

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 201083120A	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/17/2022
NAME OF PROVIDER OR SUPPLIER Pure Home Health Care Llc		STREET ADDRESS, CITY, STATE, ZIP CODE 777 E MAIN STREET SUITE 211, WESTFIELD, IN, 46074		
(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 survey was for a federal and state complaint survey of a Home Health Provider.</p> <p>Survey Dates: 6/16/22 and 6/17/22</p> <p>Complaint #70745 was unsubstantiated, with unrelated federal and state findings.</p> <p>Census: 98</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>QR by Area 3 on 6-27-2022</p>	G0000	<p>Pure Home Health will be 100% complaint when the administrator is not available, a qualified, pre-designated person, who is authorized in writing by the administrator and the governing body, assumes the same responsibilities and obligations as the administrator.</p> <p>6/19/22 The Governing Body and Administrator approved in writing The Alternate Administrator and the Alternate Clinical Supervisor. The letters sent to ISDH in November and December of 2021 were reviewed and confirmed approval of Shawna Stinson as the Alternate Administrator/ Clinical Director and Kristen Stinson as the Alternate Clinical Director/ Clinical Supervisor. Administrator confirmed her signature on the letters to the State notifying ISDH of the changes made to the Alternate Administrator, Alternate Clinical Director, Clinical Director, and Clinical Supervisor.</p> <p>As position titles alter, the Governing Body Members and Administrator will designate a qualified person in writing for the governing body meeting minutes.</p> <p>Administrator and the Alternate Administrator met to review Administrator duties.</p> <p>Clinical Director and the Alternate Clinical</p>	2022-06-20

			duties.	
G0954	<p>Ensures qualified pre-designated person</p> <p>484.105(b)(2)</p> <p>Based on record review and interview, the agency failed to ensure the alternate administrator was authorized in writing as a pre-designated person qualified to assume the same responsibilities and obligations as the administrator in the administrator's absence.</p> <p>Findings include:</p> <p>When the administrator is not available, a qualified, pre-designated person, who is authorized in writing by the administrator and the governing body, assumes the same responsibilities and obligations as the administrator. The pre-designated person may be the clinical manager as described in paragraph (c) of this section.</p> <p>On 6/17/22 at 2:30 PM, the personnel file for employee B, alternate administrator, was reviewed and failed to evidence written documentation from the governing body that indicated employee B was the qualified individual, or alternate administrator, designated to fulfill the duties of the administrator when the administrator was absent/unavailable.</p> <p>On 6/16/22 at 1 PM, employee B was queried as to who was the agency's alternate administrator. Employee B stated, "I think it's me. There's no one else so it must be me."</p> <p>On 6/17/22 at 3:45 PM, the Employee B was asked for the governing body minutes from July 2021 to the present, including any governing body minutes or written</p>	<p>G0954</p> <p>Pure Home Health will be 100% complaint when the administrator is not available, a qualified, pre-designated person, who is authorized in writing by the administrator and the governing body, assumes the same responsibilities and obligations as the administrator.</p> <p>6/20/22 The Governing Body and Administrator approved in writing The Alternate Administrator and the Alternate Clinical Supervisor. The letters sent to ISDH in November and December of 2021 were reviewed and confirmed approval of Shawna Stinson as the Alternate Administrator/ Clinical Director and Kristen Stinson as the Alternate Clinical Director/ Clinical Supervisor. Administrator confirmed her signature on the letters to the State notifying ISDH of the changes made to the Alternate Administrator, Alternate Clinical Director, Clinical Director, and Clinical Supervisor.</p> <p>As position titles alter, the Governing Body Members and Administrator will designate a qualified person in writing for the governing body meeting minutes.</p> <p>Administrator and the Alternate Administrator met to review Administrator duties.</p> <p>Clinical Director and the Alternate Clinical Director met to review the Clinical Director duties.</p>	2022-06-20	

identified by the governing body as an alternate administrator, or the individual qualified to perform the duties of the administrator in the administrator's absence/unavailability.

On 6/17/22 at 4:15 PM, Employee B was asked a second time for the governing body minutes or any documentation that identified employee B by the governing body as the alternate administrator/designated person. Employee C, an office employee who was present in the room, stated, Give her a minute and she'll be with you. No further information was provided to the surveyor at that time.

On 6/17/22 at 4:45 PM the administrator stated, I didn't know what you wanted so I'm printing the whole thing and indicated a several-hundred-page document was actively being printed.

The governing body minutes were reviewed and a document titled Governing Body Members, evidenced employee B's title was the Clinical Supervisor." The document failed to evidence employee B was the alternate administrator and failed to evidence written documentation that the governing body identified employee B as the alternate administrator, or person designated to be in charge in the absence/unavailability of the administrator. When queried as to whether there was further governing body documentation that evidenced employee B had been designated to be in charge in the absence/unavailability of the administrator, employee B indicated she would need to call the administrator.

On 6/17/22 at 4:59 PM, the agency administrator joined the surveyor and alternate administrator via phone and indicated the agency was cited on the last survey for failure to have a governing body and that a list of governing body members was provided to the Indiana Department of

for that survey. The administrator indicated the plan of correction was accepted. The surveyor repeated that the request was for any agency documentation or governing body minutes that indicated employee B was appointed as the alternate administrator/designated responsible person by the governing body. The administrator repeated that the agency was already cited for not having a governing body and the document titled Governing Body Members, indicated employee B was part of the governing body and the agency was compliant.

On 6/17/22 at 5:29 PM, Person #1, an IDOH Supervisor, joined a conference call that included the surveyor, the administrator, and the alternate administrator. The supervisor indicated the governing body was responsible to identify an individual qualified to assume the responsibilities of the administrator in the administrator's absence/unavailability and repeated the request for any governing body minutes or agency documents that evidenced the governing body appointed employee B as the alternate administrator/designated responsible person. The administrator indicated this information was already provided to IDOH during a previous citation for failing to have a governing body and the "Governing Body Members," document was proof of compliance.

On 6/17/22 at 6:02 PM, at the time of survey exit, the Administrator and Alternate Administrator failed to provide further information or documentation that indicated the alternate administrator was appointed by the governing body.

17 IAC 17-12-1 (d)(8)

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE