

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  200484160B	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  10/07/2022
NAME OF PROVIDER OR SUPPLIER  MAXIM HEALTHCARE SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE  5265 COMMERCE DRIVE, STE E, CROWN POINT, IN, 46307		
(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
N0000	<p>Initial Comments</p> <p>This survey was a re-licensure survey for a home health agency.</p> <p>Survey Dates: 9/30/2022 – 10/7/2022</p> <p>Facility ID: 004862</p> <p>Census: 64</p> <p>Quality Review Completed 10/24/2022</p>	N0000	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p>	2022-11-06
N0464	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(i)</p>	N0464	<p><i>By submitting this POC the agency does not admit theallegations in the survey report or that it the survey report or that itviolated any regulations. The agency is</i></p>	2022-10-25

Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:

(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.

(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.

(3) Any person with:

(A) a documented:

(i) history of tuberculosis;

(ii) previously positive test result for tuberculosis; or

(iii) completion of treatment for tuberculosis; or

(B) newly positive results to the tuberculin skin test;

must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.

(4) After baseline testing, tuberculosis screening must:

(A) be completed annually; and

(B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).

(5) Any person having a positive finding on a tuberculosis evaluation may not:

(A) work in the home health agency; or

(B) provide direct patient contact;

unless approved by a physician to work.

(6) The home health agency must maintain

*submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.*

#### **N0464- Home health agency administration/management**

1. Ongoing effective 10/10/2022 the Field Support Manager to review 100% of current personnel files for tuberculin skin test for completion and accuracy. This audit was completed on 10/21/22 with no additional noncompliance indicated.

2. A logging was completed acknowledging missed 2<sup>nd</sup> step TB on 10/25/2022 by Field Support manager, in Employee [HHA](#) #4 employment file, as evidenced by the documentation of personnel logging.

documentation of tuberculosis evaluations showing that any person:

(A) working for the home health agency; or

(B) having direct patient contact;

has had a negative finding on a tuberculosis examination within the previous twelve (12) months.

Based on record review and interview, the agency failed to ensure employees with direct patient contact had a baseline two-step tuberculin skin test in 1 of 3 personnel records reviewed for home health aides (HHA) with direct patient contact. (HHA #4)

The findings include:

Review on 10/7/2022 of an agency policy revised 6/15/2022, titled "Tuberculosis [TB, an infectious disease which typically affects the lungs] Screening for Employees" stated, "... Indiana ... Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test [a screening test for tuberculosis] using the Mantoux method [a type of tuberculosis screening test] ...."

Personnel record review on

Additionally education was provided by the administrator to all field support team members, via the following policies:

- Policy HR 001 Hiring of Field Personnel

- Policy HR 014 Tuberculosis Screening for Employees

Education is evidenced by signed acknowledgement on 10/26/2022.

3. Field Support Manager will continue review 100% of all new hires tuberculin skin test prior to activation.

4. 10 Personnel Files or 10%, whichever is greater, of the active caregiver census will be reviewed by the Field Support Manager to ensure tuberculin initial and ongoing requirements are being met and documented per policy.

Responsible Party:  
Administrator

	<p>10/7/2022, for HHA #4, date of hire 7/24/2019 and first patient contact date 8/7/2019, evidenced a TB skin test dated 7/30/2019. Review failed to evidence a skin test after 7/30/2019 for the 2-step TB test.</p> <p>During an interview on 10/7/2022, at 2:35 PM, Administration Staff #3 indicated there was no other TB skin test for HHA #4.</p>			
N0470	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(m)</p> <p>Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on observation, record review, and interview, the agency failed to ensure the implementation of policies for the control of communicable disease in 1 of 1 home visits with a home health aide (HHA) and failed to follow agency policy for the prevention of COVID-19 infection.</p> <p>The findings include:</p>	N0470	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p> <p><b>N0470- Home health agencyadministration/managment</b></p> <p>Infection Control</p> <p>Hand Hygiene and CDC infectioncontrol education was provided to employee HHA #3 on 10/6/2022 as evidenced byemployees personnel note</p>	2022-11-06

1. Review on 10/7/2022, of an agency policy revised 9/7/2016, titled "Hand Hygiene" stated, "... Hand decontamination using an alcohol-based hand rub should be performed: ... When moving from a contaminated body site to a clean body site during patient care ... After removing gloves ...."

2. Review on 9/30/2022, of an agency policy revised 3/28/2022, titled "COVID-19 CMS [Centers for Medicare and Medicaid Services] Vaccination Mandate" stated, "... All employees unvaccinated and approved for an accommodation, at a minimum, must adhere to the following: ... Wear a mask when in common areas or when six feet of social distancing cannot be maintained ... Complete daily COVID-19 self-screening assessments...."

3. During an observation of care on 10/6/2022, at 10:51 AM, at the home of Patient #5, start of care 7/2/2019, HHA #3 was observed wiping a brown substance from in between the patient's buttocks with gloved

logging.

1. Administrator provided education to all directcaregivers on "hand hygiene", as well as, CDC regulations and guidance forinfection control.

This education was provided to all directcaregivers via electronic In-services and will be evidenced by the employeein-service transcript log by November 6, 2022.

· [Infection](#) Control Update

· Handwashing In-Service

2. Education will be provided to 100% of all HHA/CNA [new](#) hires during initial competency, as evidenced by the documentation on the homehealth aide competency form.

3. HHAs/CNAs will be observed in the home within the firstsix months of hire and annually thereafter performing basic infection controlprocedures which includes a hand-washing return demonstration.

4. 10 Personnel Files or 10%, whichever is greater, of

hands, removing gloves, and applying clean gloves. At 11:08 AM, HHA #3 was observed wiping a brown substance from in between the patient's buttocks with a disposable wipe and then dipping the wipe into the wash basin and then using the wipe to clean the buttocks with gloved hands. HHA #3 was observed removing the gloves, applying clean gloves, and then washing the patient's back. HHA #3 was not observed performing hand hygiene after removing gloves and before applying new gloves.

During an interview on 10/6/2022, at 12:14 PM, the administrator indicated staff should perform hand hygiene after removing gloves and before applying new gloves.

4. Review on 10/4/2022, of an undated agency document titled "Vaccination List" indicated Administrative Staff #5, date of hire 5/17/2021, and Administrative Staff #6, date of hire 3/18/2022, were not vaccinated against COVID-19.

During an observation in the agency's office on 9/30/2022, at 1:43 PM, Administrative Staff

the active caregiver census will be reviewed by the Administrator or Clinical Designee to review competency forms and annual in home observation forms, including infection control are documented per policy.

Responsible Party:  
Administrator

**N0470- Home health agency administration/management (con't)**

COVID 19 Infection Control

Operations Manager and Field Support Manager provided 1:1 education to internal staff members # 5 and #6 on COVID-19 CDC infection control education and mask mandate on 10/4/2022.

Education evidenced by personnel logging.

1. Administrator re-educated 100% of internal team member on:

· Maxim COVID 19 Vaccination mandate Policy-Revision date 10/7/2022.

Education to office team

#4, date of hire 4/5/2022, Administrative Staff #5, and Administrative Staff #6 were sitting at desks in the middle of the main room of the office without a mask. During an observation in the agency office on 10/4/2022, at 12:56 PM, Administrative Staff #4, Administrative Staff #5, and Administrative Staff #6 were observed sitting at desks in the middle of the main room of the office without a mask. Other agency personnel were observed walking up to the desks where Administrative Staff #5 and Administrative Staff #6 were seated and walking through the office and to the copy machine located in the office where Administrative Staff #5 and Administrative Staff #6 were seated and remained unmasked. Surveyor walked past the desks of Administrative Staff #5 and Administrative Staff #6 to enter the offices of the administrator and alternate administrator and Administrative Staff #5 and Administrative Staff #6 were not observed putting on a mask. Review failed to evidence Administrative Staff #5 and Administrative Staff #6 followed agency policy regarding

occurred 10/14/2022 during a weekly office team meeting, as evidenced by team meeting minutes.

2. Ongoing internal office staff will comply with the vaccination or exemption requirements as outlined in the above mentioned policy.

3. The Administrator will ensure all COVID 19 updates and practices are followed throughout the office ongoing.

Responsible Party:  
Administrator

Date of completion: October 14, 2022

wearing a mask when in common areas or when a distance of at least 6 feet could not be maintained.

Review on 10/6/2022, of an undated agency document titled "Employee Infection Log" indicated Administrative Staff #4 was reported positive for COVID-19 on 7/4/2022 and Administrative Staff #5 was reported positive for COVID-19 on 7/12/2022.

During an interview on 10/4/2022, at 3:06 PM, the administrator indicated she was aware Administrative Staff #5 and Administrative Staff #6 were not vaccinated against COVID-19 and indicated they did not wear masks because their desks were 6 feet apart.

During an interview on 10/4/2022, at 3:12 PM, the administrator indicated in July 2022 the agency no longer required staff to complete the COVID-19 self-screening electronically. The administrator indicated the agency had no record of daily screening from unvaccinated personnel. When queried how the agency

	were completing self-screening, the administrator stated, "I've got nothing."			
N0522	<p>Patient Care</p> <p>410 IAC 17-13-1(a)</p> <p>Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on record review and interview, the agency failed to provide services which followed the plan of care in 3 of 5 active clinical records. (#1, 4, 5)</p> <p>The findings include:</p> <p>1. Review on 10/7/2022, of an agency policy revised 4/9/2021, titled "Home Health Certification and Plan(s) of Care" stated, "... The Home Health Certification and Plan of Care (485) is the ordering practitioner's order for home care services...."</p> <p>2. Clinical record review on</p>	N0522	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p> <p><b>N0522- Patient Care</b></p> <p>.</p> <p>Patient #1HHA Care Plan was updated 10/13/2022</p> <p>Patient #4- All missed visitnotifications sent to the MD and provided to surveyor</p> <p>Patient #5- HHA Care Plan wasupdated on 10/6/22, all missed visit notification were set to MD and providedto surveyor.</p> <p>1. Administrator provided educationon the aide care plan and documentation to 100% of</p>	2022-11-06

10/6/2022, for Patient #1, start of care 5/1/2020, evidenced an agency document titled "Plan of Care" for certification period 8/19/2022-10/17/2022. Review indicated the patient's primary diagnosis was quadriplegia (paralysis of upper and lower limbs) and indicated ambulation was a functional limitation. Review indicated the patient had a suprapubic catheter (a surgically inserted tube into the bladder through the abdomen to drain urine from the body). Review indicated the home health aide was to provide care exactly as written/assigned on the Aide Care Plan. Review of an agency document titled "Aide-Care Plan" last dated 8/3/2021, indicated the home health aide was not directed to assist the patient with ambulation. Review indicated the home health aide was to provide catheter care, hair care, mouth care, skin care, nail care, and assist with dressing every day. Review of agency documents titled "Aide Weekly Note" indicated the home health aide assisted the patient with ambulation on 8/20/2022, 8/21/2022, 8/27/2022, 8/28/2022, 9/3/2022, 9/4/2022, 9/10/2022, 9/11/2022,

thefollowing policy:

- CL\_008 Home Health Aide Care Plan

The education was provided by email/maileon 10/28/2022 as evidenced by the signed education acknowledgement, electronicor verbal acknowledgement.

2. Administrator educated 100% of Clinical Supervisors onpolicy "Home Health Certification and Plan of Care" on the requirement the Planof Care will be individualized to include, but not limited to, frequency ofservices authorized to be provided, interventions, and activities provided.Additionally, the Administrator educated all internal staff, including ClinicalSupervisors, Recruiters and Field Support, on policy "Patient/ClientScheduling"

The following policies and review wereprovided to all clinical supervisors 10/25/2022 as evidenced by a signededucation acknowledgement.

<p>9/17/2022, 9/18/2022, and 9/21/2022. Review failed to evidence the home health aide provided catheter care on 9/17/2022, 9/18/2022, and 9/21/2022 and failed to provide hair care, mouth care, nail care, and assist with dressing on 9/21/2022 as directed in the home health aide care plan.</p> <p>Review of the plan of care indicated the skilled nurse was to provide services 9-14 hours a week. Review failed to evidence the skilled nurse provided at least 9 hours during the weeks of 8/21/2022, 9/4/2022, and 9/25/2022 as directed in the plan of care. Review indicated staff cancelled on 8/24/2022 and no staff was available on 9/25/2022.</p> <p>During an interview on 10/7/2022, at 2:51 PM, the administrator indicated there was no staff on 9/25/2022.</p> <p>3. Clinical record review on 10/4/2022, for Patient #4, start of care 5/24/2021, evidenced an agency document titled "Plan of Care" for certification period 9/16/2022-11/14/2022. Review indicated the agency was to provide skilled nursing services</p>		<ul style="list-style-type: none"> <li>· Policy CL_007 Home Health Certification and Plans of Care</li> <li>· Policy CL_008 Written Aide Care Plan</li> </ul> <p>This education was provided to all teammembers including clinical supervisors, recruiters and field support during an office team meeting on 10/28/2022 and 10/26/2022 as evidenced by signed education acknowledgement.</p> <ul style="list-style-type: none"> <li>· Policy CL_016 Patient Scheduling</li> </ul> <p>3. Operations Manager will audit 100% of client's frequency and duration to ensure needs are being met per current schedule. Audit completed 11/06/2022. Any discrepancy /missed shifts will sent to the corresponding physician.</p> <p>Ongoing, Missed shift notification sent to physician for notification of deviation from POC</p> <p>4. Administrator or clinical designee will audit 100% of active patients recertification during each recertification period to ensure Plans of Care were developed and</p>	
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33-55 hours per week. Review evidenced the agency failed to provide at least 33 hours of skilled nursing services during the week of 8/21/2022. Review indicated staff cancelled the shift on 8/22/2022.

During an interview on 10/7/2022, at 2:47 PM, the administrator indicated the skilled nurse visit was not provided on 8/22/2022 due to a missed visit.

4. Clinical record review on 10/4/2022, for Patient #5, start of care 7/2/2019, evidenced an agency document titled "Plan of Care" for certification period 8/15/2022-10/13/2022. Review indicated the agency was to provide home health aide services 26-42 hours per week and 4-7 days per week. Review indicated the agency failed to provide at least 26 hours a week of home health aide services for the weeks of 8/14/2022, 8/21/2022, 8/28/2022, 9/4/2022, 9/11/2022, and 9/25/2022 and failed to provide home health aide services at least 4 days a week during the week of 9/18/2022. Review indicated staff cancelled shifts on 8/22/2022, 9/21/2022,

documented according to the plan of care and individualized to the patient and frequency of services are provided as ordered.

5. 10 Medical Records or 10%, whichever is greater, of the active patient census will be reviewed quarterly to ensure services were provided and documented as ordered and documentation accurately reflects that the responsible party was informed of changes in frequency.

Responsible Party:  
Administrator

9/23/2022 and there was no staff available on 9/22/2022. Review indicated the home health aide was to provide care exactly as written/assigned on the Aide Care Plan. Review of an agency document titled "Aide-Care Plan" last dated 8/14/2019, indicated the home health aide was to reposition the patient daily; provide incontinent brief care, hair care, and nail care daily, and empty the catheter bag daily. Review of agency documents titled "Aide Weekly Note" indicated the home health aide failed to reposition the patient on 9/20/2022, 9/26/2022, 9/27/2022, and 9/28/2022; failed to provide incontinent brief care on 9/12/2022, 9/13/2022, 9/14/2022, 9/15/2022, 9/16/2022, 9/19/2022, 9/20/2022, 9/26/2022, 9/27/2022, 9/28/2022, and 9/29/2022; failed to provide hair and nail care on 9/12/2022, 9/13/2022, 9/14/2022, 9/15/2022, 9/16/2022, 9/26/2022, 9/27/2022, 9/28/2022, and 9/29/2022; and failed to empty the catheter bag on 9/14/2022.

During an interview on

	<p>administrator indicated there has been difficulty staffing the patient.</p> <p>5. During an interview on 10/7/2022, at 12:32 PM, the administrator indicated the home health aides should provide the care as directed on the home health aide care plan.</p>			
N0524	<p>Patient Care</p> <p>410 IAC 17-13-1(a)(1)</p> <p>Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff.</p> <p>(B) Include all services to be provided if a skilled service is being provided.</p> <p>(B) Cover all pertinent diagnoses.</p> <p>(C) Include the following:</p> <p>(i) Mental status.</p> <p>(ii) Types of services and equipment required.</p> <p>(iii) Frequency and duration of visits.</p> <p>(iv) Prognosis.</p> <p>(v) Rehabilitation potential.</p> <p>(vi) Functional limitations.</p> <p>(vii) Activities permitted.</p> <p>(viii) Nutritional requirements.</p> <p>(ix) Medications and treatments.</p>	N0524	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p> <p><b>N0524- Patient Care</b></p> <p>Patient #1- Treatment clarificationand order written for wound care on 10/7/2022.</p> <p>Patient #2- Medicationreconciliation was competed and duplicate medication removed on POC dated10/2/2022 - 11/30/2022, along with location of wounds for treatment.</p> <p>Patient #3-</p>	2022-11-06

- (x) Any safety measures to protect against injury.
- (xi) Instructions for timely discharge or referral.
- (xii) Therapy modalities specifying length of treatment.
- (xiii) Any other appropriate items.

Based on record review and interview, the agency failed to develop the plan of care to include the individualized treatments to be provided, diagnoses, frequency of services, medications, and goals in 5 of 5 active clinical records reviewed. (#1, 2, 3, 4, 5)

The findings include:

1. Review on 10/7/2022, of an agency policy revised 4/9/2021, titled "Home Health Certification and Plan(s) of Care" stated, "... The Plan of Care will be individualized to include, but not limited to, all treatments, procedures, medications ... The Plan of Care shall include, but not limited to: ... Identified patient problems to include diagnoses ... Description of orders of discipline and

Medicationreconciliation was completed, orders clarified and medication profile updatedaccordingly

Patient #4- Goals were updated andindividualized specific to the client.

Patient #5-

Medicationreconciliation was completed, orders clarified and medication profile updatedaccordingly

1. Administrator/Clinical Manager educated 100% ofclinical supervisors on the requirement for Home Health Certifications andRecertification for completion to include, but not be limited to, individualizedtreatments to be provided, diagnoses, frequency of services, medication andgoals. This education will include the review of the following policies:

- Policy CL 002- Medical Record content andrequirements
- Policy CL 004- Assessment
- Policy CL 027 Wound Care
- Policy CL 012 Ongoing

	<p>treatments (specify the amount, frequency and duration) ... Individualized goals ...."</p> <p>2. Clinical record review on 10/6/2022, for Patient #1, start of care 5/1/2020, evidenced an agency document titled "Plan of Care" for certification period 8/19/2022-10/17/2022. Review indicated the patient had a pressure ulcer (wounds to the skin and underlying tissue resulting from prolonged pressure to the skin) stage II (an open pressure ulcer with partial thickness loss of skin) to the coccyx (lower back above the buttocks). Review evidenced the skilled nurse provided wound care to the coccyx wound throughout the certification period. Review failed to evidence the treatment for the coccyx wound and diagnoses related to the wounds were included in the plan of care. Review indicated the patient had a suprapubic catheter (a tube surgically inserted into the bladder through the abdomen to drain urine from the body) and indicated the skilled nurse was to cleanse the site daily, change the catheter monthly, and obtain a urine specimen as needed. Review failed to</p>		<p>Evaluation</p> <ul style="list-style-type: none"> <li>· Policy CL 028 Reassessments Recertification</li> <li>· Policy MM 001 Medication Profile</li> </ul> <p>This education was provided to all clinicalsupervisors on 10/25/2022 and 10/26/2022 as evidenced by the signed educationacknowledgement.</p> <p>2. The clinical supervisors will audit 100% of the patientplans of care for accuracy of current medications, treatments and goals toensure they are individualized.</p> <p>3. The Administrator will review 100% recertification's duringeach recertification period to ensure the patients orders include,individualized treatments to be provided, diagnoses, frequency of services,medication and goals</p> <p>4. 10 Medical Records or 10%, whichever is greater, of theactive patient census will be reviewed by the Administrator or ClinicalDesignee on a quarterly basis to ensure the</p>	
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evidence the plan of care included individualized goals related to the suprapubic catheter. Review indicated the patient was to receive home health aide services 26-42 hours per week, 4-7 days a week.

During an interview on 10/7/2022, at 12:19 PM, the administrator indicated she did not see the treatment order for the coccyx wound in the plan of care. The administrator indicated the plan of care did not include goals related to the suprapubic catheter and indicated related goals would be the catheter would remain patent and the skin around the catheter would be intact.

Review of agency documents titled "Aide Weekly Note" indicated the home health aide provided two visits daily to the patient on 8/19/2022, 08/22/2022, 8/23/2022, 8/24/2022, 8/25/2022, 8/26/2022, 8/29/2022, 8/30/2022, 8/31/2022, 9/1/2022, 9/2/2022, 9/5/2022, 9/6/2022, 9/7/2022, 9/8/2022, 9/9/2022, 9/12/2022, 9/13/2022, 9/14/2022, 9/15/2022, 9/16/2022, 9/19/2022, 9/20/2022,

plan of care is individualized for treatments to be provided, diagnoses, frequency of services, medication and goals.

Responsible Party:  
Administrator

9/22/2022, 9/23/2022, 9/26/2022, 9/27/2022, 9/28/2022, 9/29/2022, 10/3/2022, 10/4/2022, and 10/5/2022. Review failed to evidence the plan of care was individualized to include the home health aide was to provide 2 visits daily to the patient.

During an interview on 10/7/2022, at 12:24 PM, the administrator indicated the patient does need home health aide services twice daily.

3. Clinical record review on 10/6/2022, for Patient #2, start of care 8/3/2022, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 8/3/2022-10/1/2022, which indicated the skilled nurse was to provide care 4-7 days a week. Review failed to evidence the skilled nurse provided care at least 4 days a week during the week of 9/11/2022. Review evidenced the agency did not have staff on 9/16/2022. Review evidenced the skilled nurse was to cleanse wounds and apply a wound dressing daily. Review failed to evidence the location

skilled nurse was to provide wound care. Review indicated the patient's medications included, but were not limited to, guaifenesin (a medication used to relieve chest congestion) 200 milligrams as needed 4 times per day for congestion every 6 hours as needed and guaifenesin 200 milligrams as needed 4 times maximum.

During an interview on 10/7/2022, at 2:57 PM, the administrator indicated the location of the wounds were not included on the plan of care and should have been. The administrator indicated one of the guaifenesin orders should not be on the plan of care because it was incomplete and a duplication. At 3:41 PM, the administrator indicated the agency did not meet the ordered frequency during the week of 9/11/2022 due to staffing issues.

4. Clinical record review on 10/4/2022, for Patient #3, start of care 6/1/2021, evidenced an agency document titled "Plan of Care" for certification period 9/24/2022-11/22/2022. Review indicated the patient's

medications included, but were not limited to, Systane Hydration (a medication for eye lubrication) 1 or 2 drops to both eyes as needed for dryness and Systane eye ointment ample amount to be applied 3 times daily to both ears. Review failed to evidence the plan of care was individualized with directions on when 1 or 2 Systane eye drops were to be applied. Review failed to evidence the plan of care was individualized to include directions to use the Systane eye ointment to the eyes.

During an interview on 10/7/2022, at 12:01 PM, the administrator indicated the Systane ointment should be applied to the eyes and not the ears and indicated she was unsure what the direction was for when 1 or 2 drops were to be applied.

5. Clinical record review on 10/4/2022, for Patient #4, start of care 5/24/2021, evidenced an agency document titled "Plan of Care" for certification period 9/16/2022-11/14/2022. Review indicated the patient had a gastrostomy (a tube surgically inserted into the stomach

through the abdomen to administer nutrition, hydration, and/or medication) and indicated the skilled nursing interventions were to monitor the patient's intake and output. Review indicated the patient had a history of wounds, had skin breakdown precautions, and had limited mobility. Review failed to evidence the plan of care was individualized to include goals related to the patient's gastrostomy and risk for skin breakdown.

During an interview on 10/7/2022, at 12:07 PM, the administrator indicated goals relevant to the patient would include nutritional needs are met with stable weight, hydration status maintained, and skin to remain intact.

6. Clinical record review on 10/4/2022, for Patient #5, start of care 7/2/2019, evidenced an agency document titled "Plan of Care" for certification period 8/15/2022-10/13/2022. Review indicated the patient's medications included, but were not limited to, albuterol (an inhaled medication used to treat wheezing, shortness of

	<p>Review failed to evidence the plan of care was individualized to include the frequency of the albuterol.</p> <p>During an interview on 10/7/2022, at 12:04 PM, the administrator indicated the plan of care should give a time frame in which the patient could have albuterol 2 times.</p>			
N0526	<p>Patient Care</p> <p>410 IAC 17-13-1(a)(2)</p> <p>Rule 13 Sec. 1(a)(2) The total medical plan of care shall be reviewed by the attending physician, dentist, chiropractor, optometrist or podiatrist, and home health agency personnel as often as the severity of the patient's condition requires, but at least once every two (2) months.</p> <p>Based on record review and interview, the agency failed to ensure the attending physician reviewed the plan of care at least every 2 months in 3 of 4 active clinical records reviewed with more than one certification period. (#1, 3, 4)</p> <p>The findings include:</p>	N0526	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p> <p><b>N0526-Patient Care</b></p> <p>1. Administrator educated 100% of Clinical Supervisors on policy "Reassessment and Recertification Policy" on the requirement the Plan of Care will be reviewed by the ordering practitioner as often as needed but no less frequently than once every 2 months</p> <p>· CL_028 Reassessment and Recertification</p> <p>This policy and review was</p>	2022-11-06

1. Review on 10/7/2022, of an agency policy revised 11/3/2020, titled "Compliance with Policy and Regulation" stated, "... The Company, through the development of its policies and procedures, ensures compliance with the following, as applicable: ... Medicare Regulations ... Medicaid Regulations ... Any additional Federal, State or Program specific requirements .... "

2. Clinical record review on 10/6/2022, for Patient #1, start of care 5/1/2020, evidenced agency documents titled "Plan of Care" for certification period 4/21/2022-6/19/2022, which was signed by the physician on 4/22/2022 and for certification period 8/19/2022-10/17/2022, which was signed by the physician on 7/1/2022. Review failed to evidence the physician responsible for the plan of care reviewed the plan of care no less than every 2 months.

3. Clinical record review on 10/4/2022, for Patient #3, start of care 6/1/2021, evidenced agency documents titled "Plan of Care" for certification period 5/27/2022-7/25/2022, which

provided to all clinical supervisors 10/25/2022 and 10/26/2022 as evidenced by a signed education acknowledgement.

2. Administrator or clinical designee will audit 100% of active patients Plan of Care during each recertification period to ensure Plans of Care are sent to the ordering practitioner for review at least once every 2 months.

3. 10 Medical Records or 10%, whichever is greater, of the active patient census will be reviewed by the Clinical Manager or Clinical Designee on a quarterly basis to ensure the plan of care is sent for review by the ordering practitioner at least every 2 months.

Responsible Party:  
Administrator

was signed by the physician on 5/18/2022 and for certification period 7/28/2022-9/29/2022, which was signed by the physician on 7/31/2022. Review failed to evidence the physician responsible for the plan of care reviewed the plan of care no less than every 2 months.

4. Clinical record review on 10/4/2022, for Patient #4, start of care 5/24/2021, evidenced agency documents titled "Plan of Care" for certification period 3/26/2022-5/18/2022, which was signed by the physician on 3/19/2022 and for certification period 5/19/2022-7/17/2022, which was signed by the physician on 6/13/2022. Review failed to evidence the physician responsible for the plan of care reviewed the plan of care no less than every 2 months.

5. During an interview on 10/7/2022, at 12:23 PM, the administrator indicated the physician should review the plan of care at least every 60 days.

N0541

Scope of Services

410 IAC 17-14-1(a)(1)(B)

N0541

*By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and*

2022-11-06

Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:

(B) Regularly reevaluate the patient's nursing needs.

Based on record review and interview, the registered nurse failed to re-evaluate the needs of the patient by completing a wound assessment in 2 of 2 active clinical records reviewed with wounds. (#1, 2)

The findings include:

1. Review on 10/7/2022, of an agency policy revised 3/16/2022, titled "Assessment" stated, "... The reassessment of the patient shall be completed at regular intervals or as frequently as the patient/client's condition warrants due to a major decline or improvement in health status... The comprehensive assessments must be conducted by a registered nurse ...."

2. Review on 10/7/2022, of an agency policy revised 10/10/2021 titled "Wound Care" stated, "... Weekly wound measurement will be completed

*commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.*

### **0541- Scope of Services**

Patient #1-Wound assessment updated with skilled nurse visit on 10/11/2022.

Patient #2-Wound assessment updated with skilled nurse visit on 10/4/2022

Administrator educated 100% of clinical supervisors on the requirement for wound assessment completion to include, but not be limited to, individualized treatments to be provided, diagnoses, frequency of services, medication and goals for accuracy. This education will include the review of the following policies:

- Policy CL 001 Scope of Services
- Policy CL 004- Assessment
- Policy CL 027 Wound Care
- Policy CL 012 Ongoing Evaluation

by the qualified clinician.  
Documentation of wound measurement(s) will be noted and include a description of: ...  
Wound size: length, width and depth ... Wound bed tissue ...  
Evidence of wound healing or deterioration ... Drainage characteristics ... Any symptoms of infection ...."

3. Clinical record review on 10/6/2022, for Patient #1, start of care 5/1/2020, evidenced an agency document titled "Outcome and Assessment Information Set Home Health Patient Tracking Sheet" completed by the registered nurse and dated 8/16/2022. Review indicated the patient had a pressure ulcer (wounds to the skin and underlying tissue resulting from prolonged pressure to the skin) to the right hip and coccyx (lower back above the buttocks). Review failed to evidence the assessment of the size of the wounds, the appearance of the wound bed and surrounding tissue, and drainage.

Review of an agency document titled "Nursing Flow Sheet", signed by the licensed practical

- Policy CL 027 Wound Care

- Policy CL 028  
Reassessments Recertification

This education was provided to all clinical supervisors on 10/25/2022 and 10/26/2022 as evidenced by the signed education acknowledgement.

The Administrator will review 100% plans of care during each recertification period to ensure the assessments include accurate wound [assessment](#) and treatments are provided as ordered.

10 Medical Records or 10%, whichever is greater, of the active patient census will be reviewed by the Clinical Manager or Clinical Designee on a quarterly basis to ensure the assessments are completed accurately according to policy and treatments are provided as ordered.

Responsible Party:  
Administrator

indicated the patient had a new open area to the left ischium (an area on the buttock covering the back part of the pelvis and hip bone). Review indicated the wound was a stage II (an open wound caused by pressure with partial thickness loss of skin), red, and 0.1 centimeters (cm) in size. Review failed to evidence if the size was the length, width, or depth. Review failed to evidence the assessment of the tissue type, drainage, the appearance of the surrounding skin, and symptoms of infection. Review failed to evidence the registered nurse had re-evaluated the change in the patient's condition with the identification of the new wound to the left ischium.

During an interview on 10/7/2022, at 12:41 PM, the administrator indicated there was not a reassessment of the new wound completed by the registered nurse and indicated a new wound was a change in patient's condition.

4. Clinical record review on 10/6/2022, for Patient #2, start of care 8/3/2022, evidenced

	<p>"Nursing Flow Sheet" which indicated the patient's son completed wound care on 9/17/2022, and a document dated 9/8/2022, which indicated the patient had wounds to the left elbow, left heel, and sacrum (lower back above the buttocks).</p> <p>Review evidenced an untitled agency document identified by the administrator as the recertification comprehensive assessment, which was completed on 9/20/2022, by the registered nurse. Review indicated the patient had wounds but failed to evidence an assessment of the wounds to include location, type, size, and appearance.</p> <p>5. During an interview on 10/7/2022, at 12:26 PM, the administrator indicated the assessment should include wound measurements and the appearance of the wound. At 2:51 PM, the administrator indicated the assessments were incomplete.</p>			
N0542	Scope of Services	N0542	<i>By submitting this POC the agency does not admit the allegations in the survey report or</i>	2022-11-06

410 IAC 17-14-1(a)(1)(C)

Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:

(C) Initiate the plan of care and necessary revisions.

Based on record review and interview, the registered nurse failed to revise the plan of care for 1 of 2 active clinical records reviewed with wounds. (#1)

The findings include:

Review on 10/7/2022, of an agency policy revised 7/1/2022, titled "Ongoing Evaluation" stated, "... Based on each re-evaluation, the plan of care, including problems, needs, goals, and outcomes, will be reviewed and revised...."

Clinical record review on 10/6/2022, for Patient #1, start of care 5/1/2020, evidenced agency documents titled "Nursing Flow Sheet". Document dated 9/28/2022, indicated the patient had a new open area to the left ischium (an area on the buttock covering the back part of the

*that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.*

## **N0542- Scope ofServices**

Patient #1- Treatment clarification and order written 10/7/2022 for wound care.

Wound assessment updated with skilled nurse visit on 10/11/202

Administrator/Clinical Manager educated 100% of clinical supervisors on the requirement for wound assessment for completion to include, but not be limited to, individualized treatments to be provided, diagnoses, frequency of services, medication and goals for accuracy. This education will include the review of the following policies:

- Policy CL 001 Scope of Services
- Policy CL 002- Medical Record content

pelvis and hip bone).

Review of document dated 9/29/2022, indicated the licensed practical nurse covered the area with a dry dressing.

Review of an agency document titled "Clinical Notes Report" completed by the registered nurse and dated 9/29/2022, indicated the licensed practical nurse called to report an open area to the left buttocks to the registered nurse. Review failed to evidence the registered nurse revised the plan of care to include the wound to the left ischium and the treatment.

During an interview on 10/7/2022, at 2:51 PM, the administrator indicated the plan of care was not revised to include the wound treatment order to the left ischium because the licensed practical nurse forgot to upload the order in the electronic documentation system and so it could not be pulled to the plan of care.

and requirements

- Policy CL 004- Assessment
- Policy CL 008- Home Health Aide Plan of Care
- Policy CL 009- Confirmation of Supplemental Physician Orders
- Policy CL 010- Processing of Physician orders
- Policy CL 027 Wound Care
- Policy CL 012 Ongoing Evaluation
- Policy CL 013 Discharge
- Policy CL 017 Supervision of Patient Care
- Policy CL 018 Care coordination/Case Conference
- Policy CL 028 Reassessments Recertification
- Policy MM 001 Medication Profile

			<p>This education was provided to all clinical supervisors on 10/25/2022 and 10/26/2022 as evidenced by the signed education acknowledgement.</p> <p>2. The Administrator will review 100% plans of care during each recertification period to ensure the assessments include accurate wound <a href="#">assessment</a> treatments are provided as ordered.</p> <p>3. 10 Medical Records or 10%, whichever is greater, of the active patient census will be reviewed by the Clinical Manager or Clinical Designee on a quarterly basis to ensure assessments are completed accurately and treatments are provided as ordered.</p> <p>Responsible Party: Administrator</p>	
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<p>N0547</p>	<p>Scope of Services</p> <p>410 IAC 17-14-1(a)(1)(H)</p> <p>Rule 14 Sec. 1(a) (1)(H) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:</p> <p>(H) Accept and carry out physician, chiropractor, podiatrist, dentist and optometrist orders (oral and written).</p> <p>Based on record review and interview, the registered nurse (RN) failed to carry out physician orders in 1 of 4 active clinical records reviewed receiving RN services. (#2)</p> <p>The findings include:</p> <p>Review on 10/7/2022, of an agency policy revised 4/9/2021, titled "Home Health Certification and Plan(s) of Care" stated, "... The Home Health Certification and Plan of Care (485) is the ordering practitioner's order for home care services...."</p> <p>Clinical record review on 10/6/2022, for Patient #2, start of care 8/3/2022, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period</p>	<p>N0547</p>	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p> <p><b>N0547- Scope ofServices</b></p> <p>Patient #2- Wound assessment updated with skilled nurse visit on 10/4/2022</p> <p>Medication reconciliation wascompeted and duplicate medication removed on POC dated 10/2/2022 - 11/30/2022,along with location of wounds for treatment.</p> <p>1. Administrator/Clinical Manager educated 100% ofclinical supervisors on the requirement for wound assessment for completion toinclude, but not be limited to, individualized treatments to be provided,diagnoses, frequency of services, medication and goals for accuracy. Thiseducation will include the review of the following policies:</p>	<p>2022-11-06</p>
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8/3/2022-10/1/2022, which indicated the skilled nurse was to cleanse wounds, apply a wound dressing daily, and measure wounds weekly.

Review of agency documents titled "Nursing Flow Sheet" completed by the registered nurse and dated 9/9/2022 and 9/19/2022, failed to evidence the RN provided wound care. Review failed to evidence the patient refused wound care treatment and failed to evidence if wound care had been provided by someone other than the RN. Review failed to evidence measurements of the wounds after 8/4/2022 and before 9/8/2022.

Review of the plan of care indicated the physician was to be notified for a systolic blood pressure (the pressure against the arteries during contraction of the heart, noted by the top number) less than 90.

Review of a nursing note completed by the RN and dated 9/10/2022, indicated the patient's blood pressure was 86/57. Review failed to evidence the RN notified the physician as

- Policy CL 001 Scope of Services
- Policy CL 004- Assessment
- Policy CL 027 Wound Care
- Policy CL 012 Ongoing Evaluation
- Policy CL 027 Wound Care
- Policy CL 028 Reassessments Recertification
- Policy MM 001 Medication Profile
- Policy CL 009- Confirmation of Supplemental Physician Orders
- Policy CL 010- Processing of Physician orders

This education was provided to all clinical supervisors on 10/25/2022 and 10/26/2022 as evidenced by the signed education acknowledgement

1. The Administrator will review 100% plans of care during each recertification period to ensure the

ordered.

During an interview on 10/7/2022, at 3:06 PM, the administrator indicated the nurse should document if the wound care was performed by someone else other than the nurse. At 3:08 PM, the administrator indicated the nurse should have notified the physician and should document the notification in the nurse's note. At 3:13 PM, the administrator indicated the wound measurements should be documented weekly on wound measurement sheets. No additional documentation was provided.

wound assessment and treatments are provided as ordered.

2. 10 Medical Records or 10%, whichever is greater, of the active patient census will be reviewed by the Clinical Manager or Clinical Designee on a quarterly basis to ensure assessments are completed accurately and treatments are provided as ordered.

#### **N0547- Scope of Services (cont.)**

Patient #2- Education was provided 1:1 to skilled nurse on 10/26/2022 as evidenced by [logging](#) in personnel file

Administrator provided education to 100% of skilled caregivers via email/mailer on 10/26/2022 as evidenced by the signed education acknowledgement, electronic or verbal acknowledgement. This acknowledgement will be completed by November 6, 2022

Administrator educated 100% of skilled nurses on the requirement for wound [assessment](#) for completion to include, but not be limited to, individualized [treatments](#) to be provided, diagnoses, frequency of services, medication and goals for accuracy and following the plan of care, including appropriate physician notification. This education will include the review of the following policies:

- Policy CL 002- Medical Record content and requirements
- Policy CL 004- Assessment
- Policy CL 009- Confirmation of Supplemental Physician Orders
- Policy CL 010- Processing of Physician orders
- Policy CL 027 -Wound Care
- Policy MM 001- Medication Profile

4. Beginning 10/24/2022, the clinical supervisor will review 100% of weekly skilled wound care documentation to ensure

			<p>the assessments include accurate wound assessment and appropriate notification to the physician has been completed according to the plan of care. This audit will be completed within 30 <u>days</u> 5. 10 Medical Records or 10%, whichever is greater, of the active patient census will be reviewed by the Clinical Manager or Clinical Designee on a quarterly basis to ensure assessments are completed accurately, treatments provided as ordered, and ordering practitioner notified for changes and as otherwise appropriate.</p> <p>Responsible Party: Administrator</p>	
N0558	<p>Scope of Services</p> <p>410 IAC 17-14-1(a)(2)(F)</p> <p>Rule 14 Sec. 1(a) (2)(F) For purposes of practice in the home health setting, the licensed practical nurse shall do the following:</p> <p>(F) Accept and carry out physician, dentist,</p>	N0558	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p>	2022-11-06

chiropractor, podiatrist, or optometrist orders (oral and written).

Based on record review and interview, the licensed practical nurse (LPN) failed to carry out physician orders in 2 of 2 active clinical records reviewed receiving LPN services. (#1, 4)

The findings include:

1. Review on 10/7/2022, of an agency policy revised 4/9/2021, titled "Home Health Certification and Plan(s) of Care" stated, "... The Home Health Certification and Plan of Care (485) is the ordering practitioner's order for home care services...."

2. Clinical record review on 10/6/2022, for Patient #1, start of care 5/1/2020, evidenced an agency document titled "Plan of Care" for certification period 8/19/2022-10/17/2022. Review indicated the physician was to be notified for a systolic blood pressure (the pressure against the arteries when the heart is contracting, indicated by the top number) greater than 140 and less than 80 and a diastolic

### **N0558-Scope of Services**

LPN # 1- Clinical supervisor provided 1:1 education to LPN on 10/25/2022

LPN#2- Clinical supervisor provided 1:1 education to LPN on 10/25/2022

This 1:1 education was provided as evidence by logging in personnel files

Administrator educated 100% of skilled nurses on the requirement for wound assessment for completion to include, but not be limited to, individualized treatments to be provided, diagnoses, frequency of services, medication and goals for accuracy and following the plan of care, including appropriate physician notification. This education will include the review of the following policies:

- Policy CL 002- Medical Record content and requirements
- Policy CL 004- Assessment
- Policy CL 009- Confirmation of Supplemental Physician

<p>blood pressure (the pressure against the arteries when the heart is at rest) greater than 90 and less than 60 sustained for 5 minutes.</p> <p>Review of agency documents titled "Nursing Flow Sheet", completed by LPN #1, indicated the blood pressure was 124/89 on 9/15/2022, 114/51 on 9/16/2022, 143/95 on 9/19/2022, 123/90 on 9/21/2022, 133/94 on 9/24/2022, 138/97 on 9/26/2022, and 130/84 on 9/29/2022. Review failed to evidence the blood pressure returned to within normal parameters within 5 minutes and failed to evidence the LPN notified the physician as ordered.</p> <p>3. Clinical record review on 10/4/2022, for Patient #4, start of care 5/24/2021, evidenced an agency document titled "Plan of Care" for certification period 9/16/2022-11/14/2022. Review indicated the physician should be notified for a systolic blood pressure greater than 140/90 and a pulse less than 60 beats per minute (bpm).</p> <p>Review of agency documents</p>		<p>Orders</p> <ul style="list-style-type: none"> <li>· Policy CL 010- Processing of Physician orders</li> <li>· Policy CL 027 -Wound Care</li> <li>· Policy MM 001- Medication Profile</li> </ul> <p>This education was provided to allskilled caregivers via email/mailer on 10/26/2022 as evidenced by the signededucation acknowledgement, electronic or verbal acknowledgement. Thisacknowledgement will be completed by November 6, 2022</p> <p>2. Beginning 10/24/2022, the clinical supervisorwill review 100% of weekly skilled wound care documentation to ensure theassessments include accurate wound assessment and appropriate notification tothe physician has been completed according to the plan of care. This audit will be completed within 30 <a href="#">days</a>.</p> <p>4. 10 Medical Records or 10%, whichever isgreater, of the active patient census will be reviewed by the Clinical</p>	
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	<p>titled "Nursing Flow Sheet", completed by LPN #2, indicated the patient had a pulse of 56 bpm on 8/25/2022, 52 bpm on 8/29/2022, 50 bpm on 8/30/2022 and 9/12/2022, and 52 bpm on 9/8/2022. Review indicated the patient had a blood pressure of 142/68 on 9/6/2022. Review failed to evidence the LPN notified the physician as ordered.</p> <p>4. During an interview on 10/7/2022, at 3:08 PM, the administrator indicated the nurse should have notified the physician and should document the notification in the nurse's note.</p>		<p>a quarterly basis to ensure assessments are completed accurately and the ordering practitioner has been notified according to the plan of care.</p> <p>Responsible Party: Administrator</p>	
N0584	<p>Scope of Services</p> <p>410 IAC 17-14-1(g)</p> <p>Rule 14 Sec. 1(g) Home health aides shall be supervised by a health care professional to ensure competent provision of care. Supervision of services must be within the scope of practice of the health care professional providing the supervision.</p> <p>Based on record review and interview, the agency failed to ensure the home health aides were supervised to ensure care was</p>	N0584	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p> <p><b>N0584- Scope of Services</b></p> <p>1. Administrator educated 100% of clinical supervisors on the requirement to evaluate</p>	2022-11-06

provided to meet the patient's needs in 2 of 2 active clinical records reviewed with home health aide services. (#1, 5)

The findings include:

1. Review on 10/7/2022, of an agency policy revised 7/1/2022, titled "Supervision of Patient Care" stated, "... The Registered Nurse (RN) ... will evaluate the patient care needs through on-site supervisory visits and medical record review to ensure that the plan of care meets the patient's needs...."

2. Clinical record review on 10/6/2022, for Patient #1, start of care 5/1/2020, evidenced an agency document titled "Plan of Care" for certification period 8/19/2022-10/17/2022. Review indicated the patient's primary diagnosis was quadriplegia (paralysis of upper and lower limbs) and indicated ambulation was a functional limitation. Review indicated the patient had a suprapubic catheter (a surgically inserted tube into the bladder through the abdomen to drain urine from the body). Review indicated the home health aide was to provide care

the patient care needs through on-site supervisory visits and medical [record](#) review to ensure that the plan of care meets the patient needs, including but not limited to the following policies:

- Policy CL 001 Scope of Services
- Policy CL 002- Medical Record content and requirements
- Policy CL 004- Assessment
- Policy CL 008- Home Health Aide Plan of Care
- Policy CL 012 Ongoing Evaluation
- Policy CL 017 Supervision of Patient Care
- Policy CL 028 Reassessments Recertification

This education was provided to all clinical supervisors on 10/25/2022 and 10/26/2022 as evidenced by the signed education acknowledgement

2. The Clinical Supervisor will review 100% HHA care plans and medical record review

exactly as written/assigned on the Aide Care Plan. Review of an agency document titled "Aide-Care Plan" last reviewed 8/3/2021, indicated the home health aide was to provide catheter care, hair care, mouth care, skin care, nail care, and assist with dressing every day. Review of agency documents titled "Aide Weekly Note" indicated the home health aide assisted the patient with ambulation on 8/20/2022, 8/21/2022, 8/27/2022, 8/28/2022, 9/3/2022, 9/4/2022, 9/10/2022, 9/11/2022, 9/17/2022, 9/18/2022, and 9/21/2022. Review failed to evidence the home health aide was directed to assist with ambulation. Review failed to evidence the home health aide provided catheter care on 9/17/2022, 9/18/2022, and 9/21/2022 and failed to provide hair care, mouth care, nail care, and assist with dressing on 9/21/2022 as directed in the home health aide care plan.

Review of agency documents titled "Supervisory Visit" dated 8/30/2022, 9/13/2022, and 9/27/2022 indicated the employee documentation was

care provided meets the patient needs. This audit will be completed in 30 [days](#).

3. The clinical supervisor will review unskilled documentation weekly for 30 days to ensure the care provided meets the patient needs and has been completed according to the plan of care.

4. 10 Medical Records or 10%, whichever is greater, of the active patient census will be reviewed by the Clinical Manager or Clinical Designee on a quarterly basis to ensure the aide plan of care and documentation accurately reflects services ordered in the medical plan of care.

Responsible Party:  
Administrator

orders. Review failed to evidence the home health aide was supervised to ensure the home health aide provided care to meet the patient's needs.

3. Clinical record review on 10/4/2022, for Patient #5, start of care 7/2/2019, evidenced an agency document titled "Plan of Care" for certification period 8/15/2022-10/13/2022. Review indicated the home health aide was to provide care exactly as written/assigned on the Aide Care Plan. Review of an agency document titled "Aide-Care Plan" last dated 8/14/2019, indicated the home health aide was to reposition the patient daily; provide incontinent brief care, hair care, and nail care daily; and empty the catheter bag daily. Review of agency documents titled "Aide Weekly Note" indicated the home health aide failed to reposition the patient on 9/20/2022, 9/26/2022, 9/27/2022, and 9/28/2022; failed to provide incontinent brief care on 9/12/2022, 9/13/2022, 9/14/2022, 9/15/2022, 9/16/2022, 9/19/2022, 9/20/2022, 9/26/2022, 9/27/2022, 9/28/2022, and 9/29/2022; failed to provide hair

	<p>and nail care on 9/12/2022, 9/13/2022, 9/14/2022, 9/15/2022, 9/16/2022, 9/26/2022, 9/27/2022, 9/28/2022, and 9/29/2022; and failed to empty the catheter bag on 9/14/2022.</p> <p>Review of an agency document titled "Supervisory Visit" dated 9/23/2022, indicated the employee documentation was consistent with plan of care and orders. Review failed to evidence the home health aide was supervised to ensure the home health aide provided care to meet the patient's needs.</p> <p>4. During an interview on 10/7/2022, at 12:32 PM, the administrator indicated the case manager completes chart audits and home health aides should be re-educated to follow the care plan if the home health aide's documentation does not follow the care plan.</p>			
N0608	<p>Clinical Records</p> <p>410 IAC 17-15-1(a)(1-6)</p> <p>Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient</p>	N0608	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p>	2022-11-06

as follows:

- (1) The medical plan of care and appropriate identifying information.
- (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist.
- (3) Drug, dietary, treatment, and activity orders.
- (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days.
- (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care.
- (6) A discharge summary.

Based on record review and interview, the agency failed to ensure the clinical record included a transfer and discharge summary for 1 of 2 closed records reviewed. (#6)

The findings include:

## **N0608- ClinicalRecords**

Patient #6- Discharge summary was completed on 8/12/2022  
asevidence by Clinical supervisor electronic signature

Administrator/Clinical Manager educated 100% ofclinical supervisors on the requirement and policy to complete a transfer andddischarge summary via the following policies:

- CL\_020.4 Transfer Referral Criteria and Process
- CL\_013 Discharge

This education was provided to allclinical supervisors on 10/25/2022 and 1/26/2022 as evidenced by the signededucation acknowledgement

2. Administrator will review 100% of clinical supervisor documentationweekly for 30 days to ensure completion of transfer and/or discharge summaryper policy.

3. 10 Medical Records or 10%, whichever is greater, of theactive patient census will be

	<p>Review on 10/7/2022, of an agency policy revised 10/21/2021, titled "Patient/Client Record: Content and Requirements" stated, "... The contents of the patient/client record may include (as applicable), but is not limited to the following: ... Transfer and/or discharge summary ....</p> <p>Clinical record review on 10/7/2022, for Patient #6, start of care 6/24/2020, evidenced an agency document titled "Update Hold" dated 7/26/2022, which indicated the patient was transferred to an in-patient respite facility while the patient's family was on vacation with an estimated return date of 8/9/2022. Review failed to evidence a transfer summary. Review indicated on 8/12/2022 the patient did not contact the office to resume services after in-patient respite stay. Review indicated the plan of care expired on 8/12/2022 and the patient was discharged. Review failed to evidence a discharge summary.</p> <p>During an interview on 10/7/2022, at 11:18 AM, the administrator indicated she did</p>		<p>Manager or ClinicalDesignee on a quarterly basis to ensure transfer and/or discharge summary hasbeen completed, if applicable</p> <p>Responsible Party: Administrator</p>	
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	not have a transfer and discharge summary.			
N0610	<p>Clinical Records</p> <p>410 IAC 17-15-1(a)(7)</p> <p>Rule 15 Sec. 1. (a)(7) All entries must be legible, clear, complete, and appropriately authenticated and dated. Authentication must include signatures or a secured computer entry.</p> <p>Based on record review and interview, the agency failed to ensure the entries into the clinical record were accurate and complete to include the clinician's title in 3 of 5 active clinical records reviewed. (#1, 2, 5)</p> <p>The findings include:</p> <p>1. Review on 10/7/2022, of an agency policy revised 10/21/2021, titled "Patient/Client Record: Content and Requirements" stated, "... Documentation Guidelines: ... Signature shall reflect ... title/credential ... correct an error in charting ..."</p> <p>2. Clinical record review on 10/6/2022, for Patient #1, start</p>	N0610	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p> <p><b>N0610- ClinicalRecords</b></p> <p>Administrator/Clinical Manager educated 100% of skilled and unskilled caregivers on the requirement that all <a href="#">entries</a> into the clinical record are accurate and complete to include the clinician's title</p> <p>HHA#1 Education was provided on 10/31/2022</p> <p>Patient #2– skilled nurse was educated on 10/28/2022</p> <p>Patient #5– HHA #2 education was provided on 10/31/2022</p> <p>This education will include the review of the following policies:</p> <ul style="list-style-type: none"> <li>Policy CL 002- Medical</li> </ul>	2022-11-06

<p>of care 5/1/2020, evidenced an agency document titled "Aide Weekly Note" completed by Home Health Aide (HHA) #1 and dated 9/18/2022, which failed to include the clinician's title.</p> <p>3. Clinical record review on 10/6/2022, for Patient #2, start of care 8/3/2022, evidenced an agency document titled "Nursing Flow Sheet" completed by the registered nurse and dated 9/28/2022. Review indicated the patient's temperature was 87.7 degrees Fahrenheit.</p> <p>During an interview on 10/7/2022, at 3:06 PM, the administrator indicated the temperature documented was an error.</p> <p>4. Clinical record review on 10/4/2022, for Patient #5, start of care 7/2/2019, evidenced agency documents titled "Aide Weekly Note" completed by HHA #2 and dated 9/12/2022, 9/13/2022, 9/14/2022, 9/15/2022, 9/16/2022, 9/19/2022, 9/20/2022, 9/26/2022, 9/27/2022, 9/28/2022, and 9/29/2022, which failed to evidence the</p>		<p>Record content and requirements</p> <p>Ahe Administrator provided education to 100% of skilled caregivers via email/mailer on 10/26/2022 as evidenced by the signed education acknowledgement, electronic or verbal acknowledgement.</p> <p>This education will include the review of the following policies:</p> <p>§ Policy CL 002- Medical Record content and requirements</p> <p>2. The clinical supervisor will review documentation weekly for 30 days to ensure entries into the clinical record are accurate and complete to include the clinician's title</p> <p>3. 10 Medical Records or 10%, whichever is greater, of the active patient census will be reviewed by the Clinical Manager or Clinical Designee on a quarterly basis to ensure entries into the clinical record are accurate and complete to include the clinician's title</p> <p>Responsible Party: Administrator</p>	
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	<p>title of the clinician.</p> <p>5. During an interview on 10/7/2022, at 12:34 PM, the administrator indicated the clinical documents should include the title of the clinician completing the document.</p>			
N9999	<p>Final Observations</p> <p>Review of Indiana Code 16-27-2.5 stated "... Section 2.(b) A home health agency shall randomly test: (1) at least fifty percent (50 %) of the home health agency's employees who: (A) have direct contact with patients; and (B) are not licensed by a board or commission under IC 25; at least annually; or (2) when the home health agency has reasonable suspicion that an employee is engaged in the illegal use of a controlled substance...."</p> <p>Based on record review and</p>	N9999	<p><i>By submitting this POC the agency does not admit the allegations in the survey report or that it the survey report or that it violated any regulations. The agency is submitting this POC in response to its regulatory obligations and commitment to compliance. The agency further reserves the right to contract any alleged findings. Conclusions and deficiencies. The agency intends to request that this POC service as its Credible Allegation of Compliance.</i></p> <p><b>N9999- FinalObservations</b></p> <p>1. The administrator provided education to all internalteam members on the Indiana state requirement"Indiana Code 16-27-2.5" that at least fifty percent (50 %) of the agency'sunlicensed employees who have direct contact with patients are randomlyselected for drug screening. This education was completed on 10/28/2022 and10/31/2022. As evidenced by meeting minutes and signed acknowledgement.</p> <p>2. The Field Support Manager will run an active</p>	2022-11-06

agency failed to randomly drug tested at least 50% of the unlicensed employees with direct patient contact.

The findings include:

Review on 10/7/2022, of an agency policy revised 7/8/2019, titled "Substance Abuse Policy" stated, "... The Company reserves the right to conduct random, job-related drug testing on all covered employees, consistent with applicable federal and state law...."

Review on 10/6/2022, of an agency document titled "Drug Screen Info" indicated the agency had 51 unlicensed staff with direct patient care employed from 7/1/2020 to 6/30/2021. Review indicated 8 unlicensed staff with direct patient care had a random drug test completed from 7/1/2021 to 6/30/2022. Review failed to evidence the agency randomly drug tested 50% of their unlicensed staff with direct patient care.

During an interview on 10/6/2022, at 1:28 PM, Administrative Staff #3

unlicensed census at least annually to determine required sample size.

Ongoing monthly the Field Support Manager will track completed drug screens of the determined percentage of employees to meet the required fifty percent (50%).

3. The Clinical Manager or Designee on a quarterly basis will review active unlicensed census and to ensure the agency is meeting the fifty percent (50%) required drug screens.

Responsible Party: Administrator

51 unlicensed staff with direct patient care from 7/1/2020 to 6/30/2021 and randomly drug tested 8 unlicensed staff with direct patient care from 7/1/2021 to 6/30/2022.

During an interview on 10/6/2022, at 1:28 PM, the administrator indicated she was aware by state rules the agency should have randomly tested 50% of unlicensed staff with direct patient care and indicated the agency randomly tested 38%.

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  
Sandy Gibson

TITLE  
Administrator

(X6) DATE  
11/1/2022 2:16:32 PM