

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  201008780	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  12/14/2022	
NAME OF PROVIDER OR SUPPLIER  PEDIATRIC PLUS HOME HEALTHCARE SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  925 MAIN STREET, JEFFERSONVILLE, IN, 47130		
(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 visit was for a State Re-licensure Survey of a Home Health Agency.</p> <p>Survey Dates: December 8th, 9th, 12th, 13th, &amp; 14th of 2022.</p> <p>Facility ID: 012370</p> <p>Active census: 40</p>	N0000		2023-01-12
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal and State Re-licensure Survey of a Home Health Agency.</p> <p>Survey Dates: December 8th, 9th, 12th, 13th, &amp; 14th of 2022.</p> <p>Facility ID: 012370</p>	G0000		2023-01-12

	<p>Active census: 40</p> <p>The Survey was Partially Extended on 12/13/2022 at 10:00 a.m.</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Refer to state form for additional state findings.</p> <p>QR Completed 12/19/2022 A4</p>			
<p>N0488</p>	<p>Q A and performance improvement</p> <p>410 IAC 17-12-2(i) and (j)</p> <p>Rule 12 Sec. 2(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least fifteen (15) calendar days before the services are stopped.</p> <p>(j) The fifteen (15) day period described in subsection (i) of this rule does not apply in the following circumstances:</p> <p>(1) The health, safety, and/or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency continued to provide services to the patient.</p> <p>(2) The patient refuses the home health agency's services.</p> <p>(3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home</p>	<p>N0488</p>	<ol style="list-style-type: none"> <li>1. Transfer and Discharge notice updated to include patients' rights to a 15 day advance notice before services are stopped. The revised policy will be emailed to each current patient and a hard copy delivered during the next Plan of Care visit. (12/18/2022)</li> <li>2. To prevent the deficiency from reoccurring, all new patients will receive a copy of Transfer and Discharge Notice in the Agency's Admission Booklet. (12/18/2022)</li> <li>3. The Director of Clinical Services or designee will ensure all current patients have received a</li> </ol>	<p>2022-12-18</p>



	<p>A policy titled "Transfer and Discharge" was provided by the Governing Body Chairman on 12/13/2022 at 9:47 a.m. The document failed to indicate the patient's right to receive a 15-day notice prior to discharge.</p> <p>During an interview on 12/13/2022 at 10:11 a.m. the Governing Body Chairman stated the policy did not state how much notice would be provided prior to discharge and did not state a 15-day notice would be given.</p>			
<p>G0574</p>	<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> <ul style="list-style-type: none"> <li>(i) All pertinent diagnoses;</li> <li>(ii) The patient's mental, psychosocial, and cognitive status;</li> <li>(iii) The types of services, supplies, and equipment required;</li> <li>(iv) The frequency and duration of visits to be made;</li> <li>(v) Prognosis;</li> <li>(vi) Rehabilitation potential;</li> <li>(vii) Functional limitations;</li> <li>(viii) Activities permitted;</li> </ul>	<p>G0574</p>	<ol style="list-style-type: none"> <li>1. Hospital/Readmission Risk Form developed and all patients were assessed for Hospitalization Risk. Assessment/Hospitalization Readmission (1/12/2023)</li> <li>2. Individual Plan of Care for all patients was addressed to reflect Patient's Risk for Emergency Room Visits and Hospital Readmissions with all necessary interventions addressing the underlying risk factor.</li> </ol>	<p>2023-01-12</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 agency failed to include each patient's specific risk for hospitalization/rehospitalization and the interventions to reduce the risk for 7 of 7 clinical records reviewed (Patients 1, 2, 3, 4, 5, 6, and 7).</p> <p>Findings include:</p> <p>1. A policy titled "Plan of Care" was provided by the Governing Body Chair on 12/13/2022 at 9:53 a.m. The document indicated but was not limited to: "The individualized plan of care must include the following ...</p> <p>(xii) A description of the patient's risk for emergency</p>		<p>(1/12/2023) Assessment Form Attached</p> <p>3. To prevent recurrence of this regulation each Clinical Supervisor will be responsible for assessments being completed on all new admissions and readmissions. The Director of Clinical Services will monitor weekly compliance times 60 days then with each new admission. (1/12/2023)</p> <p>4. Correction date 1/12/2023</p>	
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readmission, and all necessary interventions to address the underlying risk factor.”

2. The clinical record for patient #1 for the certification period 11/24/2022 through 1/22/2022 was reviewed on 12/9/2022 and failed to include the patient’s risk for emergency room visits or re-hospitalization.

3. The clinical record for patient #2 for the certification period 10/06/2022 through 12/04/2022 was reviewed on 12/9/2022 and failed to include the patient’s risk for emergency room visits or re-hospitalization.

4. The clinical record for patient #3 for the certification period 10/16/2022 through 12/04/2022 was reviewed on 12/13/2022 and failed to include the patient’s risk for emergency room visits or re-hospitalization.

5. The clinical record for patient #4 for the certification period 10/09/2022 through 12/07/2022 was reviewed on 12/12/2022 and failed to include the patient’s risk for emergency room visits or re-hospitalization.

6. The clinical record for patient #5 for the certification period 10/14/2022 through 12/12/2022 was reviewed on 12/12/2022 and failed to include the patient's risk for emergency room visits or re-hospitalization.

7. The clinical record for patient #6 for the certification period 08/03/2022 through 10/01/2022 was reviewed on 12/09/2022 and failed to include the patient's risk for emergency room visits or re-hospitalization.

8. The clinical record for patient #7 for the certification period 11/27/2022 through 1/25/2022 was reviewed on 12/9/2022 and failed to include the patient's risk for emergency room visits or re-hospitalization.

9. During an interview on 12/13/2022 the Governing Body Chair stated that the hospitalization risk was built in based on all the risks listed throughout but there was not a specific emergency room risk and rehospitalization section specifically on the plan of care.

410 IAC 17-13-1(a)(1)(D)(xiii)

<p>G0687</p>	<p>COVID-19 Vaccination of Home Health Agency staff</p> <p>484.70 (d)-(d)(3)(i-x)</p> <p>§ 484.70 Condition of Participation: Infection Prevention and Control.</p> <p>(d) Standard: COVID-19 Vaccination of Home Health Agency staff. The home health agency (HHA) must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>(1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following HHA staff, who provide any care, treatment, or other services for the HHA and/or its patients:</p> <ul style="list-style-type: none"> <li>(i) HHA employees;</li> <li>(ii) Licensed practitioners;</li> <li>(iii) Students, trainees, and volunteers; and</li> <li>(iv) Individuals who provide care, treatment, or other services for the HHA and/or its patients, under contract or by other arrangement.</li> </ul> <p>(2) The policies and procedures of this section do not apply to the following HHA staff:</p> <ul style="list-style-type: none"> <li>(i) Staff who exclusively provide telehealth or telemedicine services outside of the settings where home health services are directly provided to patients and who do not have any direct contact with patients, families, and caregivers, and other staff specified in paragraph (d)(1) of this section; and</li> </ul>	<p>G0687</p>	<ol style="list-style-type: none"> <li>1. Facility audited and reviewed all non-vaccinated staff for Covid-19 series, 1 dose, and waivers. Covid-19 Policy revised. (12/20/2022)</li> <li>2. Non-vaccinated staff will be required to complete assessment on self and document findings in Axxess prior to start of shift. Staff not vaccinated are required to wear a mask at all times when providing care to patients. If assessment is positive for any reason, the employee is required to contact his/her Clinical Supervisor and arrange for time off caring for patients. A Covid-19 test will be required before being able to return to work. (12/20/2022)</li> <li>3. Clinical Supervisors will monitor Monday thru Friday and on-call nurse will monitor on weekends and holidays for compliance. (12/20/2022)</li> <li>4. Director of Clinical</li> </ol>	<p>2022-12-20</p>
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(ii) Staff who provide support services for the HHA that are performed exclusively outside of the settings where home health services are directly provided to patients and who do not have any direct contact with patients, families, and caregivers, and other staff specified in paragraph (d)(1) of this section.

(3) The policies and procedures must include, at a minimum, the following components:

(i) A process for ensuring all staff specified in paragraph (d)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the HHA and/or its patients;

(ii) A process for ensuring that all staff specified in paragraph (d)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;

(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;

(iv) A process for tracking and securely

Services will present compliance and noncompliance with interventions monthly with Administrator or designee, QAPI team, and at Quarterly QA Meeting. (12/20/2022)

of all staff specified in paragraph (d)(1) of this section;

(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;

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

(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the HHA has granted, an exemption from the staff COVID-19 vaccination requirements;

(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains

(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and

(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the HHA's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;

(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and

(x) Contingency plans for staff who are not fully vaccinated for COVID-19.

Based on record review and interview the agency failed to ensure additional mitigation efforts were enforced for unvaccinated employees to prevent the spread of COVID-19 for 3 of 3 unvaccinated employees reviewed. (RN 3, LPN 8, and LPN 31).

Findings include:

A policy titled "COVID Policy" was provided by the Governing Body Chairman on 12/13/2022 at 9:47 a.m. The policy indicated, but was not limited to: "The Director of Clinical Services shall have overall responsibility for the COVID-19 vaccination program for staff, including ... Control measure if staff are not vaccinated (i.e., use of Standard and Transmission-based Precautions)."

During an interview on 12/13/2022 at 10:00 a.m., the Governing Body Chairman stated they follow the CDC (Centers for Disease Control) guidelines, and all staff are provided masks but not required to wear them. He stated there were no specific additional measures above the measures required of vaccinated employees that are required of the unvaccinated employees.

410 IAC 17-12-1(m)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 5E6D3-H1	Facility ID: 012370

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

Donald Dennis

CEO

12/22/2022 1:37:37 PM