

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>157620  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                | (X3) DATE SURVEY COMPLETED<br><br>09/02/2022  |                      |
| NAME OF PROVIDER OR SUPPLIER<br><br>Servant's Heart Home Health Services Inc |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1714 DIVIDEND DRIVE, LOGANSPOUT, IN, 46947 |   |                      |
| (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>INITIAL COMMENTS</p> <p>This was the first Post Condition Revisit survey of a Home Health provider for the recertification survey completed on July 11, 2022. The survey was conducted prior to an accepted Plan of Correction with the approval of CMS.</p> <p>Survey Dates: August 31, September 1, and 2, 2022</p> <p>Census: 23</p> <p>During this revisit survey, Servant's Heart was found to be out of compliance with 42 CFR § 484.105 - Condition of participation: Organization and administration of services, two (2) Condition level deficiencies and two (2) standard level deficiencies were found corrected, four (4) standard level deficiencies were re-cited, and one (1) new Condition level</p> | G0000   | <p>Deficiency ID: G _ 0000</p> <p>Completion Date: 11/3/2022</p> <p>Plan of Correction Text:</p> <p>This plan of correction is a representation of Servants Heart Home Health Services, Inc.'s commitment to provide quality care to our patients and of our efforts to comply with federal regulations.</p> <p>Submission of this plan of correction does not constitute an admission by Servants Heart Home Health Services, Inc that the allegations contained in this survey report are a true and accurate portrayal of the provision of our services, nor does it represent an admission of the allegations of the deficiencies in this survey.</p> | 2022-12-09           |

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|       | <p>deficiency and three (3) new standard level deficiencies were cited.</p> <p>Based on the Condition-level deficiencies during the 07/11/2022 survey, Servant's Heart Home Health Services was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act, announced on 07/06/2022 at 2:37 PM. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, the agency continues to be precluded from operating or being the site of a home health aide training, skills competency and/or competency evaluation programs for a period of two years beginning 07/11/2022 and continuing through 07/10/2024.</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17.</p> <p>QR: Area 2, 9/13/22</p> |       |  |            |
| G0572 | <p>Plan of care</p> <p>484.60(a)(1)</p> <p>Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician or allowed practitioner refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician or allowed practitioner is consulted to approve additions or modifications to the original plan.</p> <p>Based on record review and</p>   | G0572 | <p>Deficiency ID: G-0572</p> <p>Completion Date: 12/01/2022</p> <p>CORRECTIVE ACTION TAKEN:</p> <p>Approximately 7 days prior to a patient's certification for services expires, the RN Case Manager will contact the patient's physician and request a verbal order to coordinate the patient's care with the physician and ensure that the physician is involved in the development of the patient's Plan of Care. This verbal order will be logged in</p> | 2022-12-01 |

interview, the home health agency failed to obtain a verbal physician order to continue services when the signed plan of care was not received prior to the start of a new certification period for 4 of 4 records reviewed where a signed plan of care was not received prior to the start of a new certification period (Patients #4, 10, 12, 15), which had the potential to affect all agency patients.

Findings include:

1. An agency policy #C-635, titled "Physician's Orders," indicated but was not limited to "Policy: All medications, treatments and services provided to clients must be ordered by a physician ...."
2. Review of Patient #4's clinical record was completed on 09/02/2022. The record included a plan of care for the recertification period of 08/30/2022 – 10/28/2022 which indicated a start of care date of 04/27/2022. The plan of care included orders for home health aide services to be provided 1-5 days per week per the caregiver's request. The record failed to evidence the agency

Axxess via the Verbal Order document and contains the information regarding who the RN Case Manager spoke with, that the order is for the next upcoming care period, what day and time they spoke, and that the physician has been notified of the agency's intent to perform a Comprehensive Assessment to verify the patient's continuing need for services.

When the patient's certification period is within the 5 day window approved time period, the RN will perform the assessment, create the Plan of Care, contact the patient's physician regarding the Plan of Care, obtain a verbal order for the Plan of Care, sign the Plan of Care in Box #23 on the 485 noting the date and time that the verbal order was received , and fax 485 this to the physician for his review and approval.

Please note Attachment A which is an example of this verbal order document.

The above procedure will be explained to all RN Case Managers no later than 11/30/2022 to ensure that this

received a provider-signed Plan of Care prior to the start of the new certification period or that the agency received verbal orders to continue home health aide services for the new certification period.

4. Review of Patient #12's clinical record was completed on 09/02/2022. The record included a plan of care for the recertification period of 08/18/2022 – 10/16/2022 which indicated a start of care date of 04/16/2012. The plan of care included orders for respite skilled nursing services to be provided up to 15 hours per month as requested by the patient's caregiver. The record failed to evidence the agency received a provider-signed Plan of Care prior to the start of the new certification period or that the agency received verbal orders to continue skilled nursing services for the new certification period.

5. Review of Patient #15's clinical record was completed on 09/02/2022. The record included a plan of care for the recertification period of 08/13/2022 – 10/11/2022 which indicated a start of care date of

corrective action is completed by 12/1/2022.

#### PREVENTION OF FUTURE DEFICIENCY IN THIS AREA:

Monthly chart audits will be done on all patients starting 12/01/2022 by the QAPI Committee with the Administrator, DON, and ADON giving oversight to the audits. Charts will be monitored to ensure this procedure is being followed correctly and is documented in Communication Notes in Axxess.

This audit will continue monthly for 3 months (through 03/01/2023) and evaluated during a QAPI meeting which is scheduled for that date.

The QAPI Committee will evaluate the effectiveness of this plan based on trends identified. The QAPI Committee will adjust the plan if negative trends are identified, and additional months of close observation and monitoring of patient POC's will continue until no further negative trends are identified for a period of 3

12/21/2020. The plan of care included orders for skilled nursing services to be provided 1 day per week. The record failed to evidence the agency received a provider-signed Plan of Care prior to the start of the new certification period or that the agency received verbal orders to continue skilled nursing services for the new certification period.

months.

After this 3 month period of no negative trends being identified, the audits will continue quarterly for the next year to ensure no further problems have occurred in this area.

PERSON(S) RESPONSIBLE FOR THIS PLAN:

The nursing managers (the Administrator, Clinical Manager, and Alternate Clinical Manager) will give oversight to this plan of correction to ensure no further deficiencies in this area occur.

Completion Date: 12/01/2022

6. An interview was conducted on 09/02/2022 at 11:24 AM with the Administrator and Chief Financial Officer (CFO) #1. During the interview, the Administrator confirmed the agency did not obtain a verbal order to continue services if they had not yet received a signed plan of care from the patient's physician at the time of recertification. The Administrator reported there had been confusion during the initial survey (completed on 07/11/2022) and the agency believed the deficiency was related to requiring an order was required for the recertification assessment, therefore they had not addressed the requirement to needing an order to continue services.

7. An interview was conducted on 09/02/2022 at 2:19 PM with the Clinical Manager. During the interview, the Clinical Manager confirmed the agency did not obtain a verbal order to continue services if they had not yet received a signed plan of care from the patient's physician at the time of recertification.

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|       | <p>3. Review of Patient #10's clinical record was completed on 09/02/2022. The record included a plan of care which had not yet been signed by a provider for the recertification period of 08/20/2022 – 10/18/2022 which indicated a start of care date of 06/20/2022. The plan of care included orders for skilled nursing services to be provided 1 time per week. The record failed to evidence the agency received a provider-signed Plan of Care prior to the start of the new certification period or that the agency received verbal orders to continue skilled nursing services for the new certification period.</p> |       |   |            |
| G0574 | <p>Plan of care must include the following</p> <p>484.60(a)(2)(i-xvi)</p> <p>The individualized plan of care must include the following:</p> <p>(i) All pertinent diagnoses;</p> <p>(ii) The patient's mental, psychosocial, and cognitive status;</p> <p>(iii) The types of services, supplies, and equipment required;</p> <p>(iv) The frequency and duration of visits to be made;</p>  | G0574 | <p>Deficiency ID: G-0574</p> <p>Completion Date: 12/01/2022</p> <p>CORRECTIVE ACTION TAKEN:</p> <p>Re-education of all nurses regarding the Plan of Care, medication administration, and other findings on this survey was provided to all nurses on 11/4/2022. This information was once again communicated to the nurses on 11/22/2022.</p> | 2022-12-01 |

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| <p>(v) Prognosis;</p> <p>(vi) Rehabilitation potential;</p> <p>(vii) Functional limitations;</p> <p>(viii) Activities permitted;</p> <p>(ix) Nutritional requirements;</p> <p>(x) All medications and treatments;</p> <p>(xi) Safety measures to protect against injury;</p> <p>(xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors.</p> <p>(xiii) Patient and caregiver education and training to facilitate timely discharge;</p> <p>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</p> <p>(xv) Information related to any advanced directives; and</p> <p>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.</p> <p>Based on record review and interview, the home health agency failed to include in the Plan of Care all required elements for 5 of 5 patient records reviewed with Plans of Care written after the correction date (Patient #4, 10, 12, 14 and 15).</p> <p>3. Review of Patient #4's clinical record was completed on 09/02/2022. The record included a plan of care for the recertification period of 08/30/2022 – 10/28/2022 which indicated a start of care date of 04/27/2022. The record included a recertification</p> | <p>This re-education included the following:</p> <p>The individualized plan of care must include the following:</p> <p>(i) All pertinent diagnoses;</p> <p>(ii) The patient's mental, psychosocial, and cognitive status;</p> <p>(iii) The types of services, supplies, and equipment required;</p> <p>(iv) The frequency and duration of visits to be made;</p> <p>(v) Prognosis;</p> <p>(vi) Rehabilitation potential;</p> <p>(vii) Functional limitations;</p> <p>(viii) Activities permitted;</p> <p>(ix) Nutritional requirements;</p> <p>(x) All medications and treatments;</p> <p>(xi) Safety measures to protect against injury;</p> <p>(xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors.</p> <p>(xiii) Patient and caregiver education and training to facilitate timely discharge;</p> <p>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</p> |  |
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comprehensive assessment completed on 08/29/2022 by Registered Nurse (RN) #3. The assessment indicated the patient's vital sign parameters, which indicated when agency staff was to notify the patient's physician of an abnormally high or low reading, included a temperature above 100.5 degrees Fahrenheit (°F) or less than 96°F, a pulse rate above 100 beats per minute or less than 60 beats per minute, respirations above 24 breaths per minute or less than 12 breaths per minute, systolic blood pressure (top number of a blood pressure reading) greater than 160 or less than 90, diastolic blood pressure (bottom number of the blood pressure reading) greater than 90 or less than 60, and oxygen saturation (measurement of percentage of oxygen attached to red blood cells) less than 90%. The plan of care failed to evidence the vital sign parameters documented within the comprehensive assessment.

5. Review of Patient #12's clinical record was completed on 09/02/2022. The record included a plan of care for the recertification period of

(xv) Information related to any advanced directives; and  
(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.

#### Regarding Medication Administration:

All nurses were instructed to use a printed list of their patient's medications while setting up med boxes and place a check mark next to each medication to signify that they have referred to the med list prior to placing the medication in the pill box.

These med lists will be required to be submitted to the office no later than 7 days after setting up the patient's medication. The list should include the name of the medication, the dosage, the frequency, and the route. This is required for all medications including any over the counter medications.

These med lists will be audited by the Administrator, Alternate Administrator, and/or the Clinical Manager monthly to ensure that patients are

08/18/2022 – 10/16/2022 which indicated a start of care date of 04/16/2012. The record included a recertification comprehensive assessment completed on 08/16/2022 by RN #1. The comprehensive assessment indicated Patient #12 was given Ibuprofen (over-the-counter pain medication) as needed for “menstrual pain” and the patient’s dietary requirements included a low fructose diet and foods must be “pudding-thickness.” The plan of care failed to evidence Ibuprofen was included within the patient’s medications and failed to evidence the patient’s low fructose diet or need for pudding-thickness foods within the nutritional requirements.

7. Review of Patient #15’s clinical record was completed on 09/02/2022. The record included a plan of care for the recertification period of 08/13/2022 – 10/11/2022 which indicated a start of care date of 12/21/2020. The plan of care indicated Patient #15’s functional limitations included endurance, dyspnea (difficulty breathing) with minimal exertion, ambulation, and

receiving the correct medications as ordered by their physician.

Regarding Patient Diets:

All RN’s were reminded on 11/22/22 to note the appropriate diet for each patient on their comprehensive assessments and on the Plan of Care.

Each patient’s chart will be audited every 30 days starting 12/01/2022 to ensure that the correct diet is documented and includes any of the following elements that apply:

- Dysphagia
- Decreased Appetite
- Weight
- Diet
- Diet Type
- Enteral Feeding
- Tube Placement Checked
- Residual Checked

Regarding the Functional Elements and Parameters

All RN’s were reminded on 11/22/22 to note the functional limitations on the Plan of Care and ensure that these same elements are reflected on the

hearing. The record included a recertification comprehensive assessment completed on 08/09/2022 by RN #3. The comprehensive assessment indicated Patient #15's functional limitations were endurance and ambulation and the vital sign parameters included a temperature above 100.5°F or less than 96°F, a pulse rate above 100 beats per minute or less than 60 beats per minute, respirations above 24 breaths per minute or less than 12 breaths per minute, systolic blood pressure greater than 160 or less than 90, diastolic blood pressure greater than 90 or less than 60, and oxygen saturation less than 90%. The plan of care failed to evidence functional limitations which reflected the limitations noted in the comprehensive assessment and failed to evidence the vital sign parameters documented within the comprehensive assessment.

1. An undated agency policy C-580 titled "Plan of Care," indicated but not limited to "...
2. The Plan of Care shall be completed in full to include ... i. Functional limitations and precautions ... k. Specific dietary or nutritional requirements or

Home Health Aide Care Plan and match the patient's Plan of Care.

RN's were also instructed on 11/22/22 to include parameters on every patient's Plan of Care regarding temperature, respiration, blood pressure, SP02, and blood sugar levels as indicated by the patient's diagnosis and disease processes. The RN will report any concerns to the patient's physician immediately. These parameters will also be noted on the Home Health Aide Care Plan and the aides will be instructed to contact the RN immediately with any vital signs or other indicators that there is a concern for the patient's well-being.

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| <p>restrictions. l. Medications ... t. Other appropriate items ...."</p> <p>2. An undated agency policy C-706 titled "Medication Orders" indicated but not limited to "...all medication orders, including herbal preparations, must contain dosage, route, and frequency..."</p> <p>4. The clinical record of Patient #10 was reviewed on 09/01/2022 -- 09/02/2022 and indicated a start of care date of 06/20/2022. The Plan of Care (POC) for certification period 08/20/2022 – 10/18/2022 indicated "... glatiramer acetate daily, MWF subcutaneous (SQ)..." in the medications section. The POC failed to evidence the dosage for glatiramer acetate.</p> <p>6. The clinical record of Patient #14 was reviewed on 09/01/2022 – 09/02/2022 and indicated a start of care date of 07/05/2021. The Plan of Care (POC) for certification period 08/29/2022 – 10/27/2022 indicated "... bayer aspirin PRN as needed for pain or fever by mouth (PO)...probiotic formula daily by mouth (PO)..." in the medications section. The POC</p> |  | <p>PREVENTION OF FUTURE DEFICIENCY IN THIS AREA:</p> <p>Monthly chart audits will be done on all patients starting 12/01/2022 by the QAPI Committee with the Administrator, DON, and ADON giving oversight to the audits. Charts will be monitored to ensure this procedure is being followed correctly and is documented in Communication Notes in Axxess.</p> <p>This audit will continue monthly for 3 months (through 03/01/2023) and evaluated during a QAPI meeting which is scheduled for that date. The QAPI Committee will evaluate the effectiveness of this plan based on the trends identified. The QAPI Committee will adjust the plan if negative trends are identified, and additional months of close observation and monitoring of patient POC's will continue until no further negative trends are identified for a period of 3 months.</p> <p>After this 3 month period of no negative trends being identified, the audits will</p> |  |
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|       | <p>failed to evidence the dosage for the bayer aspirin or the probiotic formula.</p> <p>8. During an interview on 09/02/2022 beginning at 2:19PM, the clinical manager confirmed the Plan of Care should include the dosage for all medications.</p>   |       | <p>year to ensure no further problems have occurred in this area.</p> <p>PERSON(S) RESPONSIBLE FOR THIS PLAN :</p> <p>All Plan of Cares will be audited monthly by the Administrator, Alternate Administrator, and/or the Clinical Manager starting 12/01/2022 to ensure that all of these requirements listed in this plan are being met.</p> <p>Completion Date: 12/01/2022</p>   |            |
| G0682 | <p>Infection Prevention</p> <p>484.70(a)</p> <p>Standard: Infection Prevention.</p> <p>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure all staff followed infection prevention policies and procedures for 1 of 3 observations of a home visit (Clinical Manager).</p> <p>Findings include:</p> | G0682 | <p>Deficiency ID: G-682</p> <p>Completion Date: 12/01/2022</p> <p>All nurses were instructed to submit a video or demonstrate in person to the Administrator of the proper technique for hand washing no later than 12/01/2022.</p> <p>Each nurse will be required to demonstrate the proper technique which includes:</p> <ul style="list-style-type: none"> <li>wet hands first with water</li> <li>apply soap to hands and rub hands together</li> </ul> | 2022-12-01 |

An agency policy #D-330, titled "Handwashing/Hand Hygiene," indicated but was not limited to "... Special Instructions ... 7. When washing hands with soap and water ... apply an amount of product recommended by manufacturer to hands and rub hands together vigorously for at least 20 seconds ...."

An agency policy titled "Nursing Bag Technique" indicated but was not limited to "...

Procedure: 1 ... The inside of the nursing bag should be regarded and maintained as a clean area ... 7. Wash and dry hands ... 8. Return to the nursing bag, open it again, and remove necessary items for the visit ... 10. After providing care, clean all equipment with soap and water or a home health agency-approved disinfectant before returning it to the bag ...."

A home visit observation, with Patient #11, and of the Clinical Manager, was conducted on 09/01/2022 at 9:17 AM, the Clinical Manager was observed assessing the patient using a thermometer, oxygen saturation (SpO2, measurement of percentage of oxygen attached

seconds, covering all surfaces of hand and fingers.

- Rinse hands with water and dry thoroughly with a disposable towel

The nurses were reminded again of proper nursing bag technique, including the following steps:

1. Observe the principles of *Standard Precautions* at all times. The inside of the nursing bag should be regarded and maintained as a clean area.
2. Transport the nursing bag in the car on top of a supply of fresh newspapers. In addition, the bag should be stored in a clean area of the car, preferably in a plastic or cardboard container designated for such use.
3. Once in the patient's home, select the cleanest and most convenient work area and spread the newspaper.
4. Place the bag on the newspaper.
5. Prepare a receptacle (impermeable plastic trash bag for disposable items).

to red blood cells) probe, blood pressure cuff, stethoscope, and use of notebook. The nurse failed to perform hand hygiene prior to entering the nursing bag to obtain the supplies. After obtaining the patient's vital signs, the nurse wiped the SpO2 probe with an alcohol wipe and immediately placed it back in its carrier, failed to allow the alcohol to dry, and failed to clean the thermometer, blood pressure cuff, stethoscope, or notebook prior to returning the items to the nursing bag and failed to complete hand hygiene before returning the items to the nurse bag.

An interview was conducted on 09/02/2022 at 11:24 AM with the Administrator and Chief Financial Officer (CFO) #1. During the interview, the Administrator reported the staff should scrub their hands for "15-20 seconds" when washing with soap and water. The Administrator reported they instructed staff to clean equipment prior to using it with a patient but it was not required to clean the equipment after use on a patient and prior to returning it to the bag. The Administrator stated the

6. Open the nursing bag and remove items needed to wash hands (handwashing supplies should be kept at the top of the bag). Close the bag. Use the nursing bag as few times as possible.

7. Wash and dry hands according to the procedure for *Handwashing*.

8. Return to the nursing bag, open it again, and remove necessary items for the visit. Apply personal protective equipment as needed. Keep the bag closed during the visit. Leave all plastic containers in the bag. If additional equipment or supplies are needed from the bag during the home visit, the handwashing procedure must be repeated.

9. Discard disposable personal protective equipment in an impermeable plastic trash bag. To discard a disposable gown or plastic apron, remove the apron by folding the exposed side inward.

10. After providing care, clean all equipment with soap and water or a home health agency-approved disinfectant

nursing bag was considered  
"dirty."

410 IAC 17-12-1(m)

Return unused clean supplies to the nursing bag after care is given.

11. Contaminated equipment or equipment that cannot be cleaned in the patient's home may be transported for disinfection to the home health agency in an impermeable sealed plastic bag placed on the floor of the car. Never place used needles, soiled equipment, or dressings in the nursing bag.

12. Wash hands. Discard any remaining items according to *Standard Precautions*. Return cleaning supplies (e.g., liquid soap) to the nursing bag.

13. Close the nursing bag and fasten. When leaving the patient's home, pick up the bag and place the newspaper that was underneath it in the family trash. When traveling, store the nursing bag in a clean place.

PREVENTION OF FUTURE  
DEFICIENCY IN THIS AREA:

Written in-services regarding nursing bag technique and hand washing will be given to the nurses and be required to be completed no later than December 1, 2022. Any nurse



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|       |  |       | <p>90% of the questions on these in-service quizzes correctly will be required to demonstrate hand washing and/or proper bag technique to the Clinical Manager and repeat the quiz until the nurse is able to successfully pass the quiz. Surprise demonstrations on hand washing and proper bag technique will be done with the nurses by the Administrator and/or Clinical Managers over the next 3 months to ensure no further problems exist.</p> <p>PERSON(S) RESPONSIBLE FOR THIS PLAN:<br/>The nursing managers (the Administrator, Clinical Manager, and Alternate Clinical Manager) will give oversight to this plan of correction to ensure no further deficiencies in this area occur.</p> <p>COMPLETION DATE:<br/>12/01/2022</p> |            |
| G0706 | <p>Interdisciplinary assessment of the patient</p> <p>484.75(b)(1)</p> <p>Ongoing interdisciplinary assessment of the patient;</p> <p>Based on observation, record</p> | G0706 | <p>G0706</p> <p>CORRECTIVE ACTION TAKEN:<br/><br/>Nurses will be re-educated no later than 11/09/2022</p>  | 2022-11-09 |

review, and interview, the Registered Nurse (RN) failed to conduct a complete physical assessment of the patient which included an assessment of any reported problems for 1 of 2 observations of a skilled nurse visit (Patient #11).

Findings include:

An agency job description for the job title "Registered Nurse Clinical Manager" indicated but was not limited to "... II ... the registered nurse shall do the following: ... b. Regularly re-evaluate the patient's nursing needs ...."

During a home visit observation of the care provided by the Clinical Manager, with Patient #11, on 09/01/22 at 9:17 AM, the patient reported to the nurse they had just finished an antibiotic for a urinary tract infection (UTI) and stated they "still have it [the infection]." The nurse ended the visit and exited the home and failed to assess Patient #11 for the reported continued UTI including signs and symptoms of this infection, such as pain with urination, urinary odor, blood in urine, or pain in the abdomen, flank (side

regarding the importance of completing a thorough comprehensive assessment and following up with patient concerns from previous assessments and/or complaints. They will be instructed to pay close attention and monitor patients who complain of s/s of infection (i.e. UTI's) to ensure that the infection resolves or is reported to the physician, especially if the patient has completed antibiotics and is still having problems.

Nurses will also be instructed to adhere to the medication list on the patient's current Plan of Care and verify dosages, routes, and frequencies while performing medication set ups.

PREVENTION OF FUTURE DEFICIENCY IN THIS AREA:

All comprehensive assessments will be monitored in monthly chart audits through 1/30/2023 to ensure that any patient taking antibiotics or who has s/s of infection have appropriate follow up regarding their care.

These audits will be done by the

of the body), or lower back.

During an interview conducted on 09/02/22 at 11:24 AM with the Administrator and Chief Financial Officer (CFO) #1, the Administrator confirmed the nurse should assess for signs and symptoms of a urinary tract infection if the patient reported they had recently completed an antibiotic for a UTI and were still having symptoms.

410 IAC 17-12-2(g)

Administrator, Alternate Administrator, and Clinical Manager. If negative findings occur, the audits will continue and re-education of the nurses will be provided. Disciplinary action may be taken if a nurse continues to overlook the importance of following up on patient concerns/needs after 01/30/2023.

Audits will also be conducted to ensure that medication lists are signed and reviewed no less than every 30 days. Nurses will be instructed to submit written medication lists with check marks showing they have been verified while doing every medication set up. These check lists will be required through 1/30/2023. If no further problems are noted, the check lists will no longer be required.

PERSON(S) RESPONSIBLE FOR THIS PLAN:

The nursing managers (the Administrator, Clinical Manager, and Alternate Clinical Manager) will give oversight to this plan of correction to ensure no

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|       |   |       | further deficiencies in this area occur.  |            |
| G0798 | <p>Home health aide assignments and duties</p> <p>484.80(g)(1)</p> <p>Standard: Home health aide assignments and duties.</p> <p>Home health aides are assigned to a specific patient by a registered nurse or other appropriate skilled professional, with written patient care instructions for a home health aide prepared by that registered nurse or other appropriate skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist).</p> <p>Based on record review and interview, the home health agency failed to ensure the aide care plan was specific to the needs of the patient for 1 of 3 patients with home health aide services (Patient #14).</p> <p>1. An agency policy C-751 titled "Home Health Aide Care Plan" indicated but not limited to the purpose was to provide documentation that the client's care was individualized to his/her specific needs.</p> <p>2. Record review for Patient #14, start of care 07/05/2021, indicated a POC (plan of care) for certification period 08/29/22</p> | G0798 | <p>G -0798</p> <p><b>CORRECTIVE ACTION TAKEN:</b></p> <p>All RN's will be re-educated by 12/01/2022 of the importance of ensuring that all Home Health Aide Care Plans are specific to the patient's needs and match the patient's Plan of Care. This includes fall precautions, clear pathways, proper positioning during meals, standard precautions, infection control, safety with ambulation and transfers, use of assistive devices, ROM, diets, parameters for vital signs that need to be reported if indicated, as well as all other safety measures, functional limitations and activities permitted.</p> <p><b>PREVENTION OF FUTURE DEFICIENCY IN THIS AREA</b></p> <p>All patient charts will be audited every 30 days through 03/01/2023 to ensure that the aide care plan and the patients POC match for patient needs, activities, functional limitations, and safety precautions.</p> <p>If no further negative findings occur, audits will continue every 3 months to ensure continued compliance.</p> <p>If problems still exist, nurses will be re-educated on this issue and audits will continue monthly until no further negative findings occur.</p> <p><b>PERSON(S) RESPONSIBLE FOR THIS PLAN:</b>The nursing managers (the Administrator, Clinical Manager, and Alternate Clinical Manager) will give oversight to this plan of correction to ensure no further deficiencies in this area occur.</p> | 2022-12-01 |

measures which included fall precautions, keep pathways clear, proper position during meals, safety in ADLs, standard precautions/ infection control, support during transfer and ambulation, and use of assistive devices. The HHA [home health aide] Care Plan document, signed by registered nurse [RN] #3 on 09/01/22 failed to include all safety precautions as listed on the POC.

The POC indicated functional limitations which included bowel/ bladder incontinence, endurance, ambulation, and speech. The aide care plan failed to include all functional limitations in the POC.

Activities permitted in the POC included up as tolerated, walker, and wheelchair. The aide care plan failed to include all activities permitted in the POC.

3. During an interview on 09/02/2022, the administrator confirmed the safety precautions, functional limitations, and activities permitted included on the aide care plan should match those indicated in the POC.

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|       | 410 IAC 17-13-1(m)   |       |   |            |
| G0940 | <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>Based on record review and interview, the governing body failed to ensure the agency adhered to its Medicare agreement to accept and bill Medicare-covered patients (See Tag G942).</p> | G0940 | <p>We have voluntarily terminated our Medicare number effective as of today, 11/30/2022.</p> <p>The documentation for this was delivered to Palmetto GBA today.</p> <p>See attachment B for verification of delivery.</p> | 2022-11-30 |

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|       | <p>Based on the cumulative effect of this systemic problem and at the direction of CMS, Servant's Heart Home Health Services was found to be out of compliance with Condition of Participation 484.105 Organization and administration of services.</p> <p>Based on the cumulative effect of this systemic problem and at the direction of CMS, Servant's Heart Home Health Services was found to be out of compliance with Condition of Participation 484.105 Organization and administration of services.</p>  |       |  |            |
| G0942 | <p>Governing body</p> <p>484.105(a)</p> <p>Standard: Governing body.</p> <p>A governing body (or designated persons so functioning) must assume full legal authority and responsibility for the agency's overall management and operation, the provision of all home health services, fiscal operations, review of the agency's budget and its operational plans, and its quality assessment and performance improvement program.</p> <p>Based on record review and interview, the governing body failed to ensure the home health agency adhered to its Medicare agreement to accept and bill</p> | G0942 | <p>We have voluntarily terminated our Medicare number effective as of today, 11/30/ 2022.</p> <p>The documentation for this was delivered to Palmetto GBA today.</p> <p>See attachment B for verification of delivery.</p> | 2022-11-30 |

Medicare-covered patients, which had the potential to affect all referred and current Medicare eligible patients for 1 of 1 agency.

Findings include:

Findings include:

1. CFR 489.53 Termination by CMS. (a) Basis for termination of agreement. CMS may terminate the agreement with any provider if CMS finds that any of the following failings is attributable to that provider, and may, in addition to the applicable requirements in this chapter governing the termination of agreements with suppliers, terminate the agreement with any supplier to which the failings in paragraphs (a)(2) ... (2) the provider or supplier places restrictions on the persons it will accept for treatment and it fails either to exempt Medicare beneficiaries from those restrictions or to apply them to Medicare beneficiaries the same as to all other persons seeking care.

2. The agency's Plan of Corrections, submitted 08/30/2022, indicated but was not limited to "... There is



nothing in the [Conditions of Participation] or the [State Operations Manual, SOM] that addresses 'adherence to the Medicare Provider Agreement' or a requirement to accept all Medicare beneficiaries. The issue of accepting Medicare patients or billing Medicare is a billing issue. CMS has directed [Medicare Administrative Contractor, MAC] to deactivate a provider number that has not billed in 12 months. Not billing for patients in 12 months implies that the provider has not admitted a Medicare patient in that time. Servant's Heart's lack of Medicare patients is not a survey issue. It is an issue dealt with by Medicare contractors. The Medicare Program Integrity Manual specifically states, 'The deactivation of Medicare billing privileges does not affect a provider/supplier's participation agreement.' Medicare Program Integrity Manual, Chapter 10, Section 10.4.8.G. This directly contradicts the statement that we have violated our provider agreement. CMS has clearly stated that this billing issue will not impact our provider agreement/enrollment.

Servant's Heart may be eligible to have its Medicare billing privileges deactivated, but this should not impact its certification or provider agreement. This issue is not properly addressed in a survey issue, because the Program Integrity Manual specifically states that the deactivation will not impact the provider agreement. Therefore, this should not be a survey/certification/enrollment issue and this tag should be removed ...."

3.. An agency document dated 08/01/2022, titled "Servant's Heart Home Health Services, Inc. Professional Advisory Board" and confirmed by the Administrator as the meeting minutes from the agency's Governing Body, indicated but was not limited to "... the agency has been unable to accept Medicare referrals since 2015 due to concerns regarding the financial strain it placed on the agency ... staffing shortages made this even more difficult." The document also indicated the Governing Body approved "the continuation of keeping Medicare referrals on hold until

resolve."

6. During an interview conducted on 08/31/2022 at 3:17 PM with the Administrator and Chief Financial Officer (CFO) #1, CFO #1 reported the agency would have to close should the survey findings not be removed. The CFO stated "this will be [the agency's] last survey."

4. An agency document "Census 9/2/2022 Payor source," indicated a list of all active agency patients and their payor source(s) which failed to evidence any patients with Medicare as their payor source.

5. During an interview on 08/31/2022 beginning at 2:11PM, the administrator confirmed the agency has no Medicare patients. The administrator indicated the only Medicare referrals the agency had recently received were physical therapy referrals, and the agency had to pay a physical therapist more than Medicare paid the agency for the physical therapy service. The administrator also indicated Medicare had decided services were not medically necessary after the fact and took the

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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|  | money back. The administrator stated they had worked so hard to get Medicare certification so there was no reason not to keep the number despite not accepting Medicare patients. |  |  |  |
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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

Jo Nelson RN

TITLE

Administrator

(X6) DATE

11/30/2022 12:00:00 AM