

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K023	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER HELP AT HOME SKILLED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6855 SHORE TERRACE SUITE 240, INDIANAPOLIS, IN, 46254		
(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 visit was for 2 federal/state complaints of a home health agency. The investigation began on 3/08/2022 and the facility was entered on 3/10/2022.</p> <p>A fully extended survey was announced on 3/11/2022 at 1:40 PM, and a recertification survey and state re-licensure survey were conducted.</p> <p>Complaint Intake: 62349-Substantiated with Findings Complaint Intake: 62350- Substantiated with Findings</p> <p>Survey Dates: 3/8, 3/9, 3/10, 3/11, 3/14, 3/15, 3/16, 3/17, 3/18, and 3/21 of 2022</p> <p>An Immediate Jeopardy related to §484.70 (d) Infection Prevention and Control through vaccination of agency staff, or documentation of exemption, was identified and announced on 3/11/2022 at 1:40 p.m. The immediate jeopardy began on February 14th, 2022, when the agency failed to implement CMS-mandated tracking of the vaccination status of agency staff.</p> <p>The immediate jeopardy was unremoved at the survey exit date</p>	G0000	N/A	2022-06-02

	<p>of 3/21/2022. The agency's 3/17/2022 removal plan was found to be unacceptable. The next Immediacy Removal plan (#2) was found unacceptable on 3/21/2022.</p> <p>Based on the Condition-level deficiencies identified during the 3/21/2022 survey, Help at Home Skilled was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act, on 3/11/2022 at 1:40 p.m. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, Help at Home Skilled Care is precluded from operating or being the site of a home health aide training and/or competency evaluation program for a period of 2 years beginning 3/21/2022, and continuing through 3/20/2024.</p> <p>QR by Area 3 on 4-2-2022</p>			
<p>G0406</p>	<p>Patient rights</p> <p>484.50</p> <p>Condition of participation: Patient rights.</p> <p>The patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. The HHA must protect and promote the exercise of these rights.</p> <p>The cumulative effect of these systemic problems resulted in the agency's inability to ensure the provision of quality health care in a safe environment for the Condition of Participation 484.50 Patient Rights.</p>	<p>G0406</p>	<p>Letter from IDOH states a response is not necessary here.</p>	<p>2022-05-16</p>
<p>G0412</p>	<p>Written notice of patient's rights</p> <p>484.50(a)(1)(i)</p> <p>(i) Written notice of the patient's rights and responsibilities under this rule, and the HHA's transfer and discharge policies as set forth in paragraph (d) of this section. Written notice must be understandable to persons who have</p>	<p>G0412</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction</p>	<p>2022-04-22</p>

	<p>limited English proficiency and accessible to individuals with disabilities;</p> <p>An 8/26/2021 policy titled Admission Criteria was provided by RN B on 3/12/2022 at 12:35 p.m. The document indicated but was not limited to; The following forms are signed, by the client or designated responsible party, healthcare proxy, or legal guardian during the admission process with a copy remaining in the client s home chart and the original maintained in the office clinical record. a. Agreement/Consent for Home Care Services b. Home Safety Evaluation c. Handbook Acknowledgement & e. the consent/release of information form is to be signed by the client or responsible party, healthcare proxy, or legal guardian and placed in the medical record.</p> <p>The complete clinical record of patient #4 was reviewed on 3/17/2022. The record failed to evidence documentation of signed consents and failed to evidence receipt of patient rights, patient responsibilities, agency discharge policies, and agency transfer policies. The record contained receipt of consents for another agency, entity ?, patient 4 s previous home health agency.</p> <p>The complete clinical record of patient #5 was reviewed on 3/17/2022. The record failed to evidence documentation of signed consents and failed to evidence receipt of patient rights, patient responsibilities, agency discharge policies, and agency transfer policies.</p> <p>The complete clinical record of patient #6 was reviewed on 3/21/2022. The record failed to</p>		<p>report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
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	<p>consents and failed to evidence receipt of patient rights, patient responsibilities, agency discharge policies, and agency transfer policies.</p> <p>The complete clinical record of patient #8 was reviewed on 3/10/2022. The record failed to evidence documentation of signed consents and failed to evidence receipt of patient rights, patient responsibilities, agency discharge policies, and agency transfer policies.</p> <p>The complete clinical record of patient #23 was reviewed on 3/15/2022. The record failed to evidence documentation of signed consents and failed to evidence receipt of patient rights, patient responsibilities, agency discharge policies, and agency transfer policies.</p> <p>The complete clinical record of patient #24 was reviewed on 3/15/2022. The record failed to evidence documentation of signed consents and failed to evidence receipt of patient rights, patient responsibilities, agency discharge policies, and agency transfer policies.</p>			
<p>G0412</p>	<p>Written notice of patient's rights</p> <p>484.50(a)(1)(i)</p> <p>(i) Written notice of the patient's rights and responsibilities under this rule, and the HHA's transfer and discharge policies as set forth in paragraph (d) of this section. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities;</p>	<p>G0412</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the</p>	<p>2022-04-22</p>

	<p>8.</p> <p>The complete clinical record of patient 25 was reviewed on 3/15/2022. The record failed to evidence documentation of signed consents and failed to evidence receipt of patient rights, patient responsibilities, agency discharge policies, and agency transfer policies.</p> <p>9.</p> <p>The complete clinical record of patient 26 was reviewed on 3/15/2022. The record failed to evidence documentation of signed consents and failed to evidence receipt of patient rights, patient responsibilities, agency discharge policies, and agency transfer policies.</p>		<p>Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
<p>G0412</p>	<p>Written notice of patient's rights</p> <p>484.50(a)(1)(i)</p> <p>(i) Written notice of the patient's rights and responsibilities under this rule, and the HHA's transfer and discharge policies as set forth in paragraph (d) of this section. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities;</p> <p>The complete clinical record of patient #27 was reviewed on 3/15/2022. The record failed to evidence documentation of signed consents and failed to evidence receipt of patient rights, patient responsibilities, agency discharge policies, and agency transfer policies.</p>	<p>G0412</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in</p>	<p>2022-04-22</p>

	<p>On 3/17/2022 requested admission consents for patients on the patient roster from the alternate administrator. The agency failed to provide all admission consents requested, alternate administrator stated they may be PSA patients and she would continue to look for them. No additional consents were provided.</p>		<p>hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
<p>G0414</p>	<p>HHA administrator contact information</p> <p>484.50(a)(1)(ii)</p> <p>(ii) Contact information for the HHA administrator, including the administrator's name, business address, and business phone number in order to receive complaints.</p> <p>1. A document titled Patient Orientation for Home Health Aide Care was provided by the Lafayette Branch Manager on 3/14/2022 at 10:50 a.m. when asked for the current admission packet. The document indicated but was not limited to; Any concern or grievance may be made in writing or by a telephone to the Indianapolis Parent Office Administrator, [Former Administrator B 6 months prior] & Our offices hours are Monday through Friday from 9:00 a.m. to 5:00 p.m., except on the following holidays: Memorial Day, July Fourth, Labor Day, Thanksgiving, Christmas Day and New Year s Day & After Hours Coverage: We provide 24-hour on-call services, 7 days per week to ensure that you receive necessary home care services.</p> <p>2. On 3/08/2022 a phone call was placed to the agency s Bloomington branch at 3:15 p.m. during business hours. An answering system directed emergencies to call 911 or leave a voice mail and a call back would be received as soon as possible.</p> <p>3. On 3/08/2022 a phone call was placed to the agency s Bloomington branch at 3:20 p.m. during business hours. An answering system directed emergencies to call 911 or leave a voice mail and a call back would be received as soon as possible, the voice box mail was</p>	<p>G0414</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff were educated on on-call process on 4/20/22, which includes 24 hours per day, 7 days per week answering service. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. Administrator/designee with receive all complaints and investigate fully on grievance investigation form. Agency incident reporting will be entered into the Riskconnect system for tracking purposes</p>	<p>2022-04-22</p>

	<p>full and unable to accept messages.</p> <p>4. On 3/15/2021 the agency s after-hours phone number was called. The call was answered by a recording that directed patients to leave a voicemail to receive a callback. The voicemail then states the voicemail box is full and terminates the phone call.</p> <p>5. On 3/08/2022 during an interview with patient 3 s power of attorney (POA), the POA stated they have made multiple attempts to reach the administrator and have been unsuccessful. They stated even during business hours they will not answer their phone.</p> <p>6. During a home visit on 3/15/2022 patient 17's paperwork reviewed in the home had the incorrect name and contact information for the agency's administrator and clinical manager.</p> <p>7. During a home visit on 3/15/2022 patient 15 did not have contact information for the agency's administrator and clinical manager.</p> <p>8. During a home visit on 3/15/2022 patient 16's paperwork reviewed in the home had the incorrect name and contact information for the agency's administrator and clinical manager.</p> <p>9. During an interview with HHA V, HHA V stated that ever since September of 2021 when Entity 3 took over the agency patient are unable to get a hold of someone at the agency. HHA V stated those that who do have to call repeatedly and occasionally during hours someone will answer but after-hours patients complain they do not receive a callback.</p> <p>10. During an interview on 3/16/2022 at 10:45 a.m. when the administrator was informed the phones were not being answered and the voicemail box was full, they stated Maybe there was a technical issue that day, I ll have</p>		<p>only. Administrator/designee will pull quarterly reports from Riskconnect to incorporate into the Quality Assurance Process Improvement program for data analyzation, tracking, and process improvement project implementation. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
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	<p>provided.</p> <p>11. During an interview with the administrator on 3/21/2022 at 1:18 p.m., the administrator stated all complaints are placed into a program (Risk Management). The administrator stated they did not have access or oversight of the program and could only request specific information. The administrator stated he was not sure who had full oversight but that it was someone from the corporate-owned entity 1.</p>			
<p>G0414</p>	<p>HHA administrator contact information</p> <p>484.50(a)(1)(ii)</p> <p>(ii) Contact information for the HHA administrator, including the administrator's name, business address, and business phone number in order to receive complaints.</p> <p>11. During a home visit on 3/15/2022 patient 11 did not have contact information for the agency's administrator and clinical manager in the home binder.</p>	<p>G0414</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff were educated on on-call process on 4/20/22, which includes 24 hours per day, 7 days per week answering service. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. Administrator/designee with receive all complaints and investigate fully on grievance investigation form. Agency incident reporting will be entered into the Riskconnect system for tracking purposes only. Administrator/designee will pull quarterly reports from Riskconnect to incorporate into the Quality Assurance Process Improvement program for data</p>	<p>2022-04-22</p>

			<p>analyzation, tracking, and process improvement project implementation. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
G0414	<p>HHA administrator contact information</p> <p>484.50(a)(1)(ii)</p> <p>(ii) Contact information for the HHA administrator, including the administrator's name, business address, and business phone number in order to receive complaints.</p> <p>A home observation visit with Patient #17 was conducted on 03/15/2022 at 10:00 AM, with Employee R, home health aide and patients family member present. Observed agency folder in home missing the name of Employee B, administrator. Administrator contact information missing in the home.</p> <p>Review of an agency document dated 04/2021, titled Patient Orientation for Home Health Care contained a section titled Patient Rights and Responsibilities missing the name of the current administrator.</p>	G0414	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff were educated on on-call process on 4/20/22, which includes 24 hours per day, 7 days per week answering service. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. Administrator/designee will receive all complaints and investigate fully on grievance investigation form. Agency incident reporting will be entered into the Riskonnect system for tracking purposes only. Administrator/designee will pull quarterly reports from Riskonnect to incorporate into the Quality Assurance Process Improvement program for data analyzation, tracking, and process improvement project implementation. 4.</p>	2022-04-22

			<p>Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
G0418	<p>Patient's or legal representative's signature</p> <p>484.50(a)(2)</p> <p>Obtain the patient's or legal representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.</p> <p>17-12-3(a)(2)</p>	G0418	<p>1. Administrator/designee educated all RN Case Managers on 4/20/22 regarding 'Admission Criteria' policy and 'Medical Record Content' policy which includes referral requirements, Face to Face documentation requirements, patient acceptance process and guidelines, physician order requirements, as well as signed documentation required before furnishing care; agreement and consent for homecare services. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. RN Case Managers will obtain signed agreements and consents for services on day of admission and before services are furnished. All admission documents to be uploaded to the EMR within 14 days per policy. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through</p>	2022-04-22

			Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.	
G0418	<p>Patient's or legal representative's signature</p> <p>484.50(a)(2)</p> <p>Obtain the patient's or legal representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.</p> <p>1. An 8/26/2021 policy titled Admission Criteria was provided by RN B on 3/12/2022 at 12:35 p.m. The document indicated but was not limited to; The following forms are signed, by the client or designated responsible party, healthcare proxy, or legal guardian during the admission process with a copy remaining in the client s home chart and the original maintained in the office clinical record. a. Agreement/Consent for Home Care Services b. Home Safety Evaluation c. Handbook Acknowledgement & e. the consent/release of information form is to be signed by the client or responsible party, healthcare proxy, or legal guardian and placed in the medical record.</p> <p>2. The complete clinical record of patient #4 was reviewed on 3/17/2022. The record failed to evidence documentation of signed consents, failed to evidence the receipt of patient rights, and responsibilities. The record contained receipt of consents for another agency, Entity 2, patient 4 s previous home health agency.</p> <p>3. The complete clinical record of patient #5 was reviewed on 3/17/2022. The record failed to evidence documentation of signed consents, failed to evidence receipt of patient rights, and patient responsibilities.</p>	G0418	<p>1. Administrator/designee educated all RN Case Managers on 4/20/22 regarding 'Admission Criteria' policy and 'Medical Record Content' policy which includes referral requirements, Face to Face documentation requirements, patient acceptance process and guidelines, physician order requirements, as well as signed documentation required before furnishing care; agreement and consent for homecare services. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. RN Case Managers will obtain signed agreements and consents for services on day of admission and before services are furnished. All admission documents to be uploaded to the EMR within 14 days per policy. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in</p>	2022-04-22

4. The complete clinical record of patient #6 was reviewed on 3/21/2022. The record failed to evidence documentation of signed consents, failed to evidence receipt of patient rights, and patient responsibilities.

5. The complete clinical record of patient #8 was reviewed on 3/10/2022. The record failed to evidence documentation of signed consents, failed to evidence receipt of patient rights, and patient responsibilities.

6. The complete clinical record of patient #23 was reviewed on 3/15/2022. The record failed to evidence documentation of signed consents, failed to evidence receipt of patient rights, and patient responsibilities. 7. The complete clinical record of patient #24 was reviewed on 3/15/2022. The record failed to evidence documentation of signed consents, failed to evidence receipt of patient rights, and patient responsibilities.

8. The complete clinical record of patient #25 was reviewed on 3/15/2022. The record failed to evidence documentation of signed consents, failed to evidence receipt of patient rights, and patient responsibilities.

9. The complete clinical record of patient #26 was reviewed on 3/15/2022. The record failed to evidence documentation of signed consents, failed to evidence receipt of patient rights, and patient responsibilities.

which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.

	<p>10. The complete clinical record of patient #27 was reviewed on 3/15/2022. The record failed to evidence documentation of signed consents, failed to evidence receipt of patient rights, and patient responsibilities.</p> <p>11. On 3/17/2022 requested admission consent for patients on the patient roster from the alternate administrator. The agency failed to provide all admission consents requested, alternate administrator stated they may be PSA (personal service agency) patients and she would continue to look for them. No additional consents were provided.</p>			
<p>G0432</p>	<p>Make complaints to the HHA</p> <p>484.50(c)(3)</p> <p>Make complaints to the HHA regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the HHA;</p> <p>1. On 3/14/2022 at 10:50 AM, a document titled Patient Orientation for Home Health Care, was provided by Employee K. A review of the document indicated but was not limited to ...Policies...This book contains information regarding your rights...as a patient...The home health agency must protect and promote the exercise of these rights as follows & Make complaints to Help at Home..."</p>	<p>G0432</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff were educated on on-call process on 4/20/22, which includes 24 hours per day, 7 days per week answering service. All internal staff were educated on the 'Complaint Grievance' policy on 4/20/22 in which states Administrator/designee will receive all verbal or written complaints and will investigate fully with a resolution within 30 days. 2. All current home health</p>	<p>2022-04-22</p>

	<p>2. On 3/14/2022 the administrator provided meeting minutes for each branch for 2022. A review of the meeting minutes for the week ending 1/29/2022 ,for the Indianapolis branch of the agency stated "Additional Notes & HHA (Home Health Agency) reporting and grievances go to [name of State Quality & Compliance Lead out of Chicago Illinois.]</p> <p>3. On 3/08/2022, a phone call was placed to the agency s Bloomington branch at 3:15 p.m. during business hours. An answering system directed emergencies to call 911 or leave a voice mail and a call back would be received as soon as possible.</p> <p>4. On 3/08/2022 a phone call was placed to the agency s Bloomington branch at 3:20 p.m. during business hours. An answering system directed emergencies to call 911 or leave a voice mail and a call back would be received as soon as possible, the voice box mail was full and unable to accept messages.</p> <p>5. On 3/08/2022 during an interview with Patient 3 s power of attorney (POA), the POA stated they have made multiple attempts to reach the administrator and have been unsuccessful. They stated even during business hours the agency would not answer their phone.</p> <p>6. During an interview on</p>		<p>patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. Administrator/designee with receive all complaints and investigate fully on grievance investigation form. Agency incident reporting will be entered into the Riskonnect system for tracking purposes only. Administrator/designee will pull quarterly reports from Riskonnect to incorporate into the Quality Assurance Process Improvement program for data analyzation, tracking, and process improvement project implementation. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
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	<p>stated ever since September of 2021, when Entity 3 took over the agency, patients are unable to get a hold of someone at the agency. HHA V stated those that do get a response must call repeatedly and occasionally during hours someone will answer, but after-hours patients complain they do not receive a callback.</p> <p>7. On 3/15/2021, the agency s after-hours phone number was called. The call was answered by a recording that directed patients to leave a voicemail to receive a callback. The voicemail then stated the voicemail box was full and terminated the phone call.</p> <p>8. During an interview with the administrator on 3/21/2022 at 12:23 p.m., the administrator stated all complaints are placed into a program (RisKonnct.) The administrator stated no employee at this agency had access or oversight of the program and could only request specific information. The administrator stated he was not sure who had full oversight but that it was someone from the corporate-owned entity 1.</p> <p>410 IAC 17-12-3(b)(2)(B)</p>			
<p>G0436</p>	<p>Receive all services in plan of care</p> <p>484.50(c)(5)</p> <p>Receive all services outlined in the plan of care.</p> <p>The complete clinical record for patient #4 was reviewed on 03/11/2022 for the certification period of 01/07/2022 through 03/07/2022.</p>	<p>G0436</p>	<p>1. Administrator/designee educated all internal staff on 'Plan of Care' policy on 4/20/22 which includes "The plan of care/treatment shall cover pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities</p>	<p>2022-06-02</p>

	<p>of 01/07/2022 with orders for home health aide services 6 hours per day 5 days per week.</p> <p>Patient #4's received 0 of the 270 home health hours ordered during the certification period. Patient #4 then received a recertification visit on 03/07/2022 by a registered nurse.</p> <p>During an interview with the administrator and alternate administrator on 3/21/2022, they stated they would have to look into why the patient did not receive visits. Upon return, they stated they were having issues obtaining preauthorization for the patient. The record failed to evidence any monitoring of the patient during the certification period and failed to evidence a new start of care date once preauthorization was obtained.</p>		<p>permitted, nutritional requirements, medications and treatments, safety measures to protect against injury, instructions for timely discharge or referral and other appropriate items. Clients shall be accepted for care based on a reasonable expectation that the client's health needs can be adequately met by the home health agency in the client's place of residence." 100% of clients to be reviewed to establish baseline of those not receiving 100% of ordered care visits. Ordered care visits will be offered on alternate days and times, including weekends, to make up a missed care visit, which will be documented in the EMR. If unable to meet all ordered care visits for any client, even with offerings of alternate days and times, the client will become top priority for agency to staff prior to admitting new referrals by discussing in weekly meetings with team. Referral inquiries that will not be accepted will be communicated to the AAA case manager regarding choosing of another agency that can meet their needs. Agency will hold weekly orientation for new employees as applicable and will continue with recruiting efforts 5 days per week. Recruiting for full time employees is continual with a goal of having more available staff than needed for instances of illness, or needed time off. Agency staff will discuss in the interview process what the applicant's availability to work is so internal coordination can begin to staff open shift needs. Once applicant is hired, pairing with client will begin. Agency identifies missed visits on a daily basis and coordinates with other staff in attempt to fill the missed/open shift. If there is no availability that day, alternative days and time will be offered to the client. Administrator/designee to audit all plans of care and compare ordered care visits to schedule on a biweekly basis until 100% compliance is achieved. Once 100% compliance is achieved, Administrator/designee will reduce auditing to once monthly until 100% compliance is achieved, and then reduce to auditing on a quarterly basis. 2. Administrator/designee to pull office schedules weekly for all active clients and note those missing multiple visits. Physician to be notified of all missed visits with reason shift was missed. RN Case Managers to obtain a physician order for any change in the plan of care frequency and duration of service. RN Case Managers will review ordered plan of care and frequency and duration with patients at recertification and as multiple missed visits are identified and or as requested by the patient. 3. All patient inquiries will be discussed weekly during</p>	
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			<p>team meetings with Administrator/designee and will only be accepted for care based on a reasonable expectation that the client's health needs can be adequately met by the home health agency in the client's place of residence. RN Case Managers will evaluate patient needs and preferences at minimum every 60 days with recertification. Physician will be notified of any changes needed to ordered plan of care or frequency in duration and orders will be obtained. 4. Administrator/designee to pull office schedules weekly for all active clients and note those missing multiple visits. Physician to be notified of all missed visits with reason shift was missed. RN Case Managers to obtain a physician order for any change in the plan of care frequency and duration of service. RN Case Managers will review ordered plan of care and frequency and duration with patients at recertification and as multiple missed visits are identified and or as requested by the patient. 5. The deficiency will be corrected by 4/20/22.</p>	
<p>G0436</p>	<p>Receive all services in plan of care 484.50(c)(5) Receive all services outlined in the plan of care. The clinical record for patient #8 was reviewed on 3/10/2022 for the certification period 8/20/2021 through 10/18/2021 and indicated patient #8 received home health aide services 3-4 hours a day, 4-5 days per week and skilled nursing services 1 hr per week, 1 day a week. Patient #8 had 5 missed home health visits on 9/14/2021, 9/23/2021, 9/27/2021, 9/30/2021 and 10/1/2021. The clinical record for patient #10 was reviewed on 3/14/2022 for certification period 1/14/2022 through 3/14/2022 and indicated patient #10 received home health aide services 1 hour a day, 3 days a week. Patient # 10 had 2 missed visits on 2/5/2022 and 2/26/2022.</p>	<p>G0436</p>	<p>1. Administrator/designee educated all internal staff on 'Plan of Care' policy on 4/20/22 which includes "The plan of care/treatment shall cover pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, safety measures to protect against injury, instructions for timely discharge or referral and other appropriate items. Clients shall be accepted for care based on a reasonable expectation that the client's health needs can be adequately met by the home health agency in the client's place of residence." 100% of clients to be reviewed to establish baseline of those not receiving 100% of ordered care visits. Ordered care visits will be offered on alternate days and times, including weekends, to make up a missed care visit, which will be documented in the EMR. If unable to meet all ordered care visits for any client, even with offerings of alternate days and times, the client will become top priority for agency to staff prior to admitting new referrals by discussing in weekly meetings with team. Referral inquiries that will not be accepted will be communicated to the AAA case manager regarding choosing of another agency that can meet their needs. Agency will hold weekly orientation for new employees as applicable and will continue with recruiting</p>	<p>2022-06-02</p>

			<p>efforts 5 days per week. Recruiting for full time employees is continual with a goal of having more available staff than needed for instances of illness, or needed time off. Agency staff will discuss in the interview process what the applicant's availability to work is so internal coordination can begin to staff open shift needs. Once applicant is hired, pairing with client will begin. Agency identifies missed visits on a daily basis and coordinates with other staff in attempt to fill the missed/open shift. If there is no availability that day, alternative days and time will be offered to the client.</p> <p>Administrator/designee to audit all plans of care and compare ordered care visits to schedule on a biweekly basis until 100% compliance is achieved. Once 100% compliance is achieved,</p> <p>Administrator/designee will reduce auditing to once monthly until 100% compliance is achieved, and then reduce to auditing on a quarterly basis.</p> <p>2. Administrator/designee to pull office schedules weekly for all active clients and note those missing multiple visits. Physician to be notified of all missed visits with reason shift was missed. RN Case Managers to obtain a physician order for any change in the plan of care frequency and duration of service. RN Case Managers will review ordered plan of care and frequency and duration with patients at recertification and as multiple missed visits are identified and or as requested by the patient.</p> <p>3. All patient inquiries will be discussed weekly during team meetings with Administrator/designee and will only be accepted for care based on a reasonable expectation that the client's health needs can be adequately met by the home health agency in the client's place of residence. RN Case Managers will evaluate patient needs and preferences at minimum every 60 days with recertification. Physician will be notified of any changes needed to ordered plan of care or frequency in duration and orders will be obtained.</p> <p>4. Administrator/designee to pull office schedules weekly for all active clients and note those missing multiple visits. Physician to be notified of all missed visits with reason shift was missed. RN Case Managers to obtain a physician order for any change in the plan of care frequency and duration of service. RN Case Managers will review ordered plan of care and frequency and duration with patients at recertification and as multiple missed visits are identified and or as requested by the patient.</p> <p>5. The deficiency will be corrected by 4/20/22.</p>	
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<p>G0436</p>	<p>Receive all services in plan of care</p> <p>484.50(c)(5)</p> <p>Receive all services outlined in the plan of care.</p> <p>On 3/14/22 at 10:50 AM, a document titled Patient Orientation for Home Health Care was provided by the Lafayette branch manager. The document indicated but was not limited to ...Policies...This book contains information regarding your rights...as a patient...Criteria for Admission...The services can be provided safely and effectively...clients are accepted for Home Health Services based on...that the clients health care needs can be met adequately...</p> <p>The clinical record for patient #2 was reviewed on 3-21-22. The plan of care indicated the start of care was 2/10/22 with a certification period of 2/11/22 through 4/11/22, with orders for a home health aide to provide 3 hours a day for 5 days a week.</p> <p>A review of the record of the visit revealed that patient #2 received home health aide services 4 days a week. Patient #2 had one missed visit for the week of 2/13/22, one missed visit for the week of 2/20/22, one missed visit for the week of 2/28/22, one missed visit for the week of 3/6/22, and one missed visit for the week of 3/13/22.</p> <p>During an interview with the</p>	<p>G0436</p>	<p>1. Administrator/designee educated all internal staff on 'Plan of Care' policy on 4/20/22 which includes "The plan of care/treatment shall cover pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, safety measures to protect against injury, instructions for timely discharge or referral and other appropriate items. Clients shall be accepted for care based on a reasonable expectation that the client's health needs can be adequately met by the home health agency in the client's place of residence." 100% of clients to be reviewed to establish baseline of those not receiving 100% of ordered care visits. Ordered care visits will be offered on alternate days and times, including weekends, to make up a missed care visit, which will be documented in the EMR. If unable to meet all ordered care visits for any client, even with offerings of alternate days and times, the client will become top priority for agency to staff prior to admitting new referrals by discussing in weekly meetings with team. Referral inquiries that will not be accepted will be communicated to the AAA case manager regarding choosing of another agency that can meet their needs. Agency will hold weekly orientation for new employees as applicable and will continue with recruiting efforts 5 days per week. Recruiting for full time employees is continual with a goal of having more available staff than needed for instances of illness, or needed time off. Agency staff will discuss in the interview process what the applicant's availability to work is so internal coordination can begin to staff open shift needs. Once applicant is hired, pairing with client will begin. Agency identifies missed visits on a daily basis and coordinates with other staff in attempt to fill the missed/open shift. If there is no availability that day, alternative days and time will be offered to the client. Administrator/designee to audit all plans of care and compare ordered care visits to schedule on a biweekly basis until 100% compliance is achieved. Once 100% compliance is achieved, Administrator/designee will reduce auditing to once monthly until 100% compliance is achieved, and then reduce to auditing on a quarterly basis. 2. Administrator/designee to pull office schedules weekly for all active clients and note those missing multiple visits. Physician to be notified of all missed</p>	<p>2022-06-02</p>
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	<p>Alternate Administrator on 3/21/22 at 1:15 PM, she reported it was a scheduling issue and said, we did not have a home health aide scheduled as we should have.</p>		<p>visits with reason shift was missed. RN Case Managers to obtain a physician order for any change in the plan of care frequency and duration of service. RN Case Managers will review ordered plan of care and frequency and duration with patients at recertification and as multiple missed visits are identified and or as requested by the patient. 3. All patient inquiries will be discussed weekly during team meetings with Administrator/designee and will only be accepted for care based on a reasonable expectation that the client's health needs can be adequately met by the home health agency in the client's place of residence. RN Case Managers will evaluate patient needs and preferences at minimum every 60 days with recertification. Physician will be notified of any changes needed to ordered plan of care or frequency in duration and orders will be obtained. 4. Administrator/designee to pull office schedules weekly for all active clients and note those missing multiple visits. Physician to be notified of all missed visits with reason shift was missed. RN Case Managers to obtain a physician order for any change in the plan of care frequency and duration of service. RN Case Managers will review ordered plan of care and frequency and duration with patients at recertification and as multiple missed visits are identified and or as requested by the patient. 5. The deficiency will be corrected by 4/20/22.</p>	
<p>G0446</p>	<p>Contact info Federal/State-funded entities 484.50(c)(10)(i,ii,iii,iv,v) Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides: (i) Agency on Aging (ii) Center for Independent Living (iii) Protection and Advocacy Agency, (iv) Aging and Disability Resource Center; and (v) Quality Improvement Organization. A home observation visit with Patient #17 was conducted on 03/15/2022 at 10:00 AM, with Employee R, home health aide and patients family member present. Observed agency folder in home which contained the incorrect</p>	<p>G0446</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging and Quality Improvement Organization, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. Agency staff will call each individual client and inform them of who the Administrator, Alternate Administrator, Clinical Manager, and Alternate Clinical Manager are and their contact information. This will be documented in the client's electronic medical record. 2. All current home health patients will receive new binder contents and patient orientation admission</p>	<p>2022-05-20</p>

	<p>name and contact information for the Quality Improvement Organization.</p> <p>Review of an agency document dated 04/2021, titled Patient Orientation for Home Health Care, contained a section titled Patient Rights and Responsibilities which indicated & be advised of the names, address, and telephone numbers of the following federally-funded and state-funded entities & Quality Improvement Organization &.</p>		<p>book in the mail which will also include the Administrator and Clinical Manager with contact information. To be mailed by 4/22/22 and with future changes. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 5/20/22.</p>	
<p>G0478</p>	<p>Investigate complaints made by patient</p> <p>484.50(e)(1)(i)</p> <p>(i) Investigate complaints made by a patient, the patient's representative (if any), and the patient's caregivers and family, including, but not limited to, the following topics:</p> <p>1. On 3/14/2022 at 10:50 AM, a document titled Patient Orientation for Home Health Care, was provided by Employee K. A review of the document indicated but was not limited to ...Policies...This book contains information regarding your rights...as a patient...The home health agency must protect and promote the exercise of these rights as follows & Make complaints to Help at Home..."</p> <p>2. On 3/14/2022 the administrator provided meeting minutes for each branch for 2022. A review of the meeting minutes for the week ending 1/29/2022 for the Indianapolis branch of the agency</p>	<p>G0478</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff were educated on on-call process on 4/20/22, which includes 24 hours per day, 7 days per week answering service. All internal staff were educated on the 'Complaint Grievance' policy on 4/20/22 in which states Administrator/designee will receive all verbal or written complaints and will investigate fully with a resolution within 30 days. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN</p>	<p>2022-04-22</p>

<p>state "Additional Notes & HHA (Home Health Agency) reporting and grievances go to [name of State Quality & Compliance Lead out of Chicago Illinois.]</p> <p>3. Meeting minute notes for quarter 3 of 2021, were provided by the administrator on 3/14/2021. A review of the document indicated but was not limited to; "Summary of findings & Indy East & patient missing 9/15. Last home visit 9/14. No other information." A family member of the missing patient called the agency to report their concern.</p> <p>4. During an interview on 3/21/2022, at 1:30 PM, the administrator was asked about the outcome of the missing person notated in their QAPI (quality assurance & performance improvement) program. The administrator stated he/she would have to find out. He/she stated he did not have access to grievances once they are entered into the system. When queried on the "system" the administrator stated it is a program called RisKconnect that the staff input complaints and grievances into RisKconnect and then an outside entity takes over from there. The administrator stated he/she did not have oversight or access, but could request information from the outside entity and would find out more information about the missing patient. When asked about the investigation and</p>		<p>Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. Administrator/designee will receive all complaints and investigate fully on grievance investigation form. Agency incident reporting will be entered into the Riskconnect system for tracking purposes only. Administrator/designee will pull quarterly reports from Riskconnect to incorporate into the Quality Assurance Process Improvement program for data analyzation, tracking, and process improvement project implementation. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
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	<p>resolution of the complaint from 9/15/2022, the administrator stated he/she was not sure who but someone from the corporate-owned entity 2 investigated complaints and grievances placed in the system, and if there were any questions the administrator was notified.</p>			
<p>G0536</p>	<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>1. A 01/04/2022 last revised document titled "Plan of Care" was provided by the administrator on 3/21/2022 at 10:15 a.m. The document indicated but was not limited to; "The plan of care/treatment shall & include the following & all medications and treatments."</p> <p>2. During a home visit observation on 3/15/2022 at 3:00 p.m. patient #14's medications observed in the home were compared to the medications listed on the patient medication profile and plan of care. One (1) medication was not listed on the medication profile, 1 medication was listed inaccurately on the medication profile, 2 medications were not present in the patient's home that were listed on the medication profile, and 4 medications indicated the wrong dosage.</p> <p>Patient #14's plan of care had orders for Neurontin (used to treat diabetic nerve pain) 300 mg capsules 2 taken at bedtime and 1 taken in the morning. The patient takes 400 mg capsules, 2 at bedtime 1 in the morning.</p>	<p>G0536</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff educated on 4/20/22 on 'Medication Management' policy which includes the procedure for full medication management and reconciliation. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers to be educated on home binder contents which includes current medication lists. RN Case Managers educated on 'Medication Management' policy which includes full medication management and reconciliation with each recertification. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate</p>	<p>2022-04-22</p>

	<p>Patient #14's plan of care had orders for K-Dur (Potassium, an electrolyte) 20 (no unit of measure) twice a day. The correct dosage the patient takes is 10 MEq twice a day.</p> <p>Patient #14's plan of care had orders for Humalog (insulin) 10 units 3 times per day before meals. The correct dosage the patient takes is 15 units before meals 3 times a day.</p> <p>Patient #14's plan of care had orders for Lantus (long-acting insulin) 35 units at bedtime. The patient stated they came home from the Nursing Home with this but does not actually take it as they take Levemir (long-acting insulin) 40 units before bedtime.</p> <p>Patient #14's plan of care had orders for Metoprolol Succinate (used to treat high blood pressure) 50 mg 1 tablet twice a day but the medication is not listed on the patient's medication home profile.</p> <p>Patient # 14 takes 81 mg of Aspirin (suppresses normal functioning of platelets) every day which is not listed on the plan of care or the patient's medication profile.</p> <p>3. During an interview on 3/15/2022 at 3:15 p.m. patient #14 stated the doctor takes care of their meds and the home health agency doesn't do anything with them.</p>		<p>tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside including the medication . RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
<p>G0536</p>	<p>A review of all current medications 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>During a home visit observation on 3/14/2022 at 1:00 p.m. patient #10's medications</p>	<p>G0536</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety</p>	<p>2022-04-22</p>

<p>compared to the medications listed on the patient medication profile and plan of care. Three (3) medications were not listed on the medication profile, 2 medications had been discontinued and were on the medication profile, and 1 medication indicated the wrong dosage.</p> <p>Patient #10's plan of care had orders for Vicodin (used to treat pain) 5 mg - 300 mg tablets 2 taken two times a day as needed for pain. The patient POA states they are no longer taking this medication.</p> <p>Patient #10's plan of care had orders for Cyclobenzaprine (used to treat pain) 10 mg tablets taken 1 tablet once a week for pain. The patient POA states they are no longer taking this medication.</p> <p>Patient #10's plan of care had orders for Simvastatin (used to treat high cholesterol) 40 mg tablets taken once daily. The correct dosage is 40 mg 1/2 tablet daily.</p> <p>Patient #10's plan of care was missing order for hydroxyzine (used to treat sleep disorder) 10 mg taken at bedtime as needed for sleep. This medication was</p>		<p>information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff educated on 4/20/22 on 'Medication Management' policy which includes the procedure for full medication management and reconciliation. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers to be educated on home binder contents which includes current medication lists. RN Case Managers educated on 'Medication Management' policy which includes full medication management and reconciliation with each recertification. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside including the medication . RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
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	<p>in the home.</p> <p>Patient #10's plan of care was missing order for Vitamin C (used to treat low vitamin levels) 500 mg taken once daily. This medication was in the home.</p> <p>Patient #10's plan of care was missing order for Metformin (used to treat high blood sugar) 500 mg taken at twice daily. This medication was in the home.</p>			
<p>G0536</p>	<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>During a home visit on 3/14/2022 at 12:00 PM, Patient #16 s folder/binder contained medication instructions from the certification period of 6/16/21 through 8/10/21.</p> <p>During an interview on 3/14/2022 at 2:59 PM, with Employee L, Registered Nurse (RN) Clinical Manager, Lafayette, they confirmed that Patient #16 did not have updated information in a folder or binder. They reported, we are behind a little & we are making new binders now.</p>	<p>G0536</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff educated on 4/20/22 on 'Medication Management' policy which includes the procedure for full medication management and reconciliation. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers to be educated on home binder contents which includes current</p>	<p>2022-04-22</p>

	<p>During a home visit on 3/15/2022 at 10:00 AM, Patient #15 was unable to locate a folder/binder from Help at Home. Employee M, Home Health Aide, was not able to locate a current folder/binder in the patient s home, containing updated medication instructions.</p> <p>During an interview on 3/15/2022 at 1:10 PM, with the Alternate Administrator, she confirmed the plan of care and information should be in the patient s home binder and they (referring to agency) usually replace them each recert. (recertification) &they are typically in a white binder, usually keep all plans of care, admission paperwork, handbook, and any medication changes.</p> <p>During a home visit on 3/17/2022, at 12:00 PM with Patient #27, certification period 2/11/22 to 4/11/22, Employee #UU, Home Health Aide, reported employee C, Registered Nurse, delivered an updated folder/binder this morning, that included an updated plan of care, medication instructions, patient s care needs, and agency contact information. Patient # 27 confirmed just receiving a new binder this AM.</p> <p>IAC 1-17-14-1(a)(1)(B)</p>		<p>medication lists. RN Case Managers educated on 'Medication Management' policy which includes full medication management and reconciliation with each recertification. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside including the medication . RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
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<p>G0612</p>	<p>Written instructions to patient include:</p> <p>484.60(e)</p> <p>Standard: Written information to the patient. The HHA must provide the patient and caregiver with a copy of written instructions outlining:</p> <p>During a home visit on 3/15/2022 at 3:00 p.m., Patient #14's plan of care provided by the agency and the patient medication profile included in the home were compared to the medications observed in the home and what patient #14 stated they were currently prescribed. Patient #14 did not have a current plan of care in the home.</p>	<p>G0612</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan and schedule, RN Case Manager schedule and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. RN Case Managers will encourage patients to remove documentation from previously utilized entities to limit confusion. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	<p>2022-04-22</p>
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<p>G0612</p>	<p>Written instructions to patient include:</p> <p>484.60(e)</p> <p>Standard: Written information to the patient. The HHA must provide the patient and caregiver with a copy of written instructions outlining:</p> <p>During home visit patient #10 s home binder was without a home health aide visit schedule.</p> <p>Interview with Patient #10 during a home visit on 3/14/2022 during the home visit he stated he does not know when the aide is coming, they just show up .</p>	<p>G0612</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan and schedule, RN Case Manager schedule and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. RN Case Managers will encourage patients to remove documentation from previously utilized entities to limit confusion. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	<p>2022-04-22</p>
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<p>G0612</p>	<p>Written instructions to patient include:</p> <p>484.60(e)</p> <p>Standard: Written information to the patient. The HHA must provide the patient and caregiver with a copy of written instructions outlining:</p> <p>On 3/14/22 at 10:50 AM, the admission packet titled, Patient Orientation for Home Health Aide Care was provided by Employee K. The document indicated but was not limited to; Receive proper written notice, in advance of a specific service being furnished &.</p> <p>A review of Patient # 16s clinical record evidenced a start of care 12/09/2021, certification period 2/07/2022 through 4/07/2022, diagnoses of rheumatoid arthritis (chronic inflammation of joints), hypertension (high blood pressure), depression, chronic edema (swelling), osteoporosis (new bone creation does not keep up with new bone growth), and history of transient ischemic attack, (temporary block of blood to the brain.) Orders include a home health aide for 7 hours a day on Tuesdays and Thursdays, 9 hours a day on Monday, Wednesdays, and Fridays, and 6 hours a day on Saturday and Sunday. A registered nurse is to perform supervisory visits every 30 days and a recertification visit every 56-60 days.</p> <p>During a home visit on 3/14/2022 at 12:00 PM, Patient #16 s folder/binder contained a plan of care for the certification period of 6/16/2021 through 8/10/2021. All</p>	<p>G0612</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan and schedule, RN Case Manager schedule and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. RN Case Managers will encourage patients to remove documentation from previously utilized entities to limit confusion. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	<p>2022-04-22</p>
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information in the folder/binder contained information from another agency.

During an interview on 3/14/2022 at 12:00 PM, Patient #16 reported this agency discussed the name change and new ownership, but he/she was not able to recall the administrator's name.

During an interview on 3/14/2022 at 2:59 PM, with RN, Clinical Manager/Lafayette, they confirmed that Patient #16 did not have updated information in a folder or binder. They reported, we are behind a little & we are making new binders now.

Review of Patient # 15 s clinical record evidenced a start of care of 10/16/2020, a certification period of 2/08/2022 to 4/08/2022, diagnoses of chronic kidney disease, osteoarthritis (breakdown of joint cartilage and underlying bone), hypertension high blood pressure), and gout (a type of arthritis that can cause pain and swelling). Orders included home health aide (HHA) 5 hours a day 6 days a week and registered nurse (RN) recertification visits every 56-60 days with a telehealth supervisory visit every 30 days.

During a home visit on 3/15/2022 at 10:00 AM, Patient #15 was unable to locate a folder/binder from Help at Home. Employee M, Home Health Aide, was not able to locate a current folder/binder in the patient s home.

	<p>During an interview on 3/15/2022 at 1:10 PM, with the Alternate Administrator, she confirmed the plan of care and information should be in the patient s home binder and they (referring to agency) usually replace them each recert. (recertification) &they are typically in a white binder, usually keep all plans of care, admission paperwork, handbook, and any medication changes.</p> <p>During a home visit on 3/17/2022 at 12:00 PM with Patient #27, Employee #UU, Home Health Aide, reported employee C, Registered Nurse, delivered an updated folder/binder this morning, that included an updated plan of care, medication instructions, patient s care needs, and agency contact information. Patient # 27 confirmed just receiving a new binder this AM.</p>			
<p>G0614</p>	<p>Visit schedule 484.60(e)(1) Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA. During a home visit on 3/15/2022 at 3:00 p.m., Patient #14's home information was reviewed. Patient 14 did not have a current or recent plan of care in the home.</p>	<p>G0614</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan and schedule, RN Case Manager schedule and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To</p>	<p>2022-04-22</p>

			<p>be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. RN Case Managers will encourage patients to remove documentation from previously utilized entities to limit confusion. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</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>During a home visit on 3/14/2022 at 1:00 PM with patient #10, start of care date 5/30/2019 and a certification period of 1/14/2022 through 3/14/2022, review of home binder evidenced without a current home health aide visit schedule.</p> <p>Interview with Patient #10 on 3/14/2022 during the home visit he stated he does not know when the aide is coming, they just show up .</p>	G0614	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan and schedule, RN Case Manager schedule and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. RN Case Managers will encourage patients to remove documentation from previously utilized entities to limit confusion. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4.</p>	2022-04-22

			Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.	
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>The clinical record for Patient #17, the start of care date 11/02/2020, was reviewed on 03/15/2022 and contained a plan of care for the certification period 02/25/2022-04/25/2022, with orders for Home Health Aide services 2 hours daily, 5 days a week.</p> <p>A home observation visit with Patient #17 was conducted on 03/15/2022 at 10:00 AM, with Employee R, home health aide and patients family member present. Copy of patient visit schedule not found in the home.</p>	G0614	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan and schedule, RN Case Manager schedule and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. RN Case Managers will encourage patients to remove documentation from previously utilized entities to limit confusion. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	2022-04-22

<p>G0614</p>	<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>During a home visit on 3/14/2022 at 12:00 PM, Patient #16 s folder/binder contained a plan of care for the certification period of 6/16/2021 through 8/10/2021. All information in the folder/binder contained information from another agency.</p> <p>During an interview on 3/14/2022 at 2:59 PM, with RN Clinical Manager/Lafayette, they confirmed that Patient #16 did not have updated information in a folder or binder. They reported, we are behind a little & we are making new binders now.</p> <p>During a home visit on 3/15/2022 at 10:00 AM, Patient #15 was unable to locate a folder/binder from Help at Home. Employee M, Home Health Aide, was not able to locate a current folder/binder in the patient s home</p> <p>During an interview on 3/15/2022 at 1:10 PM, with the Alternate Administrator, she confirmed the plan of care and information should be in the patient s home binder and they (referring to agency) usually replace them each recert. (recertification) &they are typically in a white binder, usually keep all plans of care, admission paperwork,</p>	<p>G0614</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan and schedule, RN Case Manager schedule and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. RN Case Managers will encourage patients to remove documentation from previously utilized entities to limit confusion. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	<p>2022-04-22</p>
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	<p>handbook, and any medication changes.</p> <p>During a home visit on 3/17/2022, at 12:00 PM with Patient #27, certification period 2/11/2022 to 4/11/2022, Employee #UU, Home Health Aide, reported employee C, RN, delivered an updated folder/binder this morning, that included an updated plan of care, visit schedule, medication instructions, patient s care needs, and agency contact information. Patient # 27 confirmed just receiving a new binder this AM.</p>			
<p>G0616</p>	<p>Patient medication schedule/instructions</p> <p>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>Patient #14's plan of care and medication profile had orders for Neurontin (used to treat diabetic nerve pain) 300 mg capsules 2 taken at bedtime and 1 taken in the morning. The patient takes 400 mg capsules, 2 at bedtime 1 in the morning.</p> <p>Patient #14's plan of care and medication profile had orders for K-Dur (Potassium, an electrolyte) 20 (no unit of measure) twice a day. The correct dosage the patient takes is 10 MEq twice a day.</p> <p>Patient #14's plan of care and medication profile had orders for Humalog (insulin) 10 units 3 times per day before meals. The correct dosage the patient takes is 15 units before meals 3 times a day.</p> <p>Patient #14's plan of care and medication profile had orders for Lantus (long-acting insulin) 35 units at</p>	<p>G0616</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff educated on 4/20/22 on 'Medication Management' policy which includes the procedure for full medication management and reconciliation. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers to be educated on home binder contents which includes current</p>	<p>2022-04-22</p>

	<p>bedtime. The patient stated they came home from the Nursing Home with this but does not actually take it as they take Levemir (long-acting insulin) 40 units before bedtime.</p> <p>Patient #14's plan of care had orders for Metoprolol Succinate (used to treat high blood pressure) 50 mg 1 tablet twice a day but the medication is not listed on the patient's medication home profile.</p> <p>Patient # 14 takes 81 mg of Aspirin (suppresses normal functioning of platelets) every day which is not listed on the plan of care or the patient's medication profile.</p> <p>During an interview on 3/15/2022 at 3:15 p.m. patient #14 stated the doctor takes care of their meds and the home health agency doesn't do anything with them.</p>		<p>medication lists. RN Case Managers educated on 'Medication Management' policy which includes full medication management and reconciliation with each recertification. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside including the medication . RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
<p>G0616</p>	<p>Patient medication schedule/instructions</p> <p>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>During a home visit on 3/14/2022 at 1:00 PM, Patient #10 s binder contained an incomplete medication list and had medications listed on it that had been discontinued. Patient s POA stated he is no longer taking vicodin 5mg/300mg twice a day as needed for pain cyclobenzaprine 10 mg once weekly for pain and he is taking simvastatin 40mg ½ tablet daily. Medications not on the list provided by the POA hydroxyzine 10mg at bedtime as needed for sleep, metformin 500 mg twice a day, vitamin C 500 mg daily.</p>	<p>G0616</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff educated on 4/20/22 on 'Medication Management' policy which includes the procedure for full medication management and reconciliation. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers to be educated on home binder contents which includes current</p>	<p>2022-04-22</p>

			<p>medication lists. RN Case Managers educated on 'Medication Management' policy which includes full medication management and reconciliation with each recertification. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside including the medication . RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
<p>G0616</p>	<p>Patient medication schedule/instructions 484.60(e)(2) 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. The clinical record for Patient #17, the start of care date 11/02/2020, was reviewed on 03/15/2022 and contained a plan of care for the certification period 02/25/2022-04/25/2022. A home observation visit with Patient #17 was conducted on 03/15/2022 at 10:00 AM, with Employee R, home health aide and patients family member present. Copy of patients list of medications not found in the home. Patients family member indicated the nurse does not leave a copy of medications.</p>	<p>G0616</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff educated on 4/20/22 on 'Medication Management' policy which includes the procedure for full medication management and reconciliation. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers to be educated on home binder contents which includes current medication lists. RN Case Managers educated on 'Medication Management' policy which includes full medication management and reconciliation with each recertification. RN Case Managers will house current active patient documents in</p>	<p>2022-04-22</p>

			<p>office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside including the medication . RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
<p>G0616</p>	<p>Patient medication schedule/instructions 484.60(e)(2) 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. During a home visit on 3/14/2022 at 12:00 PM, Patient #16 s folder/binder contained medication instructions from the certification period of 6/16/2021 through 8/10/2021. During an interview on 3/14/2022 at 2:59 PM, with Employee L, Registered Nurse Clinical Manager, they confirmed that Patient #16 did not have updated information in a folder or binder. They reported, we are behind a little & we are making new binders now. During a home visit on 3/15/2022 at 10:00 AM, Patient #15 was unable to locate a folder/binder from Help at Home. Employee M, Home Health Aide, was not able to locate a current folder/binder in the patient s home, containing updated medication</p>	<p>G0616</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information and on-call service, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. All internal staff educated on 4/20/22 on 'Medication Management' policy which includes the procedure for full medication management and reconciliation. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers to be educated on home binder contents which includes current medication lists. RN Case Managers educated on 'Medication Management' policy which includes full medication management and reconciliation with each recertification. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through</p>	<p>2022-04-22</p>

	<p>instructions.</p> <p>During an interview on 3/15/2022 at 1:10 PM, with the Alternate Administrator, she confirmed the plan of care and information should be in the patient s home binder and they (referring to agency) usually replace them each recert. (recertification) &they are typically in a white binder, usually keep all plans of care, admission paperwork, handbook, and any medication changes.</p> <p>During a home visit on 3/17/2022, at 12:00 PM with Patient #27, certification period 2/11/2022 to 4/11/2022, Employee #UU, Home Health Aide, reported employee C, RN, delivered an updated folder/binder this morning, that included an updated plan of care, medication instructions, patient s care needs, and agency contact information. Patient # 27 confirmed just receiving a new binder this AM.</p>		<p>Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside including the medication . RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
<p>G0622</p>	<p>Name/contact information of clinical manager</p> <p>484.60(e)(5)</p> <p>Name and contact information of the HHA clinical manager.</p> <p>3. During a home visit on 3/15/2022 patient 14's paperwork reviewed in the home had the incorrect name and contact information for the agency's administrator and clinical manager.</p>	<p>G0622</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection</p>	<p>2022-04-22</p>

	<p>4. During a home visit on 3/15/2022 patient 17's paperwork reviewed in the home had the incorrect name and contact information for the agency's administrator and clinical manager.</p> <p>5. During a home visit on 3/15/2022 patient 15 did not have contact information for the agency's administrator and clinical manager.</p> <p>6. During a home visit on 3/15/2022 patient 16's paperwork reviewed in the home had the incorrect name and contact information for the agency's administrator and clinical manager.</p> <p>7. During a home visit on 3/18/2022 patient 27 was provided the updated information the day of the visit. Prior to the home visit the patient did not have the updated information for the clinical manager.</p>		<p>control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
<p>G0622</p>	<p>Name/contact information of clinical manager</p> <p>484.60(e)(5)</p> <p>Name and contact information of the HHA clinical manager.</p> <p>During the home visit on 3/15/2022 with patient #11 the home binder was missing contact information for clinical manager.</p> <p>During the home visit with patient #11, RN H had document titled Patient Orientation for Home Health Care contained a cover page with space to write the name and phone number of the clinical manager to place in home binder during visit on 3/15/2022.</p>	<p>G0622</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will</p>	<p>2022-04-22</p>

			<p>house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	
<p>G0622</p>	<p>Name/contact information of clinical manager 484.60(e)(5) Name and contact information of the HHA clinical manager. A home observation visit with Patient #17 was conducted on 03/15/2022 at 10:00 AM, with Employee R, home health aide and patients family member present. Observed agency folder in home missing the name and contact information of Employee D, clinical manager. Review of an agency document dated 04/2021, titled Patient Orientation for Home Health Care contained a cover page with space to write the name and phone number of the clinical manager.</p>	<p>G0622</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	<p>2022-04-22</p>

<p>G0640</p>	<p>Quality assessment/performance improvement</p> <p>484.65</p> <p>Condition of participation: Quality assessment and performance improvement (QAPI).</p> <p>The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS.</p> <p>1. On 3/14/2022 at 10:50 AM, a document titled Patient Orientation for Home Health Care, was provided by Employee K. A review of the document evidenced ...Policies...This book contains information regarding your rights ... as a patient ... The home health agency must protect and promote the exercise of these rights as follows & The patient has the right to receive care of the highest quality."</p> <p>2. On 3/14/2022, the administrator provided meeting minutes for each of its 8 branches for 2022. The meeting minutes for the week ending 1/29/2022, for the Indianapolis branch of the agency state "Additional Notes & HHA (Home Health Agency) reporting and grievances go to [name of State Quality & Compliance Lead out of Chicago Illinois.]</p> <p>3. Meeting minute notes for quarter 3 of the agency's QAPI program meeting for 2021 were provided by the administrator on 3/14/2021. A review indicated but was not limited to; "Summary of findings & Indy East & patient missing 9/15. Last home visit 9/14. No other information." Included in the QAPI minutes were the following:</p>	<p>G0640</p>	<p>1. Administrator/designee educated all staff on 4/20/22 regarding Quality Assurance Process Improvement plan and Program' policy which includes 'continuously measure assess, and improve the performance of clinical and other processes. This plan will be based on the organization's mission and goals and designed to improve client outcomes and the perceptions of clients/families about the quality and value of services.' 'The agency program will be capable of showing measurable improvement in indicators for which there is evidence that improvement in those indicators is achievable and will improve health outcomes, client safety and quality of care. The agency must measure, analyze and track quality indicators, including adverse client events and other aspects of performance that enable the agency to assess processes of care, services and operations.' The Governing Body and Administrator/designee updated the Quality Assurance Process Improvement tracking logs to include the system Riskconnect identification number for ease of access from Riskconnect system. The Administrator/designee will complete Quality Assurance Process Improvement meetings on a quarterly basis with agency personnel and will then report findings to the Governing Body for review and oversight of the program. Administrator/designee to pull visual Riskconnect data, including bar graphs and charts, on a quarterly basis and incorporate into meetings to identify deficiencies and areas for process improvement. All tracking, trending, and process improvements will be incorporated into the Quality Assurance Process Improvement Program. Adminsitator educated all staff on 5/16/22 regarding 'Incident Reporting' policy due to missing person patient #7, which indicates an internal incident report to be completed and internal investigation to be completed, which would include calling emergency contact, physician, police if applicable and the Administrator. Patient #7, who was reported as missing in September 2021 by agency staff was found to have left home on his/her own will without communication to agency or family. She has since returned home safely. There have been no further concerns regarding her wherabouts. 2. The Administrtrator has full, unrestricted access to the Riskconnect system which tracks and trends incident reports that are entered by RN Case Managers. A Help at Home Indiana organizational leader, State Quality &</p>	<p>2022-05-16</p>
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<p>Seymour branch hospitalizations included 10 emergency room visits & other & 1 car accident involving an employee and client with injuries/ER visit unknown, 15 falls, and 3 infections.</p> <p>Indy West branch indicated 3 hospitalizations and 1 fall.</p> <p>Indy East branch indicated 5 hospitalizations and 2 falls with injuries.</p> <p>Terre Haute branch indicated 4 emergency room visits with 4 admissions.</p> <p>Bloomington, Richmond, and Lafayette state "No information."</p> <p>The Seymour branch was the only location out of 8 branches and 1 parent location that reported patient infections. Seymour reported 3 total infections.</p> <p>4. On 3/11/2022, at 1:18 p.m., the administrator was asked to provide any information related to COVID-19 infections or exposures. He stated he would have to look into it to see if there was documentation.</p> <p>5. On 3/11/2022 at 10:10 a.m., the administrator provided a spreadsheet listing possible patient infections with symptoms similar to COVID-19. The document indicated for quarter 3, July-September of 2021, there were 210 suspected patient and staff infections and failed to evidence documentation of follow-up to identify the type of infections, any treatments, and resolution of the infections.</p> <p>6. A review of hospitalizations failed to evidence the agency had tracked the cause of patient hospitalizations to determine if the hospitalizations were related to an adverse patient event or infection, failed to track and follow up on a missing patient complaint, and failed to follow up and determine the cause of patient/staff infections, any treatments, and resolution of the infections.</p> <p>7. During an interview on 3/21/2022, at 1:18 p.m., the administrator was asked about the outcome of the missing person notated in their QAPI documents. The administrator stated he/she would have to find out. He/she stated</p>	<p>Compliance Lead, previously owned the oversight of the Riskconnect system. The Administrator now has control of the Riskconnect system oversight and tracking and trending of all incident reports. The Administrator/designee to pull all Riskconnect incident report submissions and ensure the data has been incorporated and addressed within the Quality Assurance and Process Improvement Program. All identifiable trends will be discussed during quarterly meetings and will be incorporated into performance improvement projects to decrease risk to the patient. 3. The Governing Body and Administrator/designee updated the Quality Assurance Process Improvement tracking logs to include the system Riskconnect identification number for ease of access from Riskconnect system. The Administrator/designee will complete Quality Assurance Process Improvement meetings on a quarterly basis with agency personnel and will then report findings to the Governing Body for review and oversight of the program. Administrator/designee to pull visual Riskconnect data, including bar graphs and charts, on a quarterly basis and incorporate into meetings to identify deficiencies and areas for process improvement. All tracking, trending, and process improvements will be incorporated into the Quality Assurance Process Improvement Program. Administrator/designee to pull visual Riskconnect data, including bar graphs and charts, on a quarterly basis and incorporate into meetings to identify deficiencies and areas for process improvement. All tracking, trending, and process improvements will be incorporated into the Quality Assurance Process Improvement Program. 4. Administrator/designee will monitor the Riskconnect data on a routine basis to ensure incident reporting is being completed per policy. All data will be analyzed on a quarterly basis to identify increased patient risk and to implement performance improvement projects to reduce incident occurrence. 5. The deficiency will be corrected by 5/16/2022</p>	
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complaints/grievances once they were entered into the system. When queried on the "system," the administrator stated it was a program called Riskonnect, that the staff input complaints and grievances, and then an outside entity took over from there. The administrator stated he/she did not have oversight or access to Riskonnect, but could request information about the missing patient. When asked about the investigation by the outside entity, the administrator stated he/she was not sure of the name of the entity, but someone associated with corporate-owned entity 1 investigated complaints and grievances placed into the Riskonnect system. He indicated if the outside entity had any questions, the administrator was notified. The administrator failed to track and follow up on complaints and adverse events. The Governing body failed to ensure the home health agency could maintain a complete and effective agency-wide QAPI program by having removed access to relevant data.

8. Meeting minute notes for quarter 3 and quarter 4 of the agency's QAPI program meeting for 2021 were provided by the administrator on 3/14/2021. A review of the meeting minutes indicated 3 infections from July-September of 2021 and 3 infections from October-December of 2021. The documents failed to identify the type of infection, any treatment, or resolution.

9. A review of the agency's QAPI program evidenced the Seymour branch was the only location out of 8 branches and 1 parent location that reported patient infections in the QAPI documents. Seymour reported 3 total infections and failed to identify the type of infection, any treatment, or resolution.

10. On 3/21/2022, at 1:18 p.m. The administrator and alternate administrator were asked how they monitored their infection control effectiveness with no data in the QAPI program. They stated the program Riskonnect [an outside entity] analyzed the data. They indicated they were unable to access this data and did not provide oversight

over RiskKconnect, but could request specific information from the outside entity when needed. Both indicated not knowing the name of this outside entity. They indicated all information was controlled by the Corporate Owned Entity 1, not the agency itself. When asked if the agency trended the data collected, the administrator stated the outside entity program did that.

11. During an interview on 3/21/2022, at 1:18 p.m., the administrator was asked how they determined what performance improvement projects were needed without all necessary data available, what projects the agency currently had in progress, and if they had any improvement projects related to infections or COVID-19 vaccinations. The administrator stated they had no performance improvement projects. When asked if the agency had no areas needing improvement, the administrator stated "maybe one of the branches was working on something, and would have to check with them." No further information was provided.

12. On 3/21/2022 at 2:05 p.m., the alternate administrator provided a job description for the Area Clinical Manager that indicated but was not limited to; "Job Summary: The Area Clinical Manager (ACM) under the direct supervision of the Director, Clinical Operations and in partnership with the Director, Regional Operations

	<p>will be responsible for managing all clinical processes & Maintains the Quality Assurance and Performance Improvement (QAPI) program for each office & provides all updates to the program."</p> <p>13. During an interview on 3/21/2022 at 1:18 p.m., the administrator stated the governing body was a part of their QAPI meetings. A review of meeting minutes failed to evidence the governing body had reviewed or supervised the QAPI program. The Governing Body members were on the attendance logs for the QAPI meetings, however; the QAPI meetings had a signature page that failed to evidence Governing Body signatures, and the undated and untimed signature page was used for both quarterly meetings.</p> <p>410 IAC 17-12-2(a)</p>			
<p>G0680</p>	<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>*</p>	<p>G0680</p>	<p>1. Governing Body and Administrator/designee submitted an abatement plan that was approved by the ISDH Deputy director on 4/5/22, which included the 'COVID-19 Vaccination Administration' policy and 'Guidelines for unvaccinated associates' policy. The COVID-19 Vaccination Administration policy states all non-remote employees must be fully vaccinated against COVID-19 or have an approved medical or religious</p>	<p>2022-04-05</p>

			<p>exemption on file. Those who do not comply are subject to reassignment to roles that do not interact with patients or other staff, furloughed, or laid-off. All unvaccinated, but exempted employees must wear a KN95 mask to ensure greater measure of protection o themselves as well as those around them. All staff were educated on new policies via text and or phone conversations regarding the updated policies and procedures on 3/11/22 and during interviewing process for new employee candidates. 2. Administrator/designee collected data on all current active employees via Qualtrics tracking system and measured results on a daily basis. Texts and phone calls were made to non-compliant individuals on a daily basis until 100% compliance was achieved. New hire candidates are screened via telephone during the interview process on their current vaccination status. They must submit their vaccine card or submit an exemption request before beginning the orientation process. Administrator/designee will monitor Qualtrics system data on a daily basis to ensure the agency remains 100% compliant. 3. Administrator/designee collected data on all current active employees via Qualtrics tracking system and measured results on a daily basis. Texts and phone calls were made to non-compliant individuals on a daily basis until 100% compliance was achieved. New hire candidates are screened via telephone during the interview process on their current vaccination status. They must submit their vaccine card or submit an exemption request before beginning the orientation process. Administrator/designee will monitor Qualtrics system data on a daily basis to ensure the agency remains 100% compliant. 4. Administrator/designee will monitor Qualtrics system data on a daily basis to ensure the agency remains 100% compliant. 5. The deficiency was corrected on 4/5/22.</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 section, staff are considered fully vaccinated if</p>	G0687	<p>1. Governing Body and Administrator/designee submitted an abatement plan that was approved by the ISDH Deputy director on 4/5/22, which included the 'COVID-19 Vaccination Administration' policy and 'Guidelines for unvaccinated associates' policy. The COVID-19 Vaccination Administration policy states all non-remote employees must be fully vaccinated against COVID-19 or have an approved medical or religious exemption on file. Those who do not</p>	2022-04-05

<p>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.</p> <p>(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:</p> <ul style="list-style-type: none"> (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. <p>(2) The policies and procedures of this section do not apply to the following HHA staff:</p> <ul style="list-style-type: none"> (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. <p>(3) The policies and procedures must include, at a minimum, the following components:</p> <ul style="list-style-type: none"> (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 		<p>comply are subject to reassignment to roles that do not interact with patients or other staff, furloughed, or laid-off. All unvaccinated, but exempted employees must wear a KN95 mask to ensure greater measure of protection o themselves as well as those around them. All staff were educated on new policies via text and or phone conversations regarding the updated policies and procedures on 3/11/22 and during interviewing process for new employee candidates. 2. Administrator/designee collected data on all current active employees via Qualtrics tracking system and measured results on a daily basis. Texts and phone calls were made to non-compliant individuals on a daily basis until 100% compliance was achieved. New hire candidates are screened via telephone during the interview process on their current vaccination status. They must submit their vaccine card or submit an exemption request before beginning the orientation process. Administrator/designee will monitor Qualtrics system data on a daily basis to ensure the agency remains 100% compliant. 3. Administrator/designee collected data on all current active employees via Qualtrics tracking system and measured results on a daily basis. Texts and phone calls were made to non-compliant individuals on a daily basis until 100% compliance was achieved. New hire candidates are screened via telephone during the interview process on their current vaccination status. They must submit their vaccine card or submit an exemption request before beginning the orientation process. Administrator/designee will monitor Qualtrics system data on a daily basis to ensure the agency remains 100% compliant. 4. Administrator/designee will monitor Qualtrics system data on a daily basis to ensure the agency remains 100% compliant. 5. The deficiency was corrected on 4/5/22.</p>	
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COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the HHA and/or its patients;

(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;

(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;

(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (d)(1) of this section;

(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;

(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;

(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;

(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, all applicable State and local laws, and for 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.

A review of a January 14th, 2022 dated document, the Center for Medicaid and Medicare Services (CMS) issued titled QSO 22-07-ALL, that indicated, but was not limited to; The guidance in this memorandum specifically applies to the following states & Indiana & These changes are necessary to protect the health and safety of patients and staff during the COVID-19 public health emergency. CMS expects all providers and suppliers staff to have received the appropriate

number of doses by the timeframes specified in the QSO-22-07 unless exempted as required by law, or delayed as recommended by CDC. Facility staff vaccination rates under 100% constitute non-compliance under the rule & Within 30 days after issuance of this memorandum & Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19; and 100% of staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the facility is compliant under the rule; or Less than 100% of all staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the facility is non-compliant under the rule.

A review of a document issued by the Center for Medicaid and Medicare Services (CMS) titled Attachment G: Home Health Agencies, indicated, but was not limited to; HHAs [Home Health Agencies] must have a process for ensuring all staff & have received at least a single-dose, or the first dose of a multi-dose COVID-19 vaccine series prior to providing any care, treatment, or other services for the

facility and/or its patients. The policy must also ensure those staff who are not yet fully vaccinated, or who have been granted an exemption or accommodation as authorized by law, or who have a temporary delay, adhere to additional precautions that are intended to mitigate the spread of COVID-19 ... From 30-60 days following issuance of this memorandum, the expected minimum threshold for use in these determinations will be 80%. From 60-90 days following issuance of this memorandum, the expected minimum threshold will be 90%. From 90 days on, the expected minimum threshold will be 100%. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety not otherwise addressed by the criteria below: Immediate Jeopardy: 40% or more of staff remain unvaccinated creating a likelihood of serious harm.

During an interview on 3/10/2022 at 1:33 p.m. RN (Registered Nurse) B was asked to provide all COVID-19 policies and procedures related to the new vaccine mandate, a list of all staff and their vaccination status, including the percent of vaccinated staff, and the position or role of each staff member, including staff who are in direct contact with patients, regardless of frequency of contact, and all office staff.

During an interview on 3/10/2022 at 2:00 p.m. the administrator was

made aware of the request previously made for all COVID-19 vaccination policies and procedures and a list of staff to include their vaccination status.

During an interview on 3/10/2022 at 2:30 p.m. the administrator was asked directly, "What is your COVID-19 Vaccination Policy?" /The administrator immediately ran out of the room without responding.

On 3/10/2022 at 3:09 p.m., the Administrator returned and recited a document he indicated he had just transcribed during a conversation with his Governing Body, A cross-departmental team reviewed regs [regulations], laws, and all the changes related to the various mandates as they were being issued, and we made it a priority to comply. /We believe we are correct that the vaccination policy was not required for this office. /If we are mistaken, then we will do what it takes to become compliant.

On 3/10/2022, the administrator provided the results of a voluntary survey, sent to employees during September of 2021, which that indicated of the 923 employees that responded to the voluntary survey only 35% claimed to be vaccinated.

A review of a copy of the COVID-19 exposure log was provided by the administrator on 3/11/2022 at 10:10 a.m. /The document indicated 4 patients and 10 caregivers had potentially exposed each other from February 14, 2022, to March 10th, 2022. /The notes included for 8 of the 14 exposures indicated the agency requested a COVID-19 test and was awaiting the results prior to the employees' return. The agency's failure to locate the results of caregivers' test results has the potential to affect any of the agency's 1,931 active patients to whom these home health aides make care visits.

During an interview on 3/11/2022 at 10:15 a.m. and 11:15 a.m., the administrator was asked to provide the results of the above COVID-19 tests. /He stated both times he would have to look into it. /The results were not provided prior to survey exit.

A review of a policy titled Covid-19 Vaccination Administration Policy, with a revised date of 1-28-2022, was provided by the administrator on 3/11/2022 at 1:40 p.m. The document indicated but was not limited to; This policy is for Help at Home business units, including those regulated by the Centers for Medicare and Medicaid Service CMS and those regulated by the city of Philadelphia mandate. Help

at Home follows all federal, state, and local COVID-19 requirements that affect our employees and business operations & associates hired after the effective date of this policy, must be in one of the following categories within 30 days of their start date: Confirmed Fully Vaccinated & Partially Vaccinated & Medical/Religious Exemption.

A review of a list of active home health aides was provided by the administrator on 3/10/2022 at 4:40 p.m. Forty-one (41) new home health aides had been hired after the release of the 1/14/2022 new Covid-19 vaccination QSO. The data provided by the administrator indicated the agency has an estimated 850-900 employees. The administrator was unable to provide documentation and did not know if any of the 41 new hires had been vaccinated, partially vaccinated, or had received a vaccination exemption.

During an interview on 3/21/2022 at 1:18 p.m., the administrator was asked if the agency tracked infections in their QAPI (Quality Assurance & Performance Improvement) plan and he stated, "Yes." When asked to provide the evidence of the infections being tracked he stated everything was placed in a program (Risk Connect) that was managed by a corporate owner sponsored entity [name not known by administrator] based

	<p>out of Chicago, Illinois. The administrator and alternate administrator both stated they did not have complete access or oversight of the Risk Connect program. They stated they can only request certain data when needed from the corporate owner-sponsored entity that monitored the data. The administrator indicated not knowing the name of this entity. When asked if the agency trended the data collected, the administrator stated the outside entity program did that. When asked what performance improvement projects the agency currently had, and if they had any improvement projects related to infections or vaccinations, the administrator stated they had no performance improvement projects. When asked if the agency had no areas needing improvement, the administrator stated "maybe one of the branches are working on something I will have to check with them."</p>			
<p>G0752</p>	<p>Home health aide qualifications 484.80(a) Standard: Home health aide qualifications. 1. A document, last revised 1/4/2022, titled Competency Assessment was provided by the alternate administrator on 3/17/2022 at 11:15 a.m. The document indicated but was not</p>	<p>G0752</p>	<p>1. Administrator/designee educated all internal staff regarding 'Competency Assessment' policy on 4/20/22 which states 'competency of all staff will be assessed during the interview process, orientation program, and ongoing throughout employment. All employees will complete a self-assessment of the skills area for their job description upon hire.' The Administrator/designee will document completion of the self-assessment and grant permission to enter the competency evaluation program which will be completed off site by a contracted Registered Nurse. Administrator will sign each home health</p>	<p>2022-04-20</p>

limited to; Competencies for & Home Health Aides (HHA) & the home health aide must demonstrate & successful completion of a competency evaluation program. The home health aide will have completed the competency evaluation program if he/she demonstrates competency in a minimum of eleven (11) of the twelve areas required in federal guidelines & the following subject areas marked with an * must be evaluated after observation of the home health aide s performance of the tasks with a client. The other subject areas may be evaluated through written examination, oral examination, and/or after observation of home health aide with a client or pseudo patient & Safe transfer techniques and ambulation* Normal range of motioning and positioning* Appropriate and safe grooming techniques in personal hygiene and grooming including* & specific directions & must be documented with the client care plan in a step-by-step format that is used for training and competency evaluation & for clients receiving a tub bath, the HHA will receive an in-home competency assessment to demonstrate providing a successful tub bath before the aide is scheduled to work with that client.

2. HHA B s, hire date 1/18/2022, complete personnel record was reviewed on 3/15/2020. The record indicated HHA B received 1

aide registry application as proof of review and approval of appropriately completing the competency evaluation program prior to placing on the home health aide registry. 2. Administrator/designee to review all new caregiver files to ensure each one appropriately completed a competency evaluation program prior to furnishing care. Administrator updated competency evaluation form to include if the competency was completed in the lab, in the client's home, or on pseudo or live patient. Any identified as not having the appropriate proof of completion will not be scheduled until all criteria are met. The Administrator will then review completed documentation for thoroughness and completion. 3. Administrator will continue education on the competency evaluation program and will continue to review all new hire documentation and annual competency evaluation documentation. 4. Administrator/designee will incorporate the 'Competency Assessment' policy in service into the Quality Assurance Process Improvement program as a performance improvement project to be monitored throughout the quarter and ongoing. 5. The deficiency to be corrected by 4/20/22.

hour and 11 minutes of online training and a skills check-off in a lab that failed to follow the agency's own policy and failed to evidence if the tasks were performed on a pseudo patient or what steps were used to qualify HHA B to be added to the state home health aide registry.

Evidenced includes:

A copy of HHA B s Registry license with an issued date of 1/25/2022 issued 28 days prior to the agency s competency check off of HHA B.

A document titled Competency Assessment-HHA dated 2-25-2022 indicated that all 12 required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 2/25/2022 and signed by the evaluator RN D. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home.

2. HHA D s, hire date 02/02/2022 complete personnel record was reviewed on 3/18/2020. The record indicated HHA D received 4.5 hours of in-services and a skills check-off in a lab that failed to follow the agency's own policy and failed to evidence if the tasks were performed on a pseudo patient or what steps were used to qualify HHA D to be added to the state home health aide registry.

Evidence included:

A document titled Caregiver Information Sheet was retrieved on 3/18/2022 from HHA D s

10/31/2019.

A document titled Employment Application was retrieved on 3/18/2022 that indicated a hire date of 2/02/2022.

A copy of HHA D s Home Health Aide Registry license with an issuance date of 12/12/2019.

A document titled Competency Assessment-HHA dated 2/02/2022 indicated that all 12 required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 2/02/2022 and signed by the evaluator RN E. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home.

3. HHA E s, hire date 7/22/2021, complete personnel record was reviewed on 3/16/2020. The record indicated HHA E received 5 hours of in-services and a skills check-off in a lab that failed to follow the agency's own policy and failed to evidence if the tasks were performed on a pseudo patient or what steps were used to qualify HHA E to be added to the state home health aide registry. Evidence included:

A copy of HHA E s Home Health Aide Registry license with an issuance date of 08/03/2021.

A document titled Competency Assessment-HHA dated 07/29/2021 indicated that all 12 required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 07/29/2021 and signed by the evaluator RN F. The competency assessment failed to evidence the

agency completed the required skills to be observed with a client in a client s home.

4. HHA F s, hire date 02/16/2022, complete personnel record was reviewed on 3/16/2020. The record indicated HHA G received 3 hours and 13 minutes of online training and a skills check-off in a lab that failed to follow the agency's own policy and failed to evidence if the tasks were performed on a pseudo patient or what steps were used to qualify HHA F to be added to the state home health aide registry. Evidence included:

A copy of HHA F s Home Health Aide Registry license with an issuance date of 02/02/2022.

A document titled Competency Assessment-HHA dated 02/17/2022 indicated that all 12 required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. The skill Plan of care was marked with the word, Yes and an arrow facing down through all other skills then dated at the bottom of the arrow 02/17/22 and signed by the evaluator RN G The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home.

5. HHA G s, hire date of 12/15/2021, complete personnel record was reviewed on 3/16/2020. The record indicated HHA G received a skills check-off in a lab that failed to follow the agency's own policy and failed to evidence if the tasks were performed on a pseudo patient or what steps were used to qualify HHA G to be added to the state home health aide

	<p>registry. Evidence included:</p> <p>A copy of HHA G s Home Health Aide Registry license with an issuance date of 12/16/2021.</p> <p>A document titled Competency Assessment-HHA dated 12-16-2021 indicated that all 12 required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 12/16/2021 and signed by the evaluator RN E. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home.</p> <p>6. During an interview on 03/17/2022 at 2:00 p.m. the alternate administrator stated she doesn t know why their competency program policy states some skills must be observed in the home because that is not their policy, and she would have to look into it. No further information was provided.</p> <p>7. During an interview on 3/17/2022 the alternate administrator stated HHA B s competency dated a month after being added to the registry is probably an error and they dated it wrong, she wasn t sure but knows they wouldn t have done it that way.</p>			
<p>G0752</p>	<p>Home health aide qualifications</p> <p>484.80(a)</p> <p>Standard: Home health aide qualifications.</p> <p>HHA R s, hire date 12/01/2020 complete personnel record was reviewed on 03/16/2022. The record indicated HHA R received 2.8 hours</p>	<p>G0752</p>	<p>1. Administrator/designee educated all internal staff regarding 'Competency Assessment' policy on 4/20/22 which states 'competency of all staff will be assessed during the interview process, orientation program, and ongoing throughout employment. All employees will complete a self-assessment of the skills area for their job description upon hire.' The</p>	<p>2022-04-20</p>

	<p>of online training completed by 02/21/2022 and skills check-off in a lab on 03/07/2022 that failed to follow the agency's own policy and failed to evidence if the tasks were performed on a pseudo patient or what steps were used to qualify HHA R to be added to the state home health aide registry. Evidence included:</p> <p>A copy of HHA R's Home Health Aide Registry license with an issuance date of 03/08/2022.</p> <p>During an interview on 03/16/2022 at 12:51 PM, Employee R, HHA indicated the home health aide training took 3.5 hours in a lab setting.</p>		<p>Administrator/designee will document completion of the self-assessment and grant permission to enter the competency evaluation program which will be completed off site by a contracted Registered Nurse. Administrator will sign each home health aide registry application as proof of review and approval of appropriately completing the competency evaluation program prior to placing on the home health aide registry. 2. Administrator/designee to review all new caregiver files to ensure each one appropriately completed a competency evaluation program prior to furnishing care. Administrator updated competency evaluation form to include if the competency was completed in the lab, in the client's home, or on pseudo or live patient. Any identified as not having the appropriate proof of completion will not be scheduled until all criteria are met. The Administrator will then review completed documentation for thoroughness and completion. 3. Administrator will continue education on the competency evaluation program and will continue to review all new hire documentation and annual competency evaluation documentation. 4. Administrator/designee will incorporate the 'Competency Assessment' policy in service into the Quality Assurance Process Improvement program as a performance improvement project to be monitored throughout the quarter and ongoing. 5. The deficiency to be corrected by 4/20/22.</p>	
<p>G0768</p>	<p>Competency evaluation</p> <p>484.80(c)(1)(2)(3)</p> <p>Standard: Competency evaluation.</p> <p>An individual may furnish home health services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this section.</p> <p>(1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (iii), (ix), (x), and (xi) of this section must be evaluated by observing an aide's performance of the task with a patient or pseudo-patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient, or with a pseudo-patient as part of a simulation.</p>	<p>G0768</p>	<p>1. Administrator/designee educated all internal staff regarding 'Competency Assessment' policy on 4/20/22 which states 'competency of all staff will be assessed during the interview process, orientation program, and ongoing throughout employment. All employees will complete a self-assessment of the skills area for their job description upon hire.' The Administrator/designee will document completion of the self-assessment and grant permission to enter the competency evaluation program which will be completed off site by a contracted Registered Nurse. Administrator will sign each home health aide registry application as proof of review and approval of appropriately completing the competency evaluation program prior to placing on the home health aide registry. 2. Administrator/designee to review all new caregiver files to ensure each one appropriately completed a competency evaluation program prior to furnishing care. Administrator updated competency evaluation form to include if the</p>	<p>2022-04-20</p>

(2) A home health aide competency evaluation program may be offered by any organization, except as specified in paragraph (f) of this section.

(3) The competency evaluation must be performed by a registered nurse in consultation with other skilled professionals, as appropriate.

1. Review of a document, last revised 1/4/2022, titled Competency Assessment, provided by the alternate administrator on 3/17/2022 at 11:15 a.m., evidenced the document indicated but was not limited to; Competencies for & Home Health Aides (HHA) & the home health aide must demonstrate & successful completion of a competency evaluation program. The home health aide will have completed the competency evaluation program if he/she demonstrates competency in a minimum of eleven (11) of the twelve areas required in federal guidelines & the following subject areas marked with an * must be evaluated after observation of the home health aide s performance of the tasks with a client. The other subject areas may be evaluated through written examination, oral examination, and/or after observation of a home health aide with a client or pseudo patient & Safe transfer techniques and ambulation* Normal range of motioning and positioning* Appropriate and safe grooming techniques in personal hygiene and grooming including* & specific

competency was completed in the lab, in the client's home, or on pseudo or live patient. Any identified as not having the appropriate proof of completion will not be scheduled until all criteria are met. The Administrator will then review completed documentation for thoroughness and completion. 3. Administrator will continue education on the competency evaluation program and will continue to review all new hire documentation and annual competency evaluation documentation. 4. Administrator/designee will incorporate the 'Competency Assessment' policy in service into the Quality Assurance Process Improvement program as a performance improvement project to be monitored throughout the quarter and ongoing. 5. The deficiency to be corrected by 4/20/22.

directions & must be documented with the client care plan in a step-by-step format that is used for training and competency evaluation & for clients receiving a tub bath, the HHA will receive an in-home competency assessment to demonstrate providing a successful tub bath before the aide is scheduled to work with that client.

2. A review of home health aide (HHA) BBB, personnel file evidence a hire date 1/18/2022. The complete personnel record was reviewed on 3/15/2020. The record indicated HHA BBB received 1 hour and 11 minutes of online training and a skills check-off in a lab that failed to follow the agency's policy, failed to evidence if the tasks were performed on a pseudo patient or actual patient, or what steps were used to qualify HHA BBB to be added to the state home health aide registry.

The review evidenced a copy of HHA BBBB s registry license with an issue date of 1/25/2022, issued 28 days before the agency s competency check off of HHA BBB.

A review of a document titled Competency Assessment-HHA, dated 2-25-2022, indicated all 12 skills required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked

completed on 2/25/2022, and signed by the evaluator RN D. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home.

3. A review of HHA DDD s, personnel file on 3/18/2022, evidenced a hire date of 2/2/2022. The record indicated HHA DDD received 4.5 hours of in-services and a skills check-off in a lab and the documentation failed to follow the agency's policy. The personnel file check-off failed to evidence if the tasks were performed on a pseudo patient or what steps were used to qualify HHA DDD to be added to the state home health aide registry. The review evidenced a document titled Caregiver Information Sheet, retrieved on 3/18/2022, from HHA DDD s personnel file with a hire date of 10/31/2019 (different than 2/2/22 above.) A review of a document titled Employment Application, was retrieved on 3/18/2022, which indicated a hire date of 2/02/2022. The personnel file contained a copy of HHA DDD s Home Health Aide Registry license with a date of issuance of 12/12/2019.

A review of a document titled Competency Assessment-HHA, dated 2/2/2022, indicated that all 12 skills required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 2/02/2022, and signed by the evaluator RN E. The competency assessment failed to

evidence the agency completed the required skills performed on a patient in their home as required by agency policy.

4. A review on 3/16/2022, of HHA EEE s personnel file, evidenced a date of hire of 7/22/2021. The document evidenced HHA EEE received 5 hours of in-services and a skills check-off in a lab, and failed to follow the agency's policy. The document failed to evidence if the tasks were performed on a pseudo patient or what steps were used to qualify HHA EEE to be added to the state home health aide registry. A review of a copy of HHA EEE s Home Health Aide Registry license evidenced an issuance date of 8/3/2021. A review of a

A review of a document titled Competency Assessment-HHA, dated 07/29/2021 indicated that all 12 required skills by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 07/29/2021, and signed by the evaluator RN F. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home, as required by agency policy.

5. A review on 3/16/2022, of the personnel file of HHA FFF, evidenced a date of hire of 2/16/2022. The record indicated HHA FFF received 3 hours and 13 minutes of online training and a skills check-off in a lab that failed to follow the agency's policy and failed to evidence if the tasks were

performed on a pseudo patient or what steps were used to qualify HHA FFF to be added to the state home health aide registry. A review of a copy of HHA FFF s Home Health Aide Registry license evidenced an issuance date of 2/2/2022.

A review of a document titled Competency Assessment-HHA, dated 02/17/2022, indicated that all 12 required skills by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, and range of motion, transferring, positioning, and repositioning. The skills document was marked with the word, Yes and an arrow pointed down through all other skills, then dated at the bottom of the arrow, 02/17/22, and was signed by the evaluator RN G The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home, as required by agency policy.

6. A review of the personnel file of HHA GGG, on 3/16/2022, evidenced a hire date of 12/15/2021. The record indicated HHA GGG received a skills check-off in a lab that failed to follow the agency's policy and failed to evidence if the tasks were performed on a pseudo patient or what steps were used to qualify HHA GGG to be added to the state home health aide registry. A review of a copy of HHA GGG s Home Health Aide Registry license evidenced an issuance date of 12/16/2021.

A review of a document titled Competency Assessment-HHA, dated 12-16-2021, indicated that all

12 required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 12/16/2021, and signed by the evaluator RN E. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home, as required by agency policy.

7. During an interview on 03/17/2022 at 2:00 p.m., the alternate administrator stated not knowing why their competency program policy stated some skills must be observed in the home because that is not their practice and she would have to look into it. No further information was provided. The alternate administrator stated HHA B s competency dated a month after being added to the registry was probably an error and they had dated it wrongly, she wasn t sure but knew they wouldn t have done it that way.

8. A review of HHA R s personnel file on 3/16/2022, evidenced a hire date of 12/1/2020. The record indicated HHA R received 2.8 hours of online training completed by 02/21/2022, and skills check-off in a lab on 3/07/2022, that failed to follow the agency s policy, and failed to evidence if the tasks were performed on a pseudo patient or what steps were used to qualify HHA R to be added to the state home health aide registry. A review of a copy of HHA R s Home Health Aide Registry license evidenced an issuance date

	<p>9. During an interview on 03/16/2022 at 12:51 PM, Employee R, HHA, indicated the home health aide training took 3.5 hours in a lab setting.</p>			
<p>G0772</p>	<p>Documentation of competency evaluation 484.80(c)(5) The HHA must maintain documentation which demonstrates that the requirements of this standard have been met. 1. A document, last revised 1/4/2022, titled Competency Assessment was provided by the alternate administrator on 3/17/2022 at 11:15 a.m. The document indicated but was not limited to; Competencies for & Home Health Aides (HHA) & the home health aide must demonstrate & successful completion of a competency evaluation program. The home health aide will have completed the competency evaluation program if he/she demonstrates competency in a minimum of eleven (11) of the twelve areas required in federal guidelines & the following subject areas marked with an * must be evaluated after observation of the home health aide s performance of the tasks with a client. The other subject areas may be evaluated through written examination, oral examination, and/or after observation of home health aide with a client or pseudo patient & Safe transfer techniques and ambulation* Normal range of motioning and positioning*</p>	<p>G0772</p>	<p>1. Administrator/designee educated all internal staff regarding 'Competency Assessment' policy on 4/20/22 which states 'competency of all staff will be assessed during the interview process, orientation program, and ongoing throughout employment. All employees will complete a self-assessment of the skills area for their job description upon hire.' The Administrator/designee will document completion of the self-assessment and grant permission to enter the competency evaluation program which will be completed off site by a contracted Registered Nurse. Administrator will sign each home health aide registry application as proof of review and approval of appropriately completing the competency evaluation program prior to placing on the home health aide registry. 2. Administrator/designee to review all new caregiver files to ensure each one appropriately completed a competency evaluation program prior to furnishing care. Administrator updated competency evaluation form to include if the competency was completed in the lab, in the client's home, or on pseudo or live patient. Any identified as not having the appropriate proof of completion will not be scheduled until all criteria are met. The Administrator will then review completed documentation for thoroughness and completion. 3. Administrator will continue education on the competency evaluation program and will continue to review all new hire documentation and annual competency evaluation documentation. 4. Administrator/designee will incorporate the 'Competency Assessment' policy in service into the Quality Assurance Process Improvement program as a performance improvement project to be monitored throughout the quarter and ongoing. 5. The deficiency to be corrected by 4/20/22.</p>	<p>2022-04-20</p>

Appropriate and safe grooming techniques in personal hygiene and grooming including* & specific directions & must be documented with the client care plan in a step-by-step format that is used for training and competency evaluation & for clients receiving a tub bath, the HHA will receive an in-home competency assessment to demonstrate providing a successful tub bath before the aide is scheduled to work with that client.

2. HHA B s, hire date of 1/18/2022, complete personnel record was reviewed on 3/15/2020. The record evidenced the following:

A document titled Competency Assessment-HHA dated 2-25-2022 indicated that all 12 competencies required by federal regulations, were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 2/25/2022 and signed by the evaluator RN D. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home. The agency failed to include documentation in a step-by-step format that was used for the training and competency in the employee s personnel file.

3. HHA D s complete personnel record was reviewed on 3/18/2020. The record evidenced the following:

A document titled Caregiver Information Sheet was retrieved on

3/18/2022 from HHA D s personnel file that indicated a hire date of 10/31/2019.

A document titled Competency Assessment-HHA dated 2/02/2022 indicated that all 12 required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 2/02/2022 and signed by the evaluator RN E. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home. The agency failed to include documentation in a step-by-step format that was used for the training and competency in the employee s personnel file.

4. HHA E s, hire date of 07/22/2021, complete personnel record was reviewed on 3/16/2020. The record evidenced the following:

A copy of HHA E s Home Health Aide Registry license with an issuance date of 08/03/2021.

A document titled Competency Assessment-HHA dated 07/29/2021 indicated that all 12 required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 07/29/2021 and signed by the evaluator RN F. The competency assessment failed to evidence the agency completed the required skills to be observed

with a client in a client s home. The agency failed to include documentation in a step-by-step format that was used for the training and competency in the employee s personnel file.

5. HHA F s, hire date of 02/16/2022, complete personnel record was reviewed on 3/16/2020. The record evidenced the following:

A document titled Competency Assessment-HHA dated 02/17/2022 indicated that all 12 competencies required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. The skill Plan of care was marked with the word, Yes and an arrow facing down through all other skills then dated at the bottom of the arrow 02/17/22 and signed by the evaluator RN G The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home. The agency failed to include documentation in a step-by-step format that was used for the training and competency in the employee s personnel file.

6. HHA G s, hire date of 12/15/2021, complete personnel record was reviewed on 3/16/2020. The record evidenced the following:

A document titled Competency Assessment-HHA dated 12-16-2021 indicated that all 12 competencies required by federal regulations were completed in a lab including tub

baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 12/16/2021 and signed by the evaluator RN E. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home. The agency failed to include documentation in a step-by-step format that was used for the training and competency in the employee s personnel file.

7. During an interview on 03/17/2022 at 2:00 p.m. the alternate administrator stated she doesn t know why their competency program policy states some skills must be observed in the home because that is not their policy, and she would have to look into it. No other information was provided and stated HHA B s competency dated a month after being added to the registry is probably an error and they dated it wrong, she wasn t sure but knows they wouldn t have done it that way.

8.. During an interview on 3/17/2022 at 2:00 p.m. the administrator stated the form titled Competency Assessment-HHA is the form the agency used to determine if the HHA was competent to be placed on the home health aide registry. The administrator verified the documentation was not complete to demonstrate the federal requirements for an HHA had been met.

<p>G0798</p>	<p>Home health aide assignments and duties 484.80(g)(1) Standard: Home health aide assignments and duties. 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). A home visit with Patient #17 was conducted on 03/15/2022 at 10:00 AM, with Employee R, home health aide. Copy of home health aide care plan not found in patient home and Employee R, home health aide indicated had not received a home health aide care plan for this patient.</p>	<p>G0798</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines, confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. RN Case Manager to review for completeness and appropriateness all binder contents including a completed home health aide service plan 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. All binder contents including home health aide service plan to be reviewed prior to printing and mailing. All contents to be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 5/16/2022</p>	<p>2022-05-16</p>
<p>G0798</p>	<p>Home health aide assignments and duties 484.80(g)(1) Standard: Home health aide assignments and duties. 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</p>	<p>G0798</p>	<p>1. Administrator/designee educated all internal staff on 4/20/22 regarding the contents required in the client's home medical record binder, which includes admission consents, current plan of care, medication list, medication interaction report, home health aide service plan, and patient orientation book which includes agency contact information, current Administrator and Clinical Manager, patient rights, how to file a complaint with the Administrator and Indiana State Department of Health, contact information for Area Agency on Aging, emergency planning and safety information, infection control guidelines,</p>	<p>2022-05-16</p>

<p>pathologist, or occupational therapist).</p> <p>1. A document titled Supervision of Staff was provided by the administrator on 3/21/2022. The document indicated but was not limited to; The Nursing Supervisor or designated Registered Nurse (RN) will give the Home Health Aide direction for client care by the way of the care plan & A Registered Nurse must review the Home Health Aide Plan with the Home Health Aide before the first client visit.</p> <p>2. During a home on 3/14/2022 at 1:30 p.m. for patient #10, the patient only had a plan of care from 3 certification periods prior. No updated information in the home.</p> <p>3. During a home visit on 3/14/2022 at 1:30 p.m. for patient #16 the agency failed to ensure their was an aide plan of care in the home.</p> <p>4. During a home visit on 3/15/2022 at 9:00 a.m. with patient #11, RN H stated there was not a home health aide plan of care or patient plan of care in the home, so he/she just made one today and brought it for the patient.</p> <p>5. During a home visit on 3/15/2022 at 10:00 a.m. with patient #17 there was no plan of care in the home. When asked</p>		<p>confidentiality/HIPAA, Advanced Directive information, and services provided with admission criteria, and processes to be followed within the agency. RN Case Manager to review for completeness and appropriateness all binder contents including a completed home health aide service plan 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. All binder contents including home health aide service plan to be reviewed prior to printing and mailing. All contents to be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 5/16/2022</p>	
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how HHA R knows what tasks to perform he/she stated he/she just does what the agency or patient #17 s grandma tells them to do.

6. During a home visit on 3/15/2022 at 10:00 AM, Patient #15 was unable to locate a folder/binder from Help at Home. / Employee M, Home Health Aide, was not able to locate a current folder/binder in the patient s home, containing updated medication instructions and care instructions. /

7. During a home visit on 3/15/2022 at 3:00 p.m. patient #14 HHA B stated he/she does some of the items on the plan of care and in the morning another HHA does others but the tasks are not identified which aide is responsible for which task.

8. During a home visit on 3/14/2022 at 2:59 PM, with Employee L, Registered Nurse Clinical Manager, they confirmed that Patient #16 did not have updated information in a folder or binder. / They reported, we are behind a little & we are making new binders now. /

9. During a home visit on 3/17/2022, at 12:00 PM with patient #27, certification period 2/11/2022 to 4/11/2022, Employee #UU, Home Health Aide, reported

	<p>employee C, Registered Nurse, delivered an updated folder/binder this morning, that included an updated plan of care, medication instructions, patient s care needs, and agency contact information. / Patient # 27 confirmed just receiving a new binder this AM. /</p> <p>10. During an interview on 3/15/2022 at 1:10 PM, with the Alternate Administrator, she confirmed the plan of care and information should be in the patient s home binder and they (referring to agency) usually replace them each recert. (recertification) &they are typically in a white binder, usually keep all plans of care, admission paperwork, handbook, and any medication changes. /</p>			
<p>G0856</p>	<p>Officer, a director, agent, managing employee</p> <p>484.100(a)(2)</p> <p>The name and address of each person who is an officer, a director, an agent, or a managing employee of the HHA as defined in §420.201, §420.202, and §420.206 of this chapter.</p> <p>1. On 3/10/2022 at 12:37 p.m., a list of all active employees including contracted employees was requested from RN B.</p> <p>2. On 3/10/2022 at 2:10 p.m., a document titled, " Organization Chart," was provided by the administrator. The organizational chart identified the Governing Body at the top of the chart then proceeding down was the</p>	<p>G0856</p>	<p>1. Administrator educated all internal staff on agency organizational chart on 4/22/22 which shows clear lines of authority from Administrator down to the patient level. Organization chart as follows: Governing Body, Administrator, Alt. Administrator, Nursing Supervisor, Alt. Nursing Supervisor, RN Case Managers, Care Supervisors, Field Staff, Patients. A list of all staff entering the buildings is attached with the organizational chart. 2. Clients were not affected by the organizational structure. Clients will be mailed new Patient Orientation Admission books on 4/22/22 which will include contact information for Administrator and Clinical Manager. 3. Administrator will ensure the agency organizational chart is accurate and up to date at all times and will be reviewed and updated with any administrative changes. All staff will be educated on any changes that occur. The Administrator and Branch Managers have the capability to pull active staff rosters, including all</p>	<p>2022-05-16</p>

<p>administrator, alternate administrator, nursing supervisor, and alternate supervisor. The administrator had 3 branches directly under them and then a fourth branch manager who provided oversight to all nurses, field staff, patients, and the 24/7 on-call.</p> <p>3. During an interview on 3/10/2022 at 12:03 p.m., the administrator identified the agency's license contained 8 branches and 1 parent location.</p> <p>4. On 3/10/2022 at 4:40 p.m., the administrator provided a list of all home health aides employed by the agency. Requested a list of all personnel for the agency to include office staff.</p> <p>5. On 3/15/2022, RN Z anonymously provided a copy of an email that was sent from an employee with the title, "State Quality & Compliance Lead," located in Chicago, Illinois, and distributed to the administrator, Governing Body Member 2, the Lafayette Clinical Supervisor, and 7 other unidentified employees. The email indicated but was not limited to; Remember you all report to [administrators name], the administrator. Do not mention Area Leaders, Area Clinical Leaders, [Governing Body Member B's name, Governing Body Member C's name] or myself as they're not part of the license's organization chart per IDH (Indiana Department of Health). Do not mention consolidations of agencies. You have simply received referrals from [name of another</p>		<p>contracted employees. 4. The organizational chart will be incorporated into the Quality Assurance Process Improvement Program as a performance improvement project and will be reviewed quarterly at minimum with all staff. 5. The deficiency will be corrected by 5/16/22.</p> <p>1. Administrator educated all internal staff on agency organizational chart on 4/22/22 which shows clear lines of authority from Administrator down to the patient level. Organization chart as follows: Governing Body, Administrator, Alt. Administrator, Nursing Supervisor, Alt. Nursing Supervisor, RN Case Managers, Care Supervisors, Field Staff, Patients. Administrator educated all staff on Help at Home, LLC Indiana Organizational Structure with names and addresses, not associated with agency license organization chart, which includes management positions such as Indiana Market Leader, Director of Market Operations, State Quality and Compliance Lead, Area Leaders and Area Clinical Leaders, etc. on 5/16/22. 2. Clients were not affected by the organizational structure, specifically with Indiana Help at Home, LLC. Clients will be mailed new Patient Orientation Admission books on 4/22/22 which will include contact information for Administrator and Clinical Manager. 3. Administrator will ensure the agency organizational chart is accurate and up to date at all times and will be reviewed and updated with any administrative changes. All staff will be educated on any changes that occur. 4. The organizational chart will be incorporated into the Quality Assurance Process Improvement Program as a performance improvement project and will be reviewed quarterly at minimum with all staff. 5. The deficiency will be corrected by 5/16/22.</p>	
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agency with multiple licenses throughout Indiana owned by the same entity.]

6. On 3/21/2022 at 2:05 p.m., the alternate administrator provided copies of employee offer letters and signatures of acceptance of employees not listed on the personnel rosters provided. The documents included the following:

An 8/31/2021 signed letter that stated "Dear [RN P], Help and Home is excited to offer you the position of Area Clinical Manager in our Winchester location! This is a full time 40 hour per week position."

Review of a job description for Area Clinical Manager indicated but was not limited to; "Job Summary: The Area Clinical Manager (ACM) under the direct supervision of the Director, Clinical Operations and in partnership with the Director, Regional Operations will be responsible for managing all clinical processes & Supervisory Responsibilities & handles discipline and termination of employees & provides oversight for home visits and day-to-day office processes as needed & Maintains the Quality Assurance and Performance Improvement (QAPI) program for each office & provides all updates to the program."

A 9/03/2021 signed letter was reviewed that stated "Dear [RN Q], Help and Home is excited to offer you the position of Territory Clinical Manager in our Seymour location! This is a full-time 40 hours per week position."

Review of a job description for Area Clinical Manager indicated but was not limited to; "Job Summary: The Territory Clinical Manager (TCM) under supervision of the Area Clinical Manager will serve as back-up for clinical managers with admissions and provides oversight for home visits and day-to-day office processes as needed & Supervisory Responsibilities & handles discipline and termination of employees & Evaluate, monitor, and review all recertification's, grievances, and ROCs, while ensuring all appropriate documents are included as required."

An 8/25/2021 signed letter was reviewed that stated "Dear [RN Y], On behalf of Help at Home, Inc, I am pleased to offer you the position of Territory Clinical Manager in our Lafayette, Terre Haute, Adaptive Terre Haute, and Adaptive Lafayette offices reporting the area Area Clinical Manager. As a Territory Clinical Manager, you will be responsible for all nursing facets in the Lafayette, Terre Haute, Adaptive Terre Haute, and Adaptive Lafayette offices, including without limitations, training field staff, patient services matters, business development, general functions, as well as all additional tasks assigned." The letter was signed by the agency's former administrator. The agency administrator offered a job to RN Y for a position for 2 separate licenses but was the administrator only over the one licensed agency.

An 8/20/2021 signed letter was reviewed that stated "Dear [RN Z], On behalf of Help at Home, Inc, I am pleased to offer you the position of

Territory Clinical Manager in our Bloomington and Bedford office reporting the Area Clinical Manager."

An 8/31/2021 signed letter was reviewed that stated "Dear [RN M], Help and Home is excited to offer you the position of Area Clinical Manager in our Bloomington location! This is a full time 40 hour per week position."

7. During an interview on 3/17/2022 at 2:00 p.m., the administrator and alternate administrator were asked why employees were directed to conceal other managing employees from the surveyors and the alternate administrator stated it was just to avoid confusion.

8. During an interview on 3/08/2022 at 1:30 PM, with RN M, RN M stated they were only affiliated with Entity 2. RN M stated he/she closed the Bloomington Branch of Entity 2 on 12/31/2022, discharged all of their patients, and was not informed of the agency taking over that location. RN M stated Entity 2 and the agency never merged or acquired one or the other.

9. During an interview on 3/21/2022 at 2:00 PM, the administrator and the alternate administrator indicated RN M, with entity 2, was dually employed with this agency. The administrator stated RN M was an area leader in the region and provided a copy of RN M's signed employment offer letter with this agency.

410 IAC 17-10-1(d)(2)

<p>G0940</p>	<p>Organization and administration of services</p> <p>484.105</p> <p>Condition of participation: Organization and administration of services.</p> <p>The HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient's plan of care, for each patient's medical, nursing, and rehabilitative needs. The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority, and services furnished.</p> <p>The cumulative effect of these systemic problems resulted in the agency's inability to ensure the provision of quality health care in a safe environment for the Condition of Participation 484.105, Organization and administration of services.</p> <p>410 IAC 17-12-1(a)(1)</p> <p>Findings include:</p> <p>[The Governing Body failed to ensure its essential administrative and supervisory functions were not delegated to another entity which precluded the administrator from being effective in supervising and managing the home health agency QAPI by having delegated these to an outside entity.]</p> <p>1. A job description for Area Clinical Manager was provided by the alternate administrator on 03/21/2022 at 2:05 p.m. A review of the document indicated but was not limited to; "Job Summary: The Area Clinical Manager (ACM) under the direct supervision of the Director, Clinical Operations and in partnership with the Director, Regional Operations will be responsible for managing all clinical processes & Supervisory Responsibilities & handles discipline and termination of employees</p>	<p>G0940</p>	<p>1. Administrator educated all internal staff on agency organizational chart on 4/22/22 which shows clear lines of authority from Administrator down to the patient level. Organization chart as follows: Governing Body, Administrator, Alt. Administrator, Nursing Supervisor, Alt. Nursing Supervisor, RN Case Managers, Care Supervisors, Field Staff, Patients. The Governing Body does not delegate any supervision or management of the agency to another entity, however, does utilize systems such as Riskconnect for tracking and trending incident reporting, COVID data, etc. The Governing Body and Administrator has full access to the systems put into place. The Administrator reports directly to the Governing Body who holds full legal responsibility and authority over the agency and will direct all changes and communication of agency oversight. 2. Clients were not affected by the organizational structure, specifically with Indiana Help at Home, LLC. Clients will be mailed new Patient Orientation Admission books on 4/22/22 which will include contact information for Administrator and Clinical Manager. 3. Administrator will ensure the agency organizational chart is accurate and up to date at all times and will be reviewed and updated with any administrative changes. All staff will be educated on any changes that occur. 4. The organizational chart will be incorporated into the Quality Assurance Process Improvement Program as a performance improvement project and will be reviewed quarterly at minimum with all staff. 5. The deficiency will be corrected by 5/16/2022</p>	<p>2022-05-16</p>
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& provides oversight for home visits and day-to-day office processes as needed & Maintains the Quality Assurance and Performance Improvement (QAPI) program for each office & provides all updates to the program."

2. During an interview on 3/10/2022, at 1:00 p.m. , the administrator stated RN M was the Area Clinical Manager for the agency. When provided an updated roster RN M was no longer listed as an employee.

3. A job description for Territory Clinical Manager was provided by the alternate administrator on 03/21/2022 at 2:05 p.m. A review of the document indicated but was not limited to; "Job Summary: The Territory Clinical Manager (TCM) under supervision of the Area Clinical Manager will serve as back-up for clinical managers with admissions and provides oversight for home visits and day-to-day office processes as needed & Supervisory Responsibilities & handles discipline and termination of employees & Evaluate, monitor, and review all recertification's, grievances, and ROCs, while ensuring all appropriate documents are included as required."

4. On 3/11/2022, the administrator was asked to provide any information related to COVID-19 infections or exposures. He stated he would have to look into it or see if there was something they had he did not know.

5. On 3/14/2022, the administrator provided meeting minutes for each branch for 2022. A review of the meeting minutes for the week ending 1/29/2022, for the Indianapolis branch of the agency state "Additional Notes & HHA (Home Health Agency) reporting and grievances go to [name of State

Chicago Illinois].

6. On 3/15/2022, RN Z provided a copy of an email anonymously that was sent from an employee with the title State Quality & Compliance Lead located in Chicago, Illinois, and distributed to the administrator, Governing Body Member 2, the Lafayette Clinical Supervisor, and 7 other unidentified employees. The email indicated but was not limited to; Remember you all report to [administrators name], the administrator. Do not mention Area Leaders, Area Clinical Leaders, [Governing Body Member B s name, Governing Body Member C s name], or myself as they re not part of the license s organization chart per IDH (Indiana Department of Health). Do not mention consolidations of agencies. You have simply received referrals from Adaptive [another agency with multiple licenses throughout Indiana owned by the same entity].

7. During an interview on 3/21/2022, at 1:18 p.m., the administrator was asked if the agency tracked infections in their QAPI (Quality Assurance & Performance Improvement) plan and he stated yes. When asked to provide the evidence of the infections being tracked he stated everything is placed in a program (Riskconnect) that was managed by the corporate owner sponsored entity 1 [name not known by administrator] based out of Chicago, Illinois. The administrator and alternate administrator both stated they did not have complete access or oversight of the Riskconnect program. They stated they can only request certain data when needed from the corporate owner-sponsored entity that monitored the data. The administrator indicated not knowing the name of this entity. When asked if the agency trended the data collected, the administrator stated the outside entity program did.

8. During an interview on 3/21/2022, at 1:18 p.m., the administrator was asked how they determined what performance improvement projects

were needed without the data available, what projects the agency currently had in progress, and if they had any improvement projects related to infections or vaccinations, the administrator stated they have no performance improvement projects. When asked if the agency had no areas needing improvement, the administrator stated, "maybe one of the branches was working on something I will have to check with them." The administrator did not know if the agency was working on any projects. There were no improvement projects for complaints and adverse events, a missed opportunity for improvement because the administrator did not have access to all agency data [RisKconnect.]

9. During an interview on 3/21/2022, at 1:18 p.m., the administrator was asked about the outcome of the missing person notated in their QAPI. The administrator stated he/she would have to find out. He/she stated he did not have access to grievances once they are entered into the system [RisKconnect.]

10. During an interview on 3/21/2022, at 1:18 p.m., the administrator was asked from where the area and territory leader personnel files were retrieved and the administrator responded they got them from HR (human resources). When asked where HR was located, the administrator stated they did not know. When asked how the administrator got a hold of HR the administrator, stated they emailed an HR email address requesting information they needed and received it back. The administrator did not know who HR consisted of or where HR for the agency was located. The administrator stated they believed they knew one employee who was in HR, but that employee was on vacation.

<p>G0948</p>	<p>Responsible for all day-to-day operations</p> <p>484.105(b)(1)(ii)</p> <p>(ii) Be responsible for all day-to-day operations of the HHA;</p> <p>1. A job description for Area Clinical Manager was provided by the alternate administrator on 03/21/2022 at 2:05 p.m. A review of the document indicated but was not limited to; "Job Summary: The Area Clinical Manager (ACM) under the direct supervision of the Director, Clinical Operations and in partnership with the Director, Regional Operations will be responsible for managing all clinical processes & Supervisory Responsibilities & handles discipline and termination of employees & provides oversight for home visits and day-to-day office processes as needed & Maintains the Quality Assurance and Performance Improvement (QAPI) program for each office & provides all updates to the program."</p> <p>2. During an interview on 3/10/2022, at 1:00 p.m., the administrator stated RN M was the Area Clinical Manager for the agency. When provided an updated roster RN M was no longer listed as an employee.</p> <p>3. A job description for Territory Clinical Manager was provided by the alternate administrator on 03/21/2022 at 2:05 p.m. A review of the document indicated but was not limited to; "Job Summary: The Territory Clinical Manager (TCM) under supervision of the Area Clinical Manager will serve as back-up for clinical managers with admissions and provides oversight for home visits and day-to-day office processes as needed & Supervisory Responsibilities & handles discipline and termination of employees & Evaluate, monitor, and review all recertification's, grievances, and ROCs, while ensuring all appropriate</p>	<p>G0948</p>		<p>2022-04-22</p>
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documents are included as required."

4. On 3/11/2022, the administrator was asked to provide any information related to COVID-19 infections or exposures. He stated he would have to look into it or see if there was something they had he did not know.

5. On 3/11/2022 at 10:10 a.m., the administrator provided a spreadsheet listing possible patient infections with symptoms similar to COVID-19. The document indicated for quarter 3, July-September of 2021 210 suspected patient and staff infections with no follow-up. The administrator was asked for test results for employees suspected 3 separate times and was unable to gain access to the results.

6. On 3/14/2022, the administrator provided meeting minutes for each branch for 2022. The meeting minutes for the week ending 1/29/2022 for the Indianapolis branch of the agency state "Additional Notes & HHA (Home Health Agency) reporting and grievances go to [name of State Quality & Compliance Lead out of Chicago Illinois].

7. On 3/15/2022, RN Z provided a copy of an email anonymously that was sent from an employee with the title State Quality & Compliance Lead located in Chicago, Illinois, and distributed to the administrator, Governing Body Member 2, the Lafayette Clinical Supervisor, and 7 other unidentified employees. The email indicated but was not limited to; Remember you all report to [administrators name], the administrator. Do not mention Area Leaders, Area Clinical Leaders, [Governing Body Member B s name, Governing Body Member C s name] or myself as they re not part of the license s organization chart per IDH (Indiana Department of Health). Do not mention consolidations of agencies. You have simply received referrals from Adaptive [another agency with multiple licenses throughout Indiana owned by the same

entity].

8. During an interview on 3/21/2022, at 1:18 p.m., the administrator was asked if the agency tracked infections in their QAPI (Quality Assurance & Performance Improvement) plan and he stated yes. When asked to provide the evidence of the infections being tracked he stated everything is placed in a program (Riskconnect) that was managed by the corporate owner sponsored entity 1 [name not known by administrator] based out of Chicago, Illinois. The administrator and alternate administrator both stated they did not have complete access or oversight of the Riskconnect program. They stated they can only request certain data when needed from the corporate owner-sponsored entity that monitored the data. The administrator indicated not knowing the name of this entity. When asked if the agency trended the data collected, the administrator stated the outside entity program did.

9. During an interview on 3/21/2022, at 1:18 p.m., the administrator was asked how they determined what performance improvement projects were needed without the data available, what projects the agency currently had in progress, and if they had any improvement projects related to infections or vaccinations, the administrator stated they have no performance improvement projects. When asked if the agency had no areas needing improvement, the administrator stated, "maybe one of the branches was working on something I will have to check with them." The administrator did not know if the agency was working on any projects.

10. During an interview on 3/21/2022, at 1:18 p.m., the administrator was asked about the outcome of the missing person notated in their QAPI. The administrator stated he/she would have to find out. He/she stated he did not have access to grievances once

	<p>they are entered into the system.</p> <p>11. During an interview on 3/21/2022, at 1:18 p.m., the administrator was asked from where the area and territory leader personnel files were retrieved and the administrator responded they got them from HR (human resources). When asked where HR was located, the administrator stated they did not know. When asked how the administrator got a hold of HR the administrator, stated they emailed an HR email address requesting information they needed and received it back. The administrator did not know who HR consisted of or where HR for the agency was located. The administrator stated they believed they knew one employee who was in HR, but that employee was on vacation.</p> <p>410 IAC 17-12-1(b)(3) 410 IAC 17-12-1(c)(1)</p>			
<p>G0950</p>	<p>Ensure clinical manager is available</p> <p>484.105(b)(1)(iii)</p> <p>(iii) Ensure that a clinical manager as described in paragraph (c) of this section is available during all operating hours;</p> <p>On 3/14/22 at 10:50 AM, A document titled Patient Orientation for Home Health Care, was provided by Employee K, Lafayette Branch Manager. The document indicated but was not limited to; Our offices hours are Monday through Friday from 9:00 a.m. to 5:00 p.m., except on the following holidays: Memorial Day, July Fourth, Labor Day, Thanksgiving, Christmas Day and New Year s Day & After Hours Coverage: We provide 24-hour on-call services, 7 days per week to ensure that you receive necessary home care services.</p>	<p>G0950</p>	<p>1. Administrator educated all staff on 4/20/22 regarding 24 hours per day, 7 days per week on-call service at all locations to ensure clients are able to receive the services needed. Administrator and Clinical Manager are on call 24 hours per day, 7 days per week for any needs. Agency and Administrator/Clinical Manager contact information is listed on the Patient Orientation Admission book and available to all clients. Administrator to ensure all clients are notified by 5/20/22 of who the Administrator, Alt. Adminstrator, Nursing Supervisor, and Alt. Nursing Supervisor are. This will be documented in the EMR. Administrator/designee tested all branch phone numbers on 6/2/22 to ensure the phone call was answered, and was able to be transferred to the Administrator/Clinical Manager 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail. Which were mailed by 4/22/22, and again by 5/20/22 with Administrative changes. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if</p>	<p>2022-06-02</p>

<p>On 3/08/2022, a phone call was placed to the agency s Bloomington branch at 3:15 p.m. during business hours. An answering system directed emergencies to call 911 or leave a voice mail and a call back would be received as soon as possible.</p> <p>On 3/08/2022, a phone call was placed to the agency s Bloomington branch at 3:20 p.m. during business hours. An answering system directed emergencies to call 911 or leave a voice mail and a call back would be received as soon as possible, the voice box mail was full and unable to accept messages.</p> <p>2. On 3/15/2021 the agency s after-hours phone number was called. The call was answered by a recording that directed patients to leave a voicemail to receive a callback. The voicemail then states the voicemail box is full and terminated the phone call.</p> <p>On 3/08/2022 at 12:30 p.m. during an interview with Patient 3 s power of attorney (POA), the POA stated having made multiple attempts to reach the administrator and have been unsuccessful. They stated even during business hours the agency will not answer their phone.</p> <p>During an interview with HHA V, on 3/08/2022 at 12:15 p.m., HHA V stated that ever since September of 2021, when Entity 3 took over the agency, patients are unable to get a hold of someone at the agency. HHA V stated those that who do have to call repeatedly and occasionally during hours someone will answer, but after-hours patients complain they do not receive a callback.</p>		<p>applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. Agency address and contact information was updated with IDOH 12/21/2021. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 6/2/22.</p>	
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	<p>During an interview with the administrator on 3/21/2022, at 1:18 p.m., the administrator stated all complaints were placed into a program (RisKonnnect.) The administrator stated they didn t have access or oversight of the program and could only request specific information. The administrator stated he was not sure who had full oversight but that it was someone from a corporate-owned entity 1.</p> <p>410 IAC 17-12-1(d)</p>			
<p>G0952</p>	<p>Ensure that HHA employs qualified personnel</p> <p>484.105(b)(1)(iv)</p> <p>(iv) Ensure that the HHA employs qualified personnel, including assuring the development of personnel qualifications and policies.</p> <p>1. A document, last revised 1/4/2022, titled Competency Assessment, was provided by the alternate administrator on 3/17/2022 at 11:15 a.m. A review of the document evidenced; Competencies for & Home Health Aides (HHA) & the home health aide must demonstrate & successful completion of a competency evaluation program. The home health aide will have completed the competency evaluation program if he/she demonstrates competency in a minimum of eleven (11) of the twelve areas required in federal guidelines & the following subject areas marked with an * must be evaluated after observation of the home health aide s performance of the tasks with a client. The other</p>	<p>G0952</p>	<p>1. Administrator/designee educated all internal staff regarding 'Competency Assessment' policy on 4/20/22 which states 'competency of all staff will be assessed during the interview process, orientation program, and ongoing throughout employment. All employees will complete a self-assessment of the skills area for their job description upon hire.' The Administrator/designee will document completion of the self-assessment and grant permission to enter the competency evaluation program which will be completed off site by a contracted Registered Nurse. Administrator will sign each home health aide registry application as proof of review and approval of appropriately completing the competency evaluation program prior to placing on the home health aide registry.</p> <p>2. Administrator/designee to review all new caregiver files to ensure each one appropriately completed a competency evaluation program prior to furnishing care. Administrator updated competency evaluation form to include if the competency was completed in the lab, in the client's home, or on pseudo or live patient. Any identified as not having the appropriate proof of completion will not be scheduled until all criteria are met. The Administrator will then review completed documentation for thoroughness and completion.</p> <p>3. Administrator will continue education on the competency evaluation program and will continue to review all new hire documentation and annual competency evaluation documentation.</p> <p>4. Administrator/designee will incorporate the</p>	<p>2022-04-20</p>

subject areas may be evaluated through written examination, oral examination, and/or after observation of home health aide with a client or pseudo patient & Safe transfer techniques and ambulation* Normal range of motioning and positioning* Appropriate and safe grooming techniques in personal hygiene and grooming including* & specific directions & must be documented with the client care plan in a step-by-step format that is used for training and competency evaluation & for clients receiving a tub bath, the HHA will receive an in-home competency assessment to demonstrate providing a successful tub bath before the aide is scheduled to work with that client.

2. Review of the personnel file for HHA BBB s, hire date of 1/18/2022, on 3/15/2020, evidenced the following:

A copy of HHA BBB s Registry license with an issued date of 1/25/2022, issued 28 days prior to the agency s competency check off of HHA BBB.

A review of a document titled Competency Assessment-HHA, dated 2-25-2022 indicated that all 12 required skills by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 2/25/2022 and signed by the evaluator RN D. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home, as required by agency policy.

'Competency Assessment' policy in service into the Quality Assurance Process Improvement program as a performance improvement project to be monitored throughout the quarter and ongoing. 5. The deficiency to be corrected by 4/20/22.

2. HHA DDD s complete personnel record was reviewed on 3/18/2020. The record evidenced the following:

A document titled Caregiver Information Sheet, was retrieved on 3/18/2022, from HHA DDD s personnel file that indicated a hire date of 10/31/2019.

A document titled Employment Application, was retrieved on 3/18/2022, and indicated a hire date of 2/02/2022.

A copy of HHA DDD s Home Health Aide Registry license with an issuance date of 12/12/2019.

A document titled Competency Assessment-HHA, dated 2/02/2022 indicated that all 12 skills required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 2/02/2022, and signed by the evaluator RN E. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home, as required by agency policy.

3. HHA EEE s, hire date 7/22/2021, complete personnel record was reviewed on 3/16/2020. The record evidenced the following:

A copy of HHA EEE s Home Health Aide Registry license with an issuance date of 8/3/2021.

A document titled Competency Assessment-HHA, dated 7/29/2021, indicated

that all 12 skills required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 07/29/2021 and signed by the evaluator RN F. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home, as required by agency policy.

4. A review of HHA FFF s personnel record evidenced a hire date of 02/16/2022. The complete personnel record was reviewed on 3/16/2020. The record evidenced the following:

A copy of HHA FFF s Home Health Aide Registry license with an issuance date of 2/2/2022.

A document titled Competency Assessment-HHA, dated 02/17/2022, indicated that all 12 skills required by federal regulations were completed in a lab including tub baths, transfer techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. The skill Plan of care was marked with the word, Yes and an arrow facing down through all other skills then dated at the bottom of the arrow 02/17/22 and signed by the evaluator RN G The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home, as required by agency policy.

5. HHA GGG s, hire date of 12/15/2021, complete personnel record was reviewed on 3/16/2020. The record evidenced the following:

A copy of HHA GGG s Home Health Aide Registry license with an issuance date of 12/16/2021.

A document titled Competency Assessment-HHA dated 12-16-2021 indicated that all 12 required by federal regulations were completed in a lab including tub baths, transfer

	<p>techniques, Hoyer lift use, range of motion, transferring, positioning, and repositioning. All skills were marked completed on 12/16/2021 and signed by the evaluator RN E. The competency assessment failed to evidence the agency completed the required skills to be observed with a client in a client s home.</p> <p>6. During an interview on 03/17/2022 at 2:00 p.m., the alternate administrator stated she didn't know why the agency's competency program policy stated some skills must be observed in the home because that is not their practice, and she would have to look into it. No other information was provided. The alternate administrator stated HHA BBB s competency, dated a month before being added to the registry, was probably an error and they dated it wrong, she wasn t sure but knew they wouldn t have done it that way.</p> <p>410 17-12-1(d)(3)</p>			
<p>G0970</p>	<p>Parent-branch relationship</p> <p>484.105(d)</p> <p>Standard: Parent-branch relationship.</p> <p>1. A job description for Area Clinical Manager was provided by the alternate administrator on 03/21/2022 at 2:05 p.m. The document indicated but was not limited to; "Job Summary: The Area Clinical Manager (ACM) under the direct supervision of the Director, Clinical Operations and in partnership with the Director, Regional Operations will be responsible for managing all clinical processes</p>	<p>G0970</p>	<p>1. Administrator educated all internal staff on agency organizational chart on 4/22/22 which shows clear lines of authority from Administrator down to the patient level. Organization chart as follows: Governing Body, Administrator, Alt. Administrator, Nursing Supervisor, Alt. Nursing Supervisor, RN Case Managers, Care Supervisors, Field Staff, Patients. Administrator educated all staff on Help at Home, LLC Indiana Organizational Structure with names and addresses, not associated with agency license organization chart, which includes management positions such as Indiana Market Leader, Director of Market Operations, State Quality and Compliance Lead, Area Leaders and Area Clinical Leaders, etc. on 5/16/22. The Administrator and parent agency location holds direct control over all branches as evidenced through participation in weekly team</p>	<p>2022-05-20</p>

& Supervisory Responsibilities & handles discipline and termination of employees & provides oversight for home visits and day-to-day office processes as needed & Maintains the Quality Assurance and Performance Improvement (QAPI) program for each office & provides all updates to the program."

2. During an interview on 3/10/2022, the administrator stated RN M was the Area Clinical Manager for the agency. When provided an updated roster RN M was no longer listed as an employee.

3. A job description for Territory Clinical Manager was provided by the alternate administrator on 03/21/2022 at 2:05 p.m. The document indicated but was not limited to; "Job Summary: The Territory Clinical Manager (TCM) under supervision of the Area Clinical Manager will serve as back-up for clinical managers with admissions and provides oversight for home visits and day-to-day office processes as needed & Supervisory Responsibilities & handles discipline and termination of employees & Evaluate, monitor, and review all recertification's, grievances, and ROCs, while ensuring all appropriate documents are included as required."

4. On 3/10/2022 at 2:10 p.m. a document titled Organization Chart was provided by the administrator. The organizational chart identifies the Governing Body at the top of the chart then proceeding down is administrator, alternate administrator, nursing supervisor, and alternate supervisor. The administrator has 3 branches directly under them and then a fourth branch manager who provides oversight to all nurses, field staff, patients, and the 24/7 on-call.

5. During an interview on 3/10/2022

meetings and review of meeting minutes in which the following is reviewed: new hires, competency evaluation schedule, RN Case Manager caseloads and weekly visits, open care visit schedules, planned admissions, planned discharges, hospitalizations, grievances, other client needs. All branch needs are addressed by the Administrator or designee from the parent location through the weekly team meetings, Microsoft Teams virtual meetings as needs arise, as well as other electronic/virtual means of oversight. All branch meeting minutes, on-call logs, grievances, and incidents are housed in a folder accessed by the Administrator on a weekly basis. 2. Clients were not affected by failure to prove Administrator/parent location had direct control of all branches. Clients were mailed new Patient Orientation Admission books on 4/22/22 which will include contact information for Administrator and Clinical Manager, and again by 5/20/22 with Administrative changes. 3. Administrator will ensure the agency organizational chart is accurate and up to date at all times and will be reviewed and updated with any administrative changes. All staff will be educated on any changes that occur. 4. The organizational chart will be incorporated into the Quality Assurance Process Improvement Program as a performance improvement project and will be reviewed quarterly at minimum with all staff. 5. The deficiency will be corrected by 5/20/22.

identified the agency s license contained 8 branches and 1 parent location which contradicted the organizational chart.

6. During an interview on 3/11/2022, at 2:00 p.m. the administrator was asked how he provided direct support and oversight over 8 branches and the parent with an unduplicated census of 4,633 patients. The administrator stated they are part of weekly meetings with each branch.

7. On 3/11/2022 at 1:35 p.m. during an interview, the administrator was asked how they maintain clinical supervision and oversight all 682 home health aides. They stated there are layers of supervision that directly lead to the administrator. Documentation was requested at of the layers of supervision at this time and was never received.

8. On 3/14/2022 the administrator provided meeting minutes for each branch for 2022. The meeting minutes for the week ending 1/29/2022 for the Indianapolis branch of the agency state "Additional Notes & HHA (Home Health Agency) reporting and grievances go to [name of State Quality & Compliance Lead out of Chicago Illinois]. The administrator was not listed in attendance for 5 of the 5 Bloomington branch meeting minutes provided, 5 of 5 Muncie

branch meeting minutes, 9 of 9
 Richmond branch meeting minutes provided, 3 of 3
 Winchester branch meeting minutes provided, 6 of 6
 Lafayette branch meeting minutes provided, 10 of 10
 Seymour branch meeting minutes, 9 of 9 Terre Haute branch meeting minutes, 2 of 2
 Indy West branch meeting minutes provided, and 10 of the 10 Indy East the parent location meeting minutes.

9. On 3/15/2022 RN Z provided a copy of an email anonymously that was sent from an employee with the title State Quality & Compliance Lead located in Chicago, Illinois, and distributed to the administrator, Governing Body Member 2, the Lafayette Clinical Supervisor, and 7 other unidentified employees. The email indicated but was not limited to; Remember you all report to [administrators name], the administrator. Do not mention Area Leaders, Area Clinical Leaders, [Governing Body Member B s name, Governing Body Member C s name] or myself as they re not part of the license s organization chart per IDH (Indiana Department of Health). Do not mention consolidations of agencies. You have simply received referrals from Adaptive [another agency with multiple licenses throughout Indiana owned by the same entity].

10. During an interview on 3/17/2021 at 2:00 p.m., the administrator and alternate

employees were directed to conceal other managing employees and the alternate administrator stated it was just to avoid confusion.

11. On 3/10/2022 at 11:00 a.m., the Lafayette clinical manager provided a document titled Infectious Disease Reporting revised on 01/04/2022 and on 3/10/2022 at 12:35 pm RN B, a Bloomington branch employee, provided a document titled Infectious Disease Reporting revised on 08/26/2021.

12. On 3/14/2022 at 11:00 am Lafayette clinical manager provided a document titled Infection Prevention and Control Plan revised on 01/04/2022 and on 3/14/2022 at 11:00 am RN B provided a document titled Infection Prevention and Control Plan revised on 08/26/2021.

13. On 3/10/2022 at 12:35 p.m., RN B in the Bloomington branch provided a document titled OSHA Infection Control & Exposure Plan revised 8/26/21 and on 3/14/2022 at 11:00 am Lafayette Clinical Manager provided a document titled OSHA Infection Control & Exposure Plan revised 01/04/2022.

14. During an interview on 3/16/2022 at 2:25 pm the Administrator when asked why each branch is handing out different versions of policies and which policy is the correct policy to be followed, the administrator stated, I don't know I will have to check my binder, those are the most up to date and left the room to look in the administrator s binder for the correct policy.

15. During an interview on

	<p>3/10/2022 at 2:03 pm when asked how long the agency Bloomington branch has been at its current location the administrator stated it has always been there. When told according to state record it was a branch of entity 2 and the agency was located on S. Liberty street 6 months prior the administrator stated: "oh I do think I remember being on S. Liberty." He stated he wasn't the administrator at that time. He was the alternate administrator at that time.</p> <p>16. On 3/10/2022 two Bloomington branch employees were observed introducing themselves to the administrator, when the administrator was asked why the employees did not know him, the administrator stated they do not get to the branches often but do talk on the phone a lot.</p>			
<p>G0974</p>	<p>Direct support and administrative control</p> <p>484.105(d)(2)</p> <p>The parent HHA provides direct support and administrative control of its branches.</p> <p>1. A job description for Area Clinical Manager was provided by the alternate administrator on 03/21/2022 at 2:05 p.m. The document indicated but was not limited to; "Job Summary: The Area Clinical Manager (ACM) under the direct supervision of the Director, Clinical Operations and in partnership with the</p>	<p>G0974</p>	<p>1. Administrator educated all internal staff on agency organizational chart on 4/22/22 which shows clear lines of authority from Administrator down to the patient level. Organization chart as follows: Governing Body, Administrator, Alt. Administrator, Nursing Supervisor, Alt. Nursing Supervisor, RN Case Managers, Care Supervisors, Field Staff, Patients. Administrator educated all staff on Help at Home, LLC Indiana Organizational Structure with names and addresses, not associated with agency license organization chart, which includes management positions such as Indiana Market Leader, Director of Market Operations, State Quality and Compliance Lead, Area Leaders and Area Clinical Leaders, etc. on 5/16/22. The Administrator</p>	<p>2022-05-20</p>

	<p>Director, Regional Operations will be responsible for managing all clinical processes & Supervisory Responsibilities & handles discipline and termination of employees & provides oversight for home visits and day-to-day office processes as needed & Maintains the Quality Assurance and Performance Improvement (QAPI) program for each office & provides all updates to the program."</p> <p>2. During an interview on 3/10/2022, the administrator stated RN M was the Area Clinical Manager for the agency. When provided an updated roster RN M was no longer listed as an employee.</p> <p>3. A job description for Territory Clinical Manager was provided by the alternate administrator on 03/21/2022 at 2:05 p.m. The document indicated but was not limited to; "Job Summary: The Territory Clinical Manager (TCM) under supervision of the Area Clinical Manager will serve as back-up for clinical managers with admissions and provides oversight for home visits and day-to-day office processes as needed & Supervisory Responsibilities & handles discipline and termination of employees & Evaluate, monitor, and review all recertification's, grievances, and ROCs, while ensuring all appropriate documents are included as required."</p> <p>4. On 3/11/2022 at 10:10 a.m. the administrator provided a spreadsheet listing possible patient infections with symptoms similar to COVID-19. The document indicated for quarter 3, July-September of 2021 210 suspected patient and staff infections with no</p>		<p>and parent agency location holds direct control over all branches as evidenced through participation in weekly team meetings and review of meeting minutes in which the following is reviewed: new hires, competency evaluation schedule, RN Case Manager caseloads and weekyl visits, open care visit schedules, planned admissions, planned discharges, hospitalizations, grievances, other client needs. All branch needs are addressed by the Administrator or designee from the parent location. All branch meeting minutes, on-call logs, grievances, and incidents are housed in a folder accessed by the Administrator at any time. The Administrator holds multiple virtual meetings with all branches and is involved in all day to day activities. 2. Clients were not affected by the organizational structure failure to prove Administrator/parent location had direct control of all branches. Administrator will house a spreadsheet where review dates will be entered. Administrator educated all staff on 4/22/22 regarding Quality Assurance Process Improvement Program including the infection control tracking. The infection control logs now include client name, Riskconnect system incident report number for ease of access from Riskconnect system, and type of infection recorded. Administrator/designee will monitor the logs and analyze the data on a quarterly basis. Administrator educated all staff on infection control policies; "Infection Prevention and Control Plan," and 'OSHA Infection Control and Exposure Plan' policy and the differences between the two. Administrator will run an active employee list, which will include all active employees and contracted employees and will house in the survey preparedness binder. 2. Clients were not affected by the organizational structure, specifically with Indiana Help at Home, LLC. Clients will be mailed new Patient Orientation Admission books on 4/22/22 which will include contact information for Administrator and Clinical Manager, and again by 5/20.22. Clients were not affected by the Quality Assurance Process Improvement tracking of infections. 3. Administrator will ensure the agency organizational chart is accurate and up to date at all times and will be reviewed and updated with any administrative changes. All staff will be educated on any changes that occur. 4. The organizational chart and infection related policies will be incorporated into the Quality Assurance Process Improvement Program as a performance improvement project and will be reviewed quarterly at minimum with all staff. 5. The deficiency will be corrected</p>	
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	<p>follow-up. The administrator was asked for test results for employees suspected 3 separate times and was unable to gain access to the results.</p> <p>On 3/10/2022 at 2:10 p.m. a document titled Organization Chart was provided by the administrator. The organizational chart identifies the Governing Body at the top of the chart then proceeding down is administrator, alternate administrator, nursing supervisor, and alternate supervisor. The administrator has 3 branches directly under them and then a fourth branch manager who provides oversight to all nurses, field staff, patients, and the 24/7 on-call.</p> <p>During an interview on 3/10/2022 at 12:03 p.m., the administrator identified the agency's license contained 8 branches and 1 parent location which contradicted the organizational chart.</p> <p>During an interview on 3/11/2022, the administrator was asked how he provided direct support and oversight over 8 branches and the parent with an unduplicated census of 4,633 patients. The administrator stated they are part of weekly meetings with each branch.</p> <p>On 3/14/2022 the administrator provided meeting minutes for each branch for 2022. The meeting minutes for the week ending 1/29/2022 for the Indianapolis branch of the agency state "Additional Notes & HHA (Home Health Agency)</p>		by5/20/22.	
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[name of State Quality & Compliance Lead out of Chicago Illinois]. The administrator was not listed in attendance for 5 of the 5 Bloomington branch meeting minutes provided, 5 of 5 Muncie branch meeting minutes, 9 of 9 Richmond branch meeting minutes provided, 3 of 3 Winchester branch meeting minutes provided, 6 of 6 Lafayette branch meeting minutes provided, 10 of 10 Seymour branch meeting minutes, 9 of 9 Terre Haute branch meeting minutes, 2 of 2 Indy West branch meeting minutes provided, and 10 of the 10 Indy East the parent location meeting minutes.

On 3/15/2022 RN Z provided a copy of an email anonymously that was sent from an employee with the title State Quality & Compliance Lead located in Chicago, Illinois, and distributed to the administrator, Governing Body Member 2, the Lafayette Clinical Supervisor, and 7 other unidentified employees. The email indicated but was not limited to; Remember you all report to [administrators name], the administrator. Do not mention Area Leaders, Area Clinical Leaders, [Governing Body Member B s name, Governing Body Member C s name] or myself as they re not part of the license s organization chart per IDH (Indiana Department of Health). Do not mention consolidations of agencies. You have simply received referrals from Adaptive [another

	<p>agency with multiple licenses throughout Indiana owned by the same entity].</p> <p>During an interview on 3/17/2021 at 2:00 p.m. the administrator and alternate administrator were asked why employees were directed to conceal other managing employees and the alternate administrator stated it was just to avoid confusion.</p>			
<p>G0974</p>	<p>Direct support and administrative control</p> <p>484.105(d)(2)</p> <p>The parent HHA provides direct support and administrative control of its branches.</p> <p>1. Document received on XX/XX/XXXX titled "Administrator Orientation" indicates agency administrator is oriented and trained on "Role/Responsibilities" including but not limited to "oversight of Parent/Branch Operations".</p> <p>2. On 3/10/2022 at 11:00 am Lafayette clinical manager provided a document titled Infectious Disease Reporting revised on 01/04/2022.</p> <p>3. On 3/10/2022 at 12:35 pm am RN B provided a document titled Infectious Disease Reporting revised on 08/26/2021.</p> <p>4. On 3/14/2022 at 11:00 am Lafayette clinical manager provided a document titled Infection Prevention and Control Plan revised on 01/04/2022.</p> <p>5. On 3/14/2022 at 11:00 am RN B provided a document titled Infection Prevention and Control Plan revised</p>	<p>G0974</p>	<p>1. Administrator educated all internal staff on agency organizational chart on 4/22/22 which shows clear lines of authority from Administrator down to the patient level. Organization chart as follows: Governing Body, Administrator, Alt. Administrator, Nursing Supervisor, Alt. Nursing Supervisor, RN Case Managers, Care Supervisors, Field Staff, Patients. Administrator educated all staff on Help at Home, LLC Indiana Organizational Structure with names and addresses, not associated with agency license organization chart, which includes management positions such as Indiana Market Leader, Director of Market Operations, State Quality and Compliance Lead, Area Leaders and Area Clinical Leaders, etc. on 5/16/22. The Administrator and parent agency location holds direct control over all branches as evidenced through participation in weekly team meetings and review of meeting minutes in which the following is reviewed: new hires, competency evaluation schedule, RN Case Manager caseloads and weekyl visits, open care visit schedules, planned admissions, planned discharges, hospitalizations, grievances, other client needs. All branch needs are addressed by the Administrator or designee from the parent location. All branch meeting minutes, on-call logs, grievances, and incidents are housed in a folder accessed by the Administrator at any time. The Administrator holds multiple virtual meetings with all branches and is involved in all day to day activities. 2. Clients were not affected by the organizational structure failure to prove Administrator/parent location had direct control of all branches. Administrator will house a spreadsheet where review dates will be entered. Administrator educated all staff on 4/22/22 regarding Quality</p>	<p>2022-05-20</p>

	<p>on 08/26/2021.</p> <p>6. On 3/10/2022 at 12:35 pm RN B provided a document titled OSHA Infection Control & Exposure Plan revised 8/26/21.</p> <p>7. On 3/14/2022 at 11:00 am Lafayette Clinical Manager provided a document titled OSHA Infection Control & Exposure Plan revised 01/04/2022.</p> <p>8. During an interview on 3/16/2022 at 2:25 pm the Administrator when asked about the difference in the versions of the policies in the agency branches, they stated, I will have to check and left the room to look in the administrator s binder for the correct policy.</p> <p>9. During an interview on 3/10/2022 at 1:55 pm agency Administrator stated they are not aware of any staffing issues at the branches.</p> <p>10. During an interview pm 3/10/2022 at 2:03 pm agency Administrator stated they believe the Bloomington Help at Home branch has always been at its current location. When told according to state records the branch moved relocated to its current location in 9/2021 the administrator stated they had not been in their position very long.</p> <p>11. On 3/11/2022 at 1:35 pm interview with agency administrator was asked how they maintain clinical</p>		<p>Assurance Process Improvement Program including the infection control tracking. The infection control logs now include client name, Riskconnect system incident report number for ease of access from Riskconnect system, and type of infection recorded. Administrator/designee will monitor the logs and analyze the data on a quarterly basis. Administrator educated all staff on infection control policies; 'Infection Prevention and Control Plan,' and 'OSHA Infection Control and Exposure Plan' policy and the differences between the two. Administrator will run an active employee list, which will include all active employees and contracted employees and will house in the survey preparedness binder. 2. Clients were not affected by the organizational structure, specifically with Indiana Help at Home, LLC. Clients will be mailed new Patient Orientation Admission books on 4/22/22 which will include contact information for Administrator and Clinical Manager, and again by 5/20.22. Clients were not affected by the Quality Assurance Process Improvement tracking of infections. 3. Administrator will ensure the agency organizational chart is accurate and up to date at all times and will be reviewed and updated with any administrative changes. All staff will be educated on any changes that occur. 4. The organizational chart and infection related policies will be incorporated into the Quality Assurance Process Improvement Program as a performance improvement project and will be reviewed quarterly at minimum with all staff. 5. The deficiency will be corrected by5/20/22.</p>	
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	<p>supervision and oversight all 682 home health aides. They stated there are layers of supervision that directly lead to the administrator. Documentation was requested at of the layers of supervision at this time and was never received.</p> <p>17-12-1(a)(2)</p>			
<p>G1022</p>	<p>Discharge and transfer summaries</p> <p>484.110(a)(6)(i-iii)</p> <p>(i) A completed discharge summary that is sent to the primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) within 5 business days of the patient's discharge; or</p> <p>(ii) A completed transfer summary that is sent within 2 business days of a planned transfer, if the patient's care will be immediately continued in a health care facility; or</p> <p>(iii) A completed transfer summary that is sent within 2 business days of becoming aware of an unplanned transfer, if the patient is still receiving care in a health care facility at the time when the HHA becomes aware of the transfer.</p> <p>1. A review of an 8/26/2021 policy titled Client Discharge Process, was provided by RN B on 3/10/2022 at 12:35 p.m. The document indicated but was not limited to; ... A copy of the discharge summary is sent to the MD for signature, within 5 business day and the original will be filed in the client s record\.</p> <p>2. On 3/21/2022, the complete clinical record of Patient 6 was reviewed for the certification period</p>	<p>G1022</p>	<p>1. Administrator/designee educated on 4/22/22 all staff regarding 'Client Discharge Process' policy which indicates 'The agency will notify all clients, legal representative, or other individuals responsible for the client's care at least 15 calendar days before the services are stopped.' RN Case Managers must send a copy of the discharge summary to the physician within 5 days of the discharge assessment. The discharge summary will include the discharge date, discharge reason, client disposition, discharge reason notes, condition of the client at discharge, evaluation of goals at time of discharge, and disposition notes. 2. Administrator/designee will review all discharges within the last 30 days to ensure a discharge summary was completed and sent to the primary care physician who will be overseeing future care and services. Those identified as not being sent will be completed and sent immediately to the primary care physician. Administrator/designee will provide 1:1 education to any RN Case Manager associated with a discharged client file in which the discharge summary was not completed or sent. 3. Administrator/designee will review all discharged client files until 100% of reviewed discharged files are compliant with completed discharge summary and proof of being sent to physician. 4. Administrator will incorporate the in service and discharged file audit review into the Quality Assurance Performance Improvement Plan as a performance improvement project and will monitor on a quarterly basis. 5. The deficiency will be completed by 4/22/22.</p>	<p>2022-04-22</p>

	<p>failed to evidence a discharge summary for discharge on 10/5/2021, was completed and sent to the MD.</p> <p>3. On 3/10/2022, the complete clinical record of Patient 8 was reviewed for the certification period 9/23/2021 - 11/21/2021. The record failed to evidence a discharge summary was completed and sent to the MD for the discharge of 10/4/2021.</p> <p>4. Interview with Alternate administrator on 3/21/2022 at 11:30 a.m., requested the discharge summary for Patient 6 and Patient 8. Received a discharge summary dated 3/21/2022, more than 5 days after discharge, for patient #6 at 12:20 on 3/21/2022. The original discharge summary was requested from the Alternate administrator for Patient #6 at that time. The discharge summaries were not provided by the alternate administrator for Patient #8.</p>			
<p>G1024</p>	<p>Authentication</p> <p>484.110(b)</p> <p>Standard: Authentication.</p> <p>All entries must be legible, clear, complete, and appropriately authenticated, dated, and timed. Authentication must include a signature and a title (occupation), or a secured computer entry by a unique identifier, of a primary author who has reviewed and approved the entry.</p> <p>1. On 3/14/2022 the administrator provided the QAPI (quality assurance and performance improvement) plan meeting minutes for quarter 3 of 2021. The quarter 3 members' present names did not match the signature pages provided by the administrator. The signature page was a blank white paper that</p>	<p>G1024</p>	<p>1. Administrator/designee will complete quarterly Quality Assurance Process Improvement meeting minutes and will send to the Governing Body electronically for review and signature as proof of review. The signatures will be electronically signed by each of the Governing Body members, but will be date and time stamped to show proof of when it was reviewed and signed and not a stamp. Administrator will print roster sheet from virtual meeting to show who was present during the presentation. Those individuals will sign as being present. Secondarily educated individuals will sign with the date they were educated separate from the virtual meeting. Administrator updated the weekly branch meeting minute template to include branch</p>	<p>2022-04-22</p>

	<p>included the title of the branch location of the agency with multiple employee signatures. There was one document for each branch. The documents failed to be authenticated with a date and time, and failed to evidence documentation the signees were present. The exact same signature page was used twice for the quarter 3 and quarter 4 QAPI meetings attendance record.</p> <p>2. On 3/14/2022, the administrator provided the QAPI (quality assurance and performance improvement) plan meeting minutes for quarter 4 of 2021. The quarter 4 meeting minutes have a date of 1/13/22 but are left blank for the start time and the members present. The signature page was a blank white paper that included the title of the branch location of the agency with multiple employee signatures. There was one document for each branch. The documents failed to be authenticated with a date and time, and failed to evidence documentation the signees were present. The exact same signature page was used twice for the quarter 3 and quarter 4 QAPI meetings attendance record.</p> <p>3. On 3/14/2022 the administrator provided the Governing Body Meeting minutes for 1/04/2022, 2/21/2022, and 3/09/2022, which evidenced of the exact same signature for Governing Body Member 1 and Governing Body Member 2 in the exact same location and spacing. The documents failed to evidence they were electronically signed or stamped by another individual.</p> <p>4. On 3/11/2022 the administrator provided a copy of the meeting minutes for each individual branch. The meeting minutes failed to evidence who authored the documents. The documents included information related to entity 2, entity 3, entity 4, and this agency all combined although the entities had 4 separate licenses. Not all meeting minutes included a date or week to identify when created.</p> <p>5. During an interview with the administrator on 3/18/2022, at 2:00 p.m., he/she stated the documents were out of order, acknowledged dates and times were missing and that there was only 1 set of signature pages for 2 quarterly QAPI meetings.</p>		<p>location, date and time of meeting, week ending for meeting review, and author of the meeting minutes. 2. Administrator/designee education all staff on 4/22/22 regarding signatures required for quarterly Quality Assurance Process Improvement meetings, Governing Body review and signature of those meetings, as well as weekly branch meeting minute template update. 3. Administrator/designee has updated the meeting minute templates and educated all staff. Administrator/designee will review all meeting minutes to ensure they're completed as required. 3. Administrator will incorporate all meeting minutes into the Quality Assurance Process Improvement Program to review on a quarterly basis with the team. 5. The deficiency was corrected on 4/22/22.</p>	
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G1030	<p>Retrieval of records</p> <p>484.110(e)</p> <p>Standard: Retrieval of clinical records.</p> <p>A patient's clinical record (whether hard copy or electronic form) must be made available to a patient, free of charge, upon request at the next home visit, or within 4 business days (whichever comes first).</p> <p>A home visit with Patient #17 was conducted on 03/15/2022 at 10:00 AM, with Employee R, home health aide, and Patient 17's family member present. Observed the agency folder in the home with a document titled Notice of Health Information Practices, which indicated [the agency] & will provide a summary of health information usually within 30 days & may charge a reasonable, cost-based fee &. The document failed to evidence the correct information was provided to Patient 17 in relation to procedures for retrieval of clinical records.</p>	G1030	<p>1. Administrator/designee updated the notice of Privacy Practices on 4/22/22 to reflect that a patient's medical record must be made available to a patient, free of charge, upon request at the next home visit, or within 4 business days (whichever comes first). 2. All current home health patients will receive new binder contents and patient orientation admission book in the mail which will include updated privacy practice to reflect medical records being available to the patient free of charge, upon request at the next home visit, or within 4 business days (whichever comes first). To be mailed by 4/22/22. RN Case Managers will have copies of all binder contents and patient orientation admission booklets in hand when visiting patients to replenish if applicable. 3. RN Case Managers will house current active patient documents in office ready to be taken out to patient homes with all visits. This will ensure all applicable documents are present in the patient homes at all times. 4. Administrator/designee will incorporate tracking of home binder contents through Quality Assurance Process Improvement program via a home observation tool in which the RN Case Manager will note if the home binder is present and if all contents are inside. RN Case Manager will submit home observation tool to Administrator/designee for tracking purposes. 5. The deficiency will be corrected by 4/22/22.</p>	2022-04-22
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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