluation and to continue treatment for functional deficit; To teach body mechanics and use of supportive devices/equipment for home safety; To teach safety measures and therapeutic exercises for transfer and gait balance, strengthen muscles and joints to increase range of motion (ROM), mobility and decrease pain; provide education based on deficits; and to teach home exercise program &." Review evidenced the plan of care signed by the physician, ordered SN and PT services to visit the patient. Review failed to evidence frequency and duration of PT skilled services.

Review of the agency's EMR on 2/18/2022, evidenced an area that indicated the frequencies and duration for SN services.

Review of the EMR failed to evidence frequency and duration for PT services. Clinical record review failed to evidence the plan of care was revised to include the current frequency and duration for every discipline.

4. Clinical record review on 2/18/2022, for patient #3, start of care 12/13/2021, primary diagnosis of spondylosis [age related degeneration of the bones in the spine], evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 12/13/2022 - 2/10/2022, which was signed by the physician on 12/22/2021. This document had an area that stated Frequency and Duration: SN 1 wk 1 wk(s) [once a week for one week], SN 2 wk 8 wk(s) [twice a week, for 8 weeks] & An area subtitled 21. Orders For Discipline and Treatment (Specify Amount/Frequency/Duration) stated For PT to evaluation and treatment ... For Physical Therapy ... Evaluation and treatment for functional deficit; To teach body mechanics and use of supportive devices/equipment for home safety; To teach safety measures and therapeutic exercises for transfer and gait balance, strengthen muscles and joints to increase range of motion (ROM), mobility and decrease pain; provide education based on deficits; and to teach home exercise program (HEP) &." Review evidenced the plan of care signed by the physician, ordered SN and PT services to visit the patient. Review failed to evidence frequency and duration of PT skilled services.

Record review of an agency document titled "Home Health Certification and Plan of Treatment" for certification period 2/11/2022 - 4/11/2022, which was not yet signed by the physician. This document stated Frequency and Duration: SN [skilled nurse] 1 wk 8 wk(s) [once a week for 8 weeks] & An area subtitled 21. Orders For Discipline and Treatment (Specify Amount/Frequency/Duration) stated PT to re-evaluate and treat ... For Physical Therapy ... Re-evaluation and to continue treatment for functional deficit; To teach body mechanics and use of supportive devices/equipment for home safety; To teach safety measures and therapeutic exercises for transfer and gait balance, strengthen muscles and joints to increase range of motion (ROM), mobility and decrease pain; provide education based on deficits; and to teach



home exercise program &." Review failed to evidence frequency and duration of PT skilled services.

Review of the agency's EMR on 2/18/2022, evidenced an area that indicated the frequencies and duration for SN services. Review of the EMR failed to evidence frequency and duration for PT services. Clinical record review failed to evidence the plan of care was revised to include the current frequency and duration for every discipline.

5. Clinical record review on 2/18/2022, for patient #4, start of care 1/21/2022, primary diagnosis of hydronephrosis [condition of excess fluid in a kidney due to a backup of urine], evidenced an agency document titled "Home Health Certification and Plan of Treatment" for certification period 1/21/2022 - 3/21/2022, which was signed by the physician on 1/25/2022. This document had an area that stated Frequency and Duration: SN 1 wk 9 wk(s) & An area subtitled 21. Orders For Discipline and Treatment (Specify Amount/Frequency/Duration) stated PT to evaluate and treat ... For Physical Therapy ... Evaluation and treatment for functional deficit; To teach body mechanics and use of supportive devices/equipment for home safety; To teach safety measures and therapeutic exercises for transfer and gait balance, strengthen muscles and joints to increase range of motion (ROM), mobility and decrease pain; provide education based on deficits; and to teach home exercise program &." Review evidenced the plan of care signed by the physician, ordered SN and PT services to visit the patient. Review failed to evidence frequency and duration of PT skilled services.

Review of the agency's EMR on 2/18/2022, evidenced an area that indicated the frequencies and duration for SN services. Review of the EMR failed to evidence frequency and duration for PT services. Clinical record review failed to evidence the plan of care was revised to include the current frequency and duration for every discipline.

6. During the entrance conference on 2/15/2022, at 10:25 AM, clinical manager B stated the agency considers the Plan of Care

	<p>and Plan of Care] that is signed and dated by the physician" and indicated revisions would be detailed in the EMR.</p> <p>7. During an interview on 2/18/2022, at 11:45 AM, clinical manager B indicated discipline frequencies and durations would be on the plan of care or in the EMR system, documented under "Frequency/Duration."</p>			
G0614	<p>Visit schedule</p> <p>484.60(e)(1)</p> <p>Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure each patient was provided a written visit schedule for 2 of 3 patient home visits conducted. (#2, #3)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Record review of the agency's home folder on 2/15/2022, evidenced an agency document titled Patient's Rights and Responsibilities which stated All patients and patients' representatives of American Home Health Services, Inc. have the right to be informed in advance of the services provided by the Agency and their responsibilities related to home health services. All information shall be provided in a manner understandable to the person &amp; A. Patient's Rights: As a part of American Home Health Services, you have the right to:             <ol style="list-style-type: none"> <li>1. Be fully informed in advance about the care and treatment to be furnished including the skilled staff that will furnish the care and the proposed number of visits they will make to your home &amp;</li> <li>9. Be informed upon initial evaluation visit, before the initiation of treatment, and or upon request, a listing of all individuals furnishing care &amp;</li> </ol> </li> <li>2. An observation of a home visit was conducted on 2/16/2022, at 3:55 PM, for patient #2, start of care 2/1/2022, and administrator/physical therapist (PT) A. At 4:37 PM, the patient's home folder was reviewed for the required information and</li> </ol>	G0614	<p>The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the meeting, the Patient's Rights and Responsibilities was reviewed. Recognizing the Rights of the patient to be fully informed in advance about the care and treatment to be furnished including the skilled staff who will furnish the care and the proposed number of visits they will make, the admitting staff from the agency has been providing a copy of the Statement of Patient's Financial Liability where each discipline to be provided including the frequency and duration as indicated, signed both by the Admitting Staff and the patient or patient representative as a proof that the patient was informed and agrees to these services including the frequency and duration of each discipline that will be provided, a copy of which is located in the home folder page 36 (<b>Exhibit.31</b>), and names of the staff who will provide the care has always been included on the old Emergency Preparedness Care Plan on the patient home folder (<b>Exhibit 31A</b>) which is carried over to the newly revised Emergency Care Plan (<b>Exhibit 31B</b>). the patient home folder: a copy of the signed Statement of patient's Financial Liability is submitted to the office and attached in the EMR (<b>Exhibit 32</b>). The Governing Body approved the revision of the home folder to include the Discipline Frequency of all Disciplines and a Frequency scheduler where all Disciplines (<b>Exhibit 32A</b>) providing care can enter their planned frequencies and visits; and the revision of the Clinical Chart Review audit tool (<b>Exhibit.33</b>) to include the item A-5 Frequency scheduler at the home folder upon admission/SOC. On 02-22-2022, an In-service was conducted by the Clinical Supervisor and the Administrator regarding the Patient's Rights and Responsibilities (<b>Exhibit 34</b>). Discussed during the in-service, is the revised home folder new item- the Discipline, Frequency, and</p>	2022-02-22

	<p>services provided by the agency. Review failed to evidence the patient was provided with a written schedule of all disciplines and frequencies being provided by the agency.</p> <p>3. An observation of a home visit was conducted on 2/17/2022, at 9:00 AM, for patient #3, start of care 12/13/2021, and Registered Nurse (RN) G. At 9:20 AM, the patient's home folder was reviewed for the required information and failed to evidence the frequencies for skilled nursing services provided by the agency. Review failed to evidence the patient was provided with a written schedule of all disciplines and frequencies being provided by the agency.</p> <p>4. During an interview on 2/18/2022, at 11:43 AM, administrator A indicated patients are made aware of the disciplines and frequencies that would provide care upon admission and reviewed at every visit. She also indicated staff should write the days next to the clinician's name they plan to be in the patient's home.</p>		<p>Frequency Scheduler and how to properly fill out the form. The newly approved Clinical Chart Review on 02-22-2022 shall be used by the Quality Assurance Coordinator and Clinical Supervisor to audit all charts of active patients to guarantee that all names of discipline with their frequency, and duration of their visits are logged in the home folder.</p>	
G0616	<p>Patient medication schedule/instructions 484.60(e)(2)</p> <p>Patient medication schedule/instructions, including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure each patient was provided a current and complete written medication list with instructions for 1 of 3 patient home visits conducted. (#1)</p> <p>The findings include:</p> <p>Record review of the agency's home folder on 2/15/2022, evidenced an agency document titled Patient's Rights and Responsibilities which stated All patients and patients' representatives of American Home Health Services, Inc. have the right to be informed in advance of the services provided by the Agency and their responsibilities related to home health services. All information shall be provided in a manner understandable to the person &amp; A. Patient's Rights: As a part of American Home Health Services, you have the right to:</p>	G0616	<p>The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the meeting, the patient's Rights and Responsibilities was reviewed including all charts that were reviewed by the surveyor. Voltaren Gel, a medication that was prescribed by physician on 01/20/2022, with a telephone order that was sent together with the updated medication profile to include the new medication for signature and approval, and which was signed and received back on 01-20-2022 (<b>Exhibit 36</b>). With regards to the over-the-counter Vitamin A &amp; D ointment that was found at the patient's home on 02-16-2022 at 9:47 am that was not included in the patient's current medication profile. SN involved in her care was asked by the Clinical Supervisor. SN claimed that as per patient this is a new over-the-counter medication of the patient, which was noted during SN visit on 02-17-2021. Physician was notified and approved use of the OTC Vitamin A &amp; D ointment to be applied thinly daily PRN to rashes and reddened pressure areas with an order dated 02-17-2022 (<b>Exhibit 37</b>) together with the updated medication list which was signed and dated 03/14/2022, medication list updated, and instructions provided by SN as to dose, frequency, use/indication and proper application</p>	2022-02-22

	<p>1. Be fully informed in advance about the care and treatment to be furnished including the skilled staff that will furnish the care and the proposed number of visits they will make to your home &amp;.</p> <p>During an observation of a home visit on 2/16/2022, at 9:00 AM, for patient #1, start of care 1/18/2022, and Home Health Aide (HHA) F was observed providing a bath. On a coffee table near the television, the patient's home folder was evidenced next to a tube of Voltaren gel [over the counter (OTC) Non Steroidal Anti Inflammatory Drug (NSAID) topical gel] and A&amp;D ointment [topical skin protectant containing zinc and dimethicone]. At 9:47 AM, the patient's home folder was reviewed for the required information and evidenced a document titled "Medication Profile" which failed to evidence Voltaren gel and A&amp;D ointment. Review evidenced medicated topical ointments in the patient's home that were not on the medication list provided by the agency. Review failed to evidence the patient had a medication list with instruction for all medications.</p> <p>During an interview on 2/18/2022, at 11:43 AM, clinical manager B indicated patients are made aware of medication instructions from the medication list in the home and reviewed with the patient at every visit.</p> <p>During an interview on 2/18/2022, at 11:49 AM, clinical manager B indicated Voltaren gel and A&amp;D ointment were recently added for the patient.</p>		<p>to maximize efficacy of the medication. In-service was conducted by the Clinical Supervisor and the Administrator on 02-22-2022 regarding Policies and Procedures on Plan of treatment, Patient's Rights and Responsibilities, Medication Profile, and Medication Management (<b>Exhibit.38</b>) with emphasis on the need to review current medications of patient during each visit, the need to notify physician regarding new medications or new changes noted during the visit to update and/or obtain approval thru a telephone order duly signed and dated by the physician, and the need to update both medication list on EMR and patient medication list in the home folder (<b>Exhibit.39</b>) as ordered to provide accurate instructions to patient, caregivers, and everyone involved in the care especially on PRN use of medications. To ensure 100% compliance, the Governing Body approved the revision of the Clinical Chart Review during the meeting held on 02-19-2022. Final copy of the Clinical Chart Review audit tool was approved on 02-21-2022 (<b>Exhibit.40</b>) showing the following items: item B-2: Medications complete, PRN use indicated, &amp; at par w/ diagnoses; item E-1: All medications, dose, route, frequency, PRN use reconciled with patient and Physician; item E-2: Updated medication list on EMR and Home folder every visit; F-8: Medication as to dose, route, frequency, with PRN use reconciled with patient and MD. It shall be used by the Quality Assurance Coordinator and Clinical Supervisor to audit all charts of active patients to guarantee completeness of the clinical records and review of medication are done every visit are done to make certain medication lists both in the home folder and EMR are updated accordingly. The updated medication profile on print out from the EMR is the same copy provided to the patient to be attached to the home folder for everyone involved in the care to reference. All charts of active patients were also reviewed using the newly revised Clinical Chart Review audit tool starting on 02-22-2022 to ensure that the medication profile of patients are updated as ordered on the EMR and medication profile of patients in the home folder are current. It shall be the responsibility of the Clinical Supervisor to monitor 100% compliance to medication review to update medication profile on the EMR and patient's medication list on home folder every time a new medication or change of medication is noted or ordered.</p>	
G0618	<p>Treatments and therapy services</p> <p>484.60(e)(3)</p> <p>Any treatments to be administered by HHA personnel and personnel acting on behalf of the</p>	G0618	<p>The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and</p>	2022-03-04

<p>HHA, including therapy services.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure each patient was provided information about the treatments and services being provided for 3 of 3 patient home visits conducted. (#1, #2, #3)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Record review of the agency's home folder on 2/15/2022, evidenced an agency document titled Patient's Rights and Responsibilities which stated All patients and patients' representatives of American Home Health Services, Inc. have the right to be informed in advance of the services provided by the Agency and their responsibilities related to home health services. All information shall be provided in a manner understandable to the person &amp; A. Patient's Rights: As a part of American Home Health Services, you have the right to:             <ol style="list-style-type: none"> <li>1. Be fully informed in advance about the care and treatment to be furnished including the skilled staff that will furnish the care and the proposed number of visits they will make to your home &amp; 9. Be informed upon initial evaluation visit, before the initiation of treatment, and or upon request, a listing of all individuals furnishing care &amp;.</li> </ol> </li> <li>2. An observation of a home visit was conducted on 2/16/2022, at 9:00 AM, for patient #1, start of care 1/18/2022. At 9:47 AM, the patient's home folder was reviewed for the required information including but not limited to patient #1's schedule, medication list, and plan of treatment. The home folder failed to evidence a plan of treatments being provided by the agency.</li> <li>3. An observation of a home visit was conducted on 2/16/2022, at 3:55 PM, for patient #2, start of care 2/1/2022. At 4:37 PM, the patient's home folder was reviewed for the required information including but not limited to patient #2's schedule, medication list, and plan of treatment. The home folder failed to evidence a plan of treatments being provided by the agency.</li> <li>4. An observation of a home visit was conducted on 2/17/2022, at 9:00 AM, for patient #3, start of care 12/13/2021. At 9:20 AM, the patient's home folder was reviewed for the required information including but not limited to patient #3's schedule,</li> </ol>		<p>developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the meeting, all charts of active patients that were reviewed by the surveyor and the policies and procedures on Patient's Rights and Responsibilities, and Plan of Treatments were reviewed.</p> <p>The Clinical Supervisor and Administrator conducted an In-service on 02-22-2022 regarding the policies and procedures on Plan of Treatment and the Patient's Rights and Responsibilities (<b>Exhibit 41</b>) with emphasis on the need to provide a copy of the Plan of Care (485) to all active patients upon completion for the patient and everyone involved in the care to reference, and it will be reviewed with the patient and or patient's representative every visit and updated as needed. It shall be the responsibility of the assigned SN or case manager to ensure a copy of the Plan of care (485) are on the home folder. On 03-04-2022, copies of the current Plan of Care/485 were provided to all active patients. Plastic covers will be included in the home folder for easy access to the Plan of Care/ 485. To ensure compliance, the Governing Body approved on 02-21-2022 the revised Clinical Chart Review (<b>Exhibit 42</b>) to include item B-14: POC (485) provided to patient in the home folder by the SN. It will be the responsibility of the Quality Assurance Coordinator and the Clinical Supervisor to audit all charts of active patients to guarantee 100% compliance.</p>	
--	--	--	--

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

	<p>medication list, and plan of treatment. The home folder failed to evidence a plan of treatments being provided by the agency.</p> <p>5. During an interview on 2/18/2022, at 11:43 AM, administrator A indicated the patients are made aware of the treatments and services being provided by the agency upon admission and reviewed at every visit.</p>			
G0680	<p>Infection prevention and control</p> <p>484.70</p> <p>Condition of Participation: Infection prevention and control.</p> <p>The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure all clinicians practiced standard precaution to prevent the transmission of infectious and communicable diseases during patient care (See tag G0682), develop and implement policies and procedures to ensure that all staff are fully vaccinated against COVID-19 (See tag G0687).</p> <p>The cumulative effect of these systemic problems resulted in the home health agency's inability to ensure the provision of quality health care in a safe environment for the Condition of Participation 42 CFR §484.70 Infection Control.</p>	G0680	<p><a href="#">The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the meeting policies and procedures were reviewed pertaining to Infection Prevention and Control Program of the agency to ensure prevention of infections and communicable diseases by making sure all clinicians are strictly practicing measures to prevent infection and spread of communicable diseases during patient care. On 02/22/2022, the Clinical Supervisor conducted an In-service regarding the Infection Prevention and Control Program (Exhibit.43) with emphasis but not limited to hand hygiene/ Handwashing and Bag Techniques; emphasized the need to perform hand hygiene by using alcohol-based hand sanitizer, hand hygiene before and after direct care, before and after each procedure, when hands are soiled, after any contact with contaminated materials, before re-entering nursing bag or patient's clean supplies, in between glove change, and change of gloves when touching dirty to clean areas. The Governing Body approved the revision of the Employee Records Checklist (Exhibit.44) and approved on 02-21-2022 to include item B-6: Hand Hygiene &amp; Bag Technique return demonstration which will be required at the time of hire and at least annually and as needed. The In-service training List (Exhibit.45), was also revised with the Governing body approval to include the items: Infection Prevention and Control Program, Patient Safety Goals, Blood Borne Pathogens, Personal Protective Equipment, Safety &amp; Infection Control, Emergency &amp; Disaster Care Plan, and Covid-19 Pandemic/Infection and Vaccination Regulations. Both will be used to audit all employee records old and new by the Human Resource Manager/Administrator to ensure 100% compliance.</a></p>	2022-02-22
G0682	Infection Prevention	G0682	<p>The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a</p>	2022-02-22

	<p>484.70(a)</p> <p>Standard: Infection Prevention.</p> <p>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure all clinicians practiced standard precaution to prevent the transmission of infectious and communicable diseases during patient care in 1 of 1 home visit with a home health aide (HHA). (HHA F)</p> <p>The findings include:</p> <p>Record review of an undated agency policy titled Infection Prevention and Control Program retrieved on 2/18/2022, stated Policy 1. The Agency has a program, defined and overseen by the state, federal and local laws and guidelines &amp; 2. The Agency's program will focus on: &amp; a. Prevention &amp; b. Control &amp; Purpose The Agency will maintain and document an infection control program which has its goal, the prevention and control of infections and communicable diseases &amp; Procedure for Infection Prevention &amp; 2. Standard Precautions will be used to prevent transmission of infectious agents &amp; Definition: a. Standard precautions are a group of infection practices that apply to all patients regardless of suspected or confirmed infection status when health care is delivered. b. Standard precautions are based on the principle that blood, body fluids, secretions, excretions, may contain transmissible infectious agents &amp; 3. The following are six elements identified by the Center for Disease Control and Prevention which will be applied during an episodes of patient care &amp; a. Hand Hygiene &amp; d. Appropriate use of personal protective equipment &amp; 4. Hand Hygiene/Washing should be performed at a minimum: a. Before contact with a patient &amp; c. After contact with the patient or objects in the immediate vicinity of the patient &amp; d. After contact with blood, body fluids or contaminated surfaces &amp; e. Moving from contaminated body site to a clean body site during patient care &amp; f. After removal of personal protective equipment (PPE) &amp;."</p> <p>Record review of an undated agency policy titled Standard Precautions retrieved on</p>		<p>plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the meeting policies and procedures were reviewed pertaining to Infection Prevention and Control Program of the agency to ensure prevention of infections and communicable diseases by making sure all clinicians are strictly practicing measures to prevent infection and spread of communicable diseases during patient care. On 02-22-2022, the Clinical Supervisor conducted an In-service regarding the Infection Prevention and Control Program (<b>Exhibit.46</b>) with emphasis but not limited to Hand Hygiene/Handwashing and Bag Techniques; emphasized the need to perform hand hygiene by using alcohol-based hand sanitizer hand hygiene before and after direct care, before and after each procedure, when hands are soiled, after any contact with contaminated materials, before re-entering nursing bag or patient's clean supplies, in between glove change, and change of gloves when touching dirty to clean areas. The Governing Body approved the revision of the Employee Records Checklist (<b>Exhibit.47</b>) and approved on 02-21-2022 to include item B-6: Hand Hygiene &amp; Bag Technique return demonstration which will be required at the time of hire and at least annually and as needed. The In-service training List (<b>Exhibit.48</b>), was also revised with the Governing body approval to include the items: Infection Prevention and Control Program, Patient Safety Goals, Blood Borne Pathogens, Personal Protective Equipment, Safety &amp; Infection Control, Emergency &amp; Disaster Care Plan, and Covid-19 Pandemic/infection and Vaccination Regulations. Both will be used to audit all employee records old and new by the Human Resource Manager/Administrator to ensure 100% compliance.</p>	
--	---	--	---	--

2/18/2022, stated Policy Blood and body fluid precautions will be followed for all patients & Purpose To prevent transmission of communicable diseases & Procedure & 2. The principles of Standard Precautions are to be followed by all employees when contacting any such substances or areas. Standard Precautions include the following procedures: & Gloves will be changed, and hands washed after contact with each patient &."

Record review of an undated agency policy titled Hand Hygiene retrieved on 2/18/2022, stated Policy Hand hygiene will be done by all employees to reduce the transfer of microbes to patients and to prevent the growth of microorganisms on the nails, hands, and forearms & Purpose To prevent transfer of germs and transmission of infections to patients and caregivers & Procedure 1. Indications for hand hygiene are: & Before and after direct care & Before and after each procedure & When hands are soiled & After any contact with contaminated materials & Before re-entering nursing bag or patient s clean supplies & 2. All employees are responsible for implementing hand hygiene procedures in an ongoing attempt to prevent and/or contain infectious processes and communicable diseases &.

During an observation of a home visit on 2/16/2022, at 9:00 AM, HHA F was observed providing a sponge bath to patient #1, start of care 1/18/2022. At 9:18 AM, HHA F transferred the patient from the recliner chair to the rollator walker seat. HHA F placed a protective pad onto the seat of the recliner chair and placed a towel on the floor in front of the chair. Then, HHA F removed their gloves and donned a new pair, without performing hand hygiene in between, and pushed the patient into a small bathroom, next to the sink. At 9:23 AM, HHA F covered the patient with towel for privacy, then wiped the patients face with a warm washcloth twice, then cleaned the inside of the patients ears. HHA F applied lotion to the patient's face, wearing the same pair of gloves. At 9:27 AM, patient #1 leaned forward and HHA F wiped their back twice, applied lotion, covered with a towel and sat the patient back up. At 9:29 AM, HHA F wiped under the patient's neck, bilateral arms, underarms, and covered the patient



	<p>the bilateral arms, hands, under breasts, and removed gloves. At 9:33 AM, HHA F donned new gloves, did not hand sanitize in between glove changes, and applied deodorant to the patient's underarms. At 9:35 AM, HHA F removed the patients socks and compression stocking, removed her gloves and then donned a new pair without performing hand hygiene in between glove changes. HHA F wiped the bilateral lower extremities from above the knee to the feet and toes, then wiped the same areas dry. At 9:39 AM, HHA F applied lotion the the bilateral lower extremities, then removed gloves and donned a new pair without performing hand hygiene in between. At 9:50 AM, HHA F applied clean socks and cut a new compression stocking to fit the patient's left calf. HHA F removed her gloves, used alcohol based hand rub (ABHR), and applied a new brief to the patient without gloves on. Observation failed to evidence the HHA performed hand hygiene in between every glove change. Observation failed to evidence the HHA changed gloves after moving from dirty area task to a clean area. Observation failed to evidence the HHA practiced standard precautions during patient care per the agency policy.</p> <p>During an interview on 2/18/2022, at 11:41 AM, clinical manager B indicated the agency policy for hand washing was scrubbing with soap and water for 30 seconds, or with hand sanitizer. Hand hygiene should be performed every time there is a dirty to clean process, and in-between glove changes.</p> <p>During an interview on 2/18/2022, at 11:47 AM, administrator A indicated they would expect every clinician to perform hand hygiene after taking off their gloves.</p> <p>410 IAC 17-12-1(m)</p>			
G0687	<p>COVID-19 Vaccination of Home Health Agency staff</p> <p>484.70 (d)-(d)(3)(i-x)</p> <p>§ 484.70 Condition of Participation: Infection Prevention and Control.</p> <p>(d) Standard: COVID-19 Vaccination of Home Health Agency staff. The home health agency (HHA) must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this</p>	G0687	<p>The Governing Body immediately held an emergency meeting on 02-19-2022to address the initial results of the survey and developed a plan of actionthat was immediately implemented to ensure provision of a safe and quality careto all patients of American Home Health Services, Inc. During the meeting, Policiesand Procedures were reviewed pertaining to the agency's Infection Control Plan,and Surveillance Strategy. The Clinical Supervisor remains responsible toensure 100% adherence to infection prevention and control activities of theagency to prevent exposure of all staff and patients to</p>	2022-02-24

section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.

(1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following HHA staff, who provide any care, treatment, or other services for the HHA and/or its patients:

(i) HHA employees;

(ii) Licensed practitioners;

(iii) Students, trainees, and volunteers; and

(iv) Individuals who provide care, treatment, or other services for the HHA and/or its patients, under contract or by other arrangement.

(2) The policies and procedures of this section do not apply to the following HHA staff:

(i) Staff who exclusively provide telehealth or telemedicine services outside of the settings where home health services are directly provided to patients and who do not have any direct contact with patients, families, and caregivers, and other staff specified in paragraph (d)(1) of this section; and

(ii) Staff who provide support services for the HHA that are performed exclusively outside of the settings where home health services are directly provided to patients and who do not have any direct contact with patients, families, and caregivers, and other staff specified in paragraph (d)(1) of this section.

(3) The policies and procedures must include, at a minimum, the following components:

(i) A process for ensuring all staff specified in paragraph (d)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any

infectious diseases. It has been the goal of the agency to have all the staff vaccinated as early as January 1, 2021, as a matter of fact, constant surveillance/monitoring and unwavering efforts has been made to encourage COVID-19 Vaccination; multiple vaccination location/sites were sent thru text messaging every week to get them scheduled at their convenience considering the surge of COVID-19 cases, and restrictions brought about by the COVID-19 pandemic. With this initiative, almost all have completed their primary series of vaccination by April of 2021 except for 1. Attempts have been made to continuously encourage the staff to get vaccinated even up to this point in time. With the changing rules and regulations and mandate pertaining to COVID-19 on Vaccination of all staff of American Home Health Services, Inc., the final copy of the COVID-19 Regulatory Update on Vaccination (**Exhibit.49**) was discussed in detail and was approved by the Governing Body for immediate implementation to ensure that all staff working at the agency including clinical and office staff are fully vaccinated with COVID-19, to provide guidance to properly address those staff requesting for exemptions to the vaccination requirements with procedures to follow for religious/medical exemptions, contingency plan for staff that is not fully vaccinated, implementation of additional precautions intended to mitigate the transmission and spread of COVID-19 for all staff not fully vaccinated, a process of tracking and securely documenting the vaccination status of all staff for COVID-19 including any booster doses as recommended by the CDC records of which will be kept securely in their individualized personnel medical records. On 02-19-2022, the Employee Records Checklist (**Exhibit.50**) was revised with the approval of the Governing Body to include under Health Records item #5- Covid-19 Vaccination Card with date of completion and the In-service/ Training list (**Exhibit .51**) to include the COVID-19 Pandemic/Infection and Vaccination Regulations as requirements at the time of hire. These checklists will be used by the Administrator and the Clinical Supervisor to screen new applicants for employment, and checklist will be used to monitor 100% compliance. On 02-22-2022, the Administrator and the Clinical Supervisor conducted an In-service pertaining to Infection Prevention and Control Program (**Exhibit. 52**), and the COVID-19 Vaccination Regulatory Update (**Exhibit. 53**). The Clinical Supervisor called the attention of the unvaccinated staff on 02-21-2022 and discussed the COVID-19 Vaccination Regulatory Update. On 02-22-2022, the unvaccinated staff submitted a notarized Vaccine Exemption Form together with the Request for a Religious Exemption duly signed and dated by the staff with a narrative as to why

	<p>care, treatment, or other services for the HHA and/or its patients;</p> <p>(ii) A process for ensuring that all staff specified in paragraph (d)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (d)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the HHA has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with,</p>		<p>she is requesting for a vaccination exemption based on strong religious belief observances/practices. The Governing Body convened immediately in consideration on the request for vaccination exemption. After a thorough deliberation, it was decided that she be granted exemption provided she remains compliant with the additional precautionary measures as agreed upon by the employee and the agency represented by the Administrator and the Clinical Supervisor. As discussed and agreed upon final accommodation on 02-24-2022, unvaccinated employee agrees to comply with the additional precautionary measures set forth but not limited to the following: the unvaccinated employee will provide in a timely manner a copy of a negative (-) Covid-19 AG testing result showing the date of testing every week preferably a day before the first visit of the week; must always adhere to the CDC-recommended additional precautions such as: use of recommended facial mask, physical / social distancing, proper and frequent handwashing / hand hygiene; to complete the Covid-19 Self-Assessment form on the days of her visit. It was also agreed that a Positive (+) result would mean non-compliance with the above mentioned additional precautionary measures and American Home Health Services, Inc at this point would necessitate the employee vaccination as the ultimate remedy to continue to protect the patients and other staff of the agency. Meanwhile, current patients shall be assigned to another SN who is fully vaccinated to give time for the unvaccinated to eventually complete the primary series of Covid-19 Vaccination as required. With this agreement, it shall be the responsibility of the American Home Health Services, Inc. to strictly implement and keep track of the unvaccinated staff's compliance with the additional precautionary measures. Violation of this agreement shall consequently void the accommodation (<b>Exhibit.54</b>). The Clinical Supervisor remains responsible to ensure 100% adherence to infection prevention and control activities of the agency to prevent exposure of all staff and patients to infectious diseases, and reports regarding activities and initiatives shall be submitted and discussed with the Governing Body for evaluation during scheduled annual meetings and as the need arises.</p>	
--	---	--	---	--

further ensuring that such documentation contains

(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and

(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the HHA's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;

(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and

(x) Contingency plans for staff who are not fully vaccinated for COVID-19.

Based on record review and interview, the home health agency (HHA) failed to develop and implement policies and procedures to ensure that all staff are fully vaccinated against COVID-19.

The findings include:

Record review of an undated agency policy titled Infection Control Plan retrieved on 2/18/2022, stated Policy The Agency has developed and implemented infection control practices that conform to OSHA [Occupational Safety and Health Administration] regulations, CDC [Center for Disease Control and Prevention] guidelines, the Joint Commission requirements, state and local regulations and currently accepted standard of practice. The Clinical Manager is assigned responsibility for the management of infection prevention and control activities & Purpose To prevent or decrease the exposure of patients and employees to diseases and infections and to establish and maintain a surveillance program of identifying, reporting, and analyzing infections & Procedure 1. The

Agency Infection Control Plan conforms to OSHA regulations, CDC guidelines, the Joint Commission requirements, state and local regulations and currently accepted standards of practice & Provides record keeping in accordance with regulations & Establishes policies/procedures that will reduce the spread of infections to employees and patients & Monitors staff adherence to recommended policies, procedures, and protective measures. When monitoring reveals to follow recommended precautions: & Counseling, education and/or retraining will be provided & If necessary, appropriate disciplinary action will be taken & Screens staff as required by law and regulation for exposure and/or immunity to infectious diseases that staff may come in contact with & Refers staff who are exposed to or who potentially have an infectious disease to physicians for assessment, testing, prophylaxis treatment, counseling, and/or immunization &.

Record review of an undated agency policy titled Surveillance Strategy retrieved on 2/18/2022, stated American Home Health Serviucses [sic], Inc Shall collaborate with public health and private partners on tracking and reporting identified COVID 19 patients on regular data collection of visiting staff and timely documentation & Purpose & The aim of surveillance for COVID-19 is to limit the spread of disease & to diagnose and manage patients with other respiratory infections & To guide control measures, such as social distancing & To provide more complete estimate of how common COVID-19 is (or the incidence of infection) & Staff Practice: Monitor temperature daily prior to visits & Wearing of mask (and PPE if the patient is positive for COVID 19) &.

Record review of agency policies failed to evidence the required components for COVID-19 vaccination mandates including, but not limited to who is affected by the mandate, procedures to follow, religious/medical exemptions, tracking and securely documenting COVID-19 related information, and a contingency plan for staff that is not fully vaccinated.

Personnel record review on 2/18/2022, evidenced the agency had 10 of 11 employees that were fully vaccinated. Record review evidenced 1 employee had not begun the vaccination series. Record

	<p>review failed to evidence religious/medical exemptions for unvaccinated staff. Record review failed to evidence 100% staff compliance of the COVID-19 Vaccination mandate.</p> <p>During the entrance conference on 2/15/2022, at 10:25 AM, clinical manager B indicated the agency required staff to be vaccinated for COVID-19.</p> <p>During an interview on 2/18/2022, at 11:27 AM, clinical manager B indicated the unvaccinated employee did not have a religious or medical exemption, it was a personal preference.</p> <p>During an interview on 2/18/2022, at 11:31 AM, clinical manager B indicated there was not a policy adopted or developed by the agency in regards to the COVID-19 vaccine, but since it is mandated, they will put one in.</p>			
G0772	<p>Documentation of competency evaluation</p> <p>484.80(c)(5)</p> <p>The HHA must maintain documentation which demonstrates that the requirements of this standard have been met.</p> <p>Based on record review and interview, the home health agency failed to ensure every home health aide (HHA) was competent in the required categories prior to patient contact for 1 of 2 HHA personnel records reviewed. (HHA F)</p> <p>The findings include:</p> <p>Review of an undated, agency policy titled Competency Evaluation of Home Care Staff retrieved on 2/18/2022, stated Policy 1. The agency will establish a program that allows for objective, measurable, assessment of the person's ability to perform required activities. Individuals working in the agency must be licensed, registered or certified as required by law, policy or standards of practice. 2. The assessment will verify and focus on the individual staff knowledge and skill appropriate to assigned responsibilities, communication skills, and the ability to respond to client needs within their scope of responsibility. a. Competencies will address: b. Age/type of client &amp; c. Scope of services</p>	G0772	<p>The Governing Body immediately held an emergency meeting on 02-19-2022 to address the initial results of the survey and developed a plan of action that was immediately implemented to ensure provision of a safe and quality care to all patients of American Home Health Services, Inc. During the meeting, policies and procedures were reviewed pertaining to the Competency Evaluation of Home Care Staff to ensure that all home health employees are competent based on their required categories prior to patient contact. It is the goal of the agency to remain in strict compliance to the program that permits objective measurable assessment of the applicant's ability to perform required activities, able to respond to needs of clients in a safe and effective manner. After thorough review of all employee records, the written competency exam (<b>Exhibit 55</b>) was located and attached to HHA F folder. The Governing Body also reviewed completeness of the Employee Records Checklist (<b>Exhibit 56</b>) and to ensure applicants Passed the Competency Exam and copy of which will remain on the employee's record. All applicants shall be obliged to comply with the basic requirements for employment to include a passing score in the competency exam as required by the position applied for (<b>Exhibit 57</b>). It shall be the responsibility of the screening committee, the Administrator, and the Clinical Supervisor to ensure all requirements are met prior to hiring and/or first patient contact using the Employee Records Checklist to ensure completeness of requirements prior to hiring to ensure 100% compliance.</p>	2022-02-22

offered by Agency & d. High risk procedures & 3. Competency evaluations will be completed by individuals who have the knowledge and skills to assess performance and ability & 4. All competencies will be documented, and actions will be taken when opportunities for improvement are identified & Purpose To assure the personnel providing services to home care clients are trained, competent and able to respond to needs of clients in safe effective manner & Special Instructions 1. All new employees will be assessed for competency based on the expected requirements for the position. The qualifications for the positions will be identified in the position description given at time of hire & 2. Skills tests including written tests and direct observation of skill will be completed as determined by the agency policies and individual assessments. Certifications or verification of skill from other employers will be considered in determining competency & Home Health Aide Competency: & 3. A Home Health Aide will not be permitted to provide Home Health Aide services until evidence of adequate training and/or competency has been determined by the designated professional in the agency & 4. & b. Successful completion of a competency evaluation program. The Home Health Aide will have successfully completed the competency evaluation program if he/she demonstrates competency in a minimum of eleven of the twelve areas required in federal guidelines ... 9. Documentation of the individual Home Health Aide training and/or competency shall be maintained in the Home Health Aide s personnel file &.

Personnel record review on 2/18/2022, for HHA F, date of hire 4/17/2014, evidenced a first patient contact date of 4/21/2014 and failed to evidence documentation of a written test competency. Record review failed to evidence documentation of HHA F successfully completed a test competency prior to patient contact per the agency s policy.

During an interview on 2/18/2022, at 11:09 AM, administrator A and clinical manager B indicated HHA's have a test competency on

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

the date of hire.			
<p>During an interview 2/18/2022, at 11:19 AM, administrator A indicated they were looking through HHA F's old file for the test competency and would submit for review when found.</p> <p>During the exit conference on 2/18/2022, at 1:04 PM, employee D, office manager, indicated there was no additional information to submit for review.</p> <p>410 IAC 17-14-1(l)(2)</p>			

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