

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K172	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/25/2022
NAME OF PROVIDER OR SUPPLIER ADAPTIVE NURSING AND HEALTHCARE SERVICES - KOKOMO			STREET ADDRESS, CITY, STATE, ZIP CODE 400 N MAIN ST, KOKOMO, IN, 46901	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G0000	<p>This was a Federal recertification and State re-licensure survey of a home health agency.</p> <p>The survey was partially extended on 1/25/22 at 1:30 PM.</p> <p>Dates of Survey: January 18, 19, 20, 21, 24, and 25 of 2022.</p> <p>Facility ID: 14340</p> <p>Unduplicated Admissions for Previous 12 Months: 102</p> <p>Active Census: 96</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>QR Completed 2/23/2022 A4</p>	G0000	N/a	2022-02-21
N0000	<p>Initial Comments</p> <p>This was a State re-licensure survey of a home health agency.</p> <p>Dates of Survey: January 18, 19, 20, 21, 24, and 25; 2022.</p> <p>Facility ID: 14340</p>	N0000	N/a	2022-02-21

	Unduplicated Admissions for Previous 12 Months: 102 Active Census: 96			
N0442	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(b)</p> <p>Rule 12 Sec. 1(b) A governing body, or designated person(s) so functioning, shall assume full legal authority and responsibility for the operation of the home health agency. The governing body shall do the following:</p> <ul style="list-style-type: none"> (1) Appoint a qualified administrator. (2) Adopt and periodically review written bylaws or an acceptable equivalent. (3) Oversee the management and fiscal affairs of the home health agency. <p>Based on record review and interview, the governing body failed to evidence it oversaw the closure of the home health agency's branch location for 1 of 1 branch locations (South Bend, Indiana), which had the potential to affect all agency patients and employees.</p> <p>Findings include:</p> <p>An agency policy titled Governing Body and last revised January 4, 2022, indicated but was not limited to & Policy: The Governing Body (or designated persons so functioning) assume full legal authority and responsibility for the agency's overall management and operation, the provision of all home</p>	N0442	<p>1. The Governing Body met for annual meeting on 2/21/22 regarding all changes that occurred within the agency over the last 12 months. This meeting included the closure of the South Bend location, as well as policy updates, personnel title changes, organization chart update, and Administrative placements.</p> <p>2. The Administrator and Governing Body will meet on a quarterly, and as needed basis for any changes that have occurred or may occur in the future. The Governing Body will meet with the Administrator for any plans that may affect the agency. All meeting minutes and changes affected by them will be incorporated into the Quality Assurance Process Improvement plan for agency staff to be involved with. Changes and updates will be assessed throughout the quarter and adjustments will be made accordingly.</p> <p>3. The Governing Body holds full legal authority and responsibility of the agency.</p> <p>4. The deficiency was corrected on 2/21/22.</p>	2022-02-21

	<p>review of the agency's & operational plans & Responsibilities: & 8. Additional activities of the Governing Body include: Decision making &.</p> <p>The governing body meeting minutes for all meetings conducted between 2/12/2021 to 1/6/2022 were reviewed on 1/25/22. The minutes failed to evidence the governing body approved the closure of the South Bend, Indiana, branch location.</p> <p>An interview was conducted on 1/25/22 at 11:22 AM with the Administrator/Clinical Manager and Alternate Administrator. During the interview, the Administrator/Clinical Manager confirmed there were no active patients who received care from the South Bend branch, and the last service date for home health agency services provided from the South Bend branch location was 12/25/21.</p> <p>An interview was conducted with Governing Body Member #1 on 1/25/22 at 1:54 pm. During the interview, Governing Body Member #1 confirmed the governing body decided to close the South Bend, Indiana, branch location. Governing Body Member #1 was unable to provide an exact date of the governing body meeting where this decision was voted on, and confirmed it was around October of 2021. Governing Body Member #1 also confirmed there were no active employees who currently worked out of the closed branch.</p>			
G0706	Interdisciplinary assessment of the patient	G0706	1. Administrator in serviced all RN Case Managers on 1/31/22 on head to toe	2022-01-31

<p>484.75(b)(1)</p> <p>Ongoing interdisciplinary assessment of the patient;</p> <p>Based on observation, record review, and interview, the Registered Nurse (RN)[CL1] failed to conduct a comprehensive assessment of a patient's lung sounds for 1 of 1 home visit observations of a skilled nursing visit (Patient #3) and failed to conduct a comprehensive assessment of a patient's wounds for 1 of 1 active records reviewed of patients with an active wound (Patient #5).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An agency policy titled Nursing Documentation of Client Assessment, last revised 1/4/22, indicated but was not limited to & Procedure: 1. A thorough, well organized, comprehensive and accurate assessment, consistent with the client's immediate needs will be completed/documentated for all clients & 4. The nursing comprehensive assessment will include, but is not limited to: & d. Respiratory status and Oxygen safety & i. Integumentary [skin] status. j. Pressure ulcer risk assessment, prevention measures and effective healing principles &. 2. An agency job description titled Registered Nurse Case Manager and revised 4/8/21, indicated but was not limited to & Essential Functions/Areas of Accountability & 2. Performs initial and ongoing client assessments based on Agency policy and standards of practice to ensure effective and appropriate home care services &. 3. Constantine, Salmon, & Maryniak (January 16, 2012). "Overview of Nursing Health Assessment." Retrieved 1/19/21 from RN.com. "... Pulmonary Assessment ... Auscultate the anterior and posterior chest: Have patient breath slightly deeper than normal through their mouth. Auscultate from C-7 to approximately T-8, in a left to right comparative sequence. You should auscultate between every rib ... Identify any adventitious breath sounds ..." 4. Nagle, Waheed, Wilbraham. (2021). Wound Assessment. Retrieved 1/31/2022 from www.ncbi.nlm.nih.gov. & A wound in damage or disruption of the skin, and, before treatment, the exact cause, location, and type of wound must be assessed to provide appropriate treatment & Nursing, Allied Health, and Interprofessional 		<p>assessment properties and care coordination. The in service includes steps on how to complete a physical head to toe assessment, as well as who to coordinate with regarding abnormal assessment findings and/or areas unable to visualize such as a covered wound.</p> <p>2. Administrator/designee will prevent the deficiency from recurring in the future by continued education and discussion surrounding patient needs and care details through weekly meetings. Administrator/designee to audit RN Case Manager census on a quarterly basis which includes review of comprehensive assessment and care coordination. Administrator/designee to provide 1:1 education to RN Case Manager who does not meet expectations of complete and thorough comprehensive assessment and 100% coordination with all other entities involved in patient care. Plans of correction will be written for any deficiency noted, which will be incorporated into the Quality Assurance Process Improvement Plan and assessed throughout the quarter. Any adjustments needed will be made accordingly.</p> <p>3. Administrator/designee is responsible for ensuring meetings take place every week and includes coordination of patient care details and needs. Administrator/designee to ensure RN Case Manager's census is reviewed on a quarterly basis and 1:1 education is completed as necessary.</p> <p>4. The deficiency was corrected by 1/31/22.</p>	
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<p>Team Interventions. Generally, ongoing nursing and clinician assessments and monitoring of wounds are similar: & Determine the state of the wound. Evaluate and measure the depth, length, and width of the wound. Measure the amount of undermining and tunneling. Evaluate the wound bed. Assess for [presence], type, and amount of exudate & [Assess] surrounding skin tissue & Evaluate for signs and symptoms of [infection] & Document findings & Nursing, Allied Health, and Interprofessional Team Monitoring. Wound checks are typically once per shift &.</p> <p>5. A home visit observation was conducted on 1/18/22 at 3:40 PM with Patient #3 (start of care 4/2/2020) and RN #1. During the visit, RN #1 auscultated the patient's lung sounds within two anterior (chest) quadrants and four posterior (back) quadrants. The RN failed to perform an assessment of all lung lobes.</p> <p>6. The clinical record of Patient #5 was reviewed on 1/24/22 and indicated a start of care date of 2/25/2021, with patient diagnoses including but not limited to multiple sclerosis, decubitus ulcer (wound caused from prolonged pressure on a specific location of the body) of the right hip, and decubitus ulcer of the coccyx (triangular shaped portion of bone located at the end of the spine). The record included a plan of care for the certification period 12/22/21 2/19/22 which indicated the patient received skilled nursing services from Home Health Agency #1 twice a week for wound care. The record also included a resumption of care assessment completed on 1/7/22 by Administrator/Clinical Manager. The assessment indicated but was not limited to & Integumentary/Wound Care & Wound #1. Location: Sacral region [portion of the spine which includes the last 4 vertebra and coccyx]. Type: pressure wound. Stage: NA [not applicable] & Wound #2. Location: Right hip. Type: pressure ulcer. Stage: NA & Comments: & Unable to assess wound at today's visit due to new dressing just recently being applied. Client continues to receive wound care from [Home Health Agency #1] twice weekly &. The assessment failed to evidence the RN assessed and documented the patient's wounds for type of dressing, frequency of dressing changes, pressure wound staging, measurements, and presence or absence of drainage, odor, or signs of infection.</p> <p>An interview of Patient #5 was conducted on 1/19/22 at 11:40 AM. During the interview, Patient #5 confirmed her wounds were changed daily by either her family member or Home</p>			
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	<p>Health Agency #1. Patient #5 also confirmed the registered nurses from Adaptive Nursing and Healthcare Services did not assess the patient's wounds when they visited.</p> <p>7. An interview was conducted on 1/20/22 at 11:30 am with the Administrator/Clinical Manager and Alternate Administrator. During the interview, the Administrator/Clinical Manager confirmed the registered nurse should assess the patient's lung sounds by [using] a stethoscope to listen in all front quadrants and back quadrants and bilateral [both] sides.</p> <p>8. An interview was conducted on 1/25/22 at 1:14 PM with the Administrator/Clinical Manager and Alternate Administrator. During the interview, the Administrator/Clinical Manager confirmed the RN should assess a patient's wound(s) during an in-home visit as long as a dressing isn't there that was placed by another skilled nursing agency. The Administrator/Clinical Manager also confirmed if a patient received wound care from another agency, the patient's nurse case manager performed care coordination with the skilled nursing agency by confirming the agency was still performing care and requesting a plan of care from the other agency.</p>			
G0798	<p>Home health aide assignments and duties 484.80(g)(1)</p> <p>Standard: Home health aide assignments and duties.</p> <p>Home health aides are assigned to a specific patient by a registered nurse or other appropriate skilled professional, with written patient care instructions for a home health aide prepared by that registered nurse or other appropriate skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist).</p> <p>Based on record review and interview, the home health agency failed to evidence detailed and specific Home Health Aide (HHA) care plans for 4 of 6 active records reviewed (Patients #1, 3, 4, 5).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An agency policy titled "Home 	G0798	<p>1. Administrator in serviced all RN Case Managers and Home Health Aides on 1/31/22 on Home Health Aide scope of practice and following the plan of care, as well as Home Health Aide Service plan specifications.</p> <p>2. Administrator/designee to review 100% of Home Health Aide daily visit sheets every 30 days per patient visit schedule to review completion of Home Health Aide documentation, Service Plan details that are individualized to the patient such precautions, bathing needs and ADL needs, and ensure consistency of physician orders from plan of care to service plan. Plans of correction will be written for any deficiency noted, which will be incorporated into the Quality Assurance Process Improvement Plan and assessed throughout the quarter. Any adjustments needed will be made accordingly.</p> <p>3. The Administrator/designee is responsible for ensuring Quality Assurance review is completed every 30 days per patient schedule through quarterly nurse audits. 1:1 education to be</p>	2022-01-31

Health Aide Care Service Plan, last revised 1/4/2022, indicated but was not limited to & A complete and appropriate Care Service Plan, identifying duties to be performed by the Home Health Aide, shall be developed by a Registered Nurse & The Home Health Aide cannot be responsible for performing any procedure that is not assigned to him/her in writing by the Registered Nurse

2. The clinical record of Patient #1 was reviewed on 1/24/21 and indicated a start of care date 3/9/21, and patient diagnoses included but not limited to chronic pain syndrome, chronic obstructive pulmonary disease (COPD), lupus, and epilepsy. The record included a plan of care for the certification period 1/3/22 - 3/3/22, which indicated orders for home health aide services 8 hours per day, 7 days per week. The record also included Daily Visit Sheets for HHA visits completed with Patient #1. Daily Visit Sheets completed on 1/8/22, 1/10/22, 1/17/22, and 1/19/22 indicated Patient #1 received HHA services in two separate shifts.

The record included a Plan of Care Service Plan for HHAs, reviewed and signed by the Alternate Clinical Manager on 1/3/22. The aide care plan failed to evidence clear and detailed directions on which tasks were to be performed when the patient's HHA services were divided into two different shifts.

3. The clinical record of Patient #3

provided to each RN Case Manager if QA is not being completed as expected.

4. The deficiency was corrected on 1/31/22.

indicated a start of care 11/3/2020, with patient diagnoses including but not limited to Duchenne Muscular Dystrophy, cardiac arrhythmia, and high blood pressure. The record included a plan of care for the certification period 12/25/21 - 2/25/22, which indicated orders for home health aide services 4 hours per day, 5 days per week. The plan of care also indicated the HHA [was] to assist with all ADLs such as bathing (bed bath), hair care, dressing, meal prep, positioning, laundry, toileting, light housekeeping, and transfers.

The record included a Plan of Care Service Plan for HHAs, reviewed and signed by the Alternate Clinical Manager on 12/26/21. The aide care plan indicated tasks to be performed included but were not limited to ... Bed Bath. Frequency: 2 x Week. Plan Notes: Full bed bath & Partial Bath. Frequency: 3 x Week. Plan Notes: Partial bed bath &. The care plan failed to evidence clear and precise directions on when the aide was to perform a full vs partial bed bath.

4. The clinical record of Patient #4 was reviewed on 1/19/22 and indicated a start of care 12/22/21, with patient diagnoses including but not limited to Hemiplegia (paralysis of one side of the body) following cerebrovascular disease (a group of conditions that affect blood flow and the blood vessels in the brain), muscle stiffness, depression, insomnia, overactive bladder, metabolic encephalopathy (a problem in the brain caused by a

and dysphagia (difficulty swallowing). The record included a plan of care for the certification period 12/22/2021-2/19/2022, which indicated orders for home health aide services 8 hours per day, 5 days per week. The plan of care also indicated the aide was to monitor for fall risks such as stumbling, shuffling or unsteady gait, weakness, or dizziness. Keep pathways clear of clutter and obstacles, encourage use of electric wheelchair/walker.

The record included a Plan of Care Service Plan for HHAs, reviewed and signed by the Clinical Manager on 12/22/2021. The aide care plan failed to evidence the HHA was tasked with monitoring for patient falls risks, keep pathways clear, and encourage the patient to use their electric wheelchair or walker..

5. The clinical record of Patient #5 was reviewed on 1/21/22 and indicated a start of care 2/25/21, with patient diagnoses including but not limited to multiple sclerosis, neurogenic bladder, anxiety, depression, chronic pain, gastroesophageal reflux disease (GERD), and pressure ulcer wounds to the right hip and coccyx (tailbone) area. Patient was also hospitalized 1/3/22-1/6/22 for acute respiratory failure. The record included a plan of care for the certification period 12/22/21-2/9/22, which indicated orders for home health care services 5 hours per day, 5 days per week. The plan of care also indicated the patient had a suprapubic catheter (type of urinary catheter placed into a surgically created stoma in the lower abdomen), and the aide was to "report to RN [nurse] of any

dislodgement, decreased urine output, abnormal smell, discoloration, or any pain/burning [with urination].

The record included a Plan of Care Service Plan for HHAs, reviewed and signed by the Clinical Manager on 1/7/2022. The aide care plan failed to direct the HHA to report to the RN problems with the suprapubic catheter or abnormal urinary symptoms as ordered in the plan of care.

6. An interview was conducted on 1/25/2022 at 1:15 PM with the Administrator/Clinical Manager and Alternate Administrator. During the interview, the Administrator/Clinical Manager confirmed when patients had more than one aide shift but only one aide care plan, the care plan should specify which task was assigned for each shift. The Administrator/Clinical Manager confirmed for patients who had both a full and partial bed bath tasks within the care plan, it was up to client preference whether a full or partial bath was to be performed each day, and this direction should be clearly indicated within the aide care plan. The Administrator/Clinical Manager also confirmed precautions or specific symptoms for the aide to report which were ordered within the plan of care should be included on the aide care plan.

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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