

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K153	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/08/2023	
NAME OF PROVIDER OR SUPPLIER AM - PM HOME HEALTH SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3906 W 86TH STREET, INDIANAPOLIS, IN, 46268		
(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
E0000	<p>Initial Comments</p> <p>An Emergency Preparedness follow-up survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102, for a Medicare and Medicaid participating non-deemed Home Health Agency.</p> <p>Dates of Survey: 06-07-2023 and 06-08-2023</p> <p>Census: 19</p> <p>Unduplicated Skilled Admissions: 43</p> <p>AM-PM Home Health Services LLC was found to be in compliance with the requirements of Emergency Preparedness for Medicare and Medicaid providers and suppliers at 42 CFR 484.102.</p> <p>QR completed on 6/12/2023 by</p>	E0000		

	A3.			
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a first revisit of a Home Health Provider, to conduct a Post Condition Revisit (PCR) survey. On 04-24-2023 at 10:36 AM, the Administrator/Clinical Manager was informed that the survey was fully extended.</p> <p>Survey Dates: 06-07-2023 and 06-08-2023</p> <p>Census: 19</p> <p>Unduplicated Skilled Patients: 43</p> <p>AM PM Home Health Services continued to be out of compliance with Conditions of Participation: Care Planning, Coordination of Services, and Quality of Care, 484.60.</p> <p>Condition-level deficiencies were identified during April 24, 2023, survey, in which your agency was subject to a fully extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act.</p> <p>Condition-level deficiencies were also cited during this fully extended PCR survey on</p>	G0000	<p>AM-PM Home Health Services, LLC is submitting the following Plan of Correction in response to the 2567 issued by ISDH and/or CMS as it is required to do by applicable state and federal regulations. The submission of this Plan of Correction is not intended as an admission, does not constitute an admission by and should not be construed as an admission by AM-PM Home Health Services, LLC that the findings and allegations contained herein are accurate and true</p> <p>representations of the quality of care and services provided to patients of the Agency. AM-PM Home Health Services, LLC desires this Plan of Correction to be considered our Allegation of Compliance.</p>	

	<p>06-08-2023. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency continues to be precluded from operating or being the site of a home health aide training, skills competency, and/or competency evaluation program for a period of two years beginning April 24, 2023, and continuing through April 24, 2025.</p> <p>QR completed on 06/12/2023 by A3.</p>			
G0570	<p>Care planning, coordination, quality of care</p> <p>484.60</p> <p>Condition of participation: Care planning, coordination of services, and quality of care.</p> <p>Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in</p>	G0570	<p>Director of Nursing will in-service nurses on requirements for the plan of care to include patient specific goals and information to be accurate based on assessed needs/documentation by 6/9/2023.</p> <p>Director of Nursing/designee will audit all active patient plans of care. Any plan that is missing required elements including patient specific goals or has incorrect information will be revised on the current plan of care (if recertification due) or a case conference note (for</p>	2023-07-07

accordance with accepted standards of practice.

Based on record review and interview, the agency failed to ensure patients had an individualized plan of care as noted in 7 of 7 clinical records reviewed. The records failed to provide patient-specific interventions, education, and measurable outcomes and goal (G574). (Patient #1, 2, 3, 4, 5, 6, and 7)

The cumulative effects of these systemic problems resulted in the home health agency's inability to ensure the provision of quality health care in a safe environment for the Condition of Participation of 42 CFR 484.60, Care Planning, Coordination of Care, and Quality of Care.

410 IAC 17-13-1 (a)

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recertifications not currently due) and indicated as "updated clinical summary," and will be sent to MD for notification by 7/7/2023.

If a current plan of care is revised Director of Nursing will ensure a revised copy is placed in patient's home folder and this will be documented in patient chart.

Director of Nursing will in-service nurses on requirement to provide patient with a new plan of care anytime revisions are made to the current plan of care 6/9/2023.

Director of Nursing/designee will review all plans of care submitted weekly to ensure they contain all required elements and that plan is accurate based on assessed needs/documentated information. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going)

Governing Body will review all audit reports weekly until all current patient plans of care have been audited and revised as needed.

			<p>Once all current plans of care have been audited Governing Body will review audit reports quarterly to ensure compliance is maintained. (On-going)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	
G0574	<p>Plan of care must include the following</p> <p>484.60(a)(2)(i-xvi)</p> <p>The individualized plan of care must include the following:</p> <ul style="list-style-type: none"> (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (xii) A description of the patient's risk for emergency department visits and hospital 	G0574	<p>Director of Nursing will in-service nurses on requirements for the plan of care to include patient specific goals and information to be accurate based on assessed needs/documentation by 6/9/2023.</p>	2023-07-07

re-admission, and all necessary interventions to address the underlying risk factors.

(xiii) Patient and caregiver education and training to facilitate timely discharge;

(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;

(xv) Information related to any advanced directives; and

(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.

Based on record review and interview, the agency failed to ensure the patients' plans of care had patient-specific goals for 7 of 7 clinical records reviewed. (Patient: 1,2,3,4,5,6 and7)

Findings Include:

1. On 06-08-2023 at 12:27 PM, the Administrator provided an undated policy titled "Plan of Care." The policy indicated but was not limited to, " ... The Plan of Care is based on a comprehensive assessment and information provided by the client/family and health team members ... agency staff to develop a plan of care individualized to meet specific identified needs... n. medical supplies and equipment required ... q. treatment goals ... "

2. On 06-07-2023 at 1:30 PM,

Director of Nursing/designee will audit all active patient plans of care. Any plan that is missing required elements including patient specific goals or has incorrect information will be revised on the current plan of care (if recertification due) or a case conference note (for recertifications not currently due) and indicated as "updated clinical summary," and will be sent to MD for notification by 7/7/2023.

If a current plan of care is revised Director of Nursing will ensure a revised copy is placed in patient's home folder and this will be documented in patient chart.

Director of Nursing will in-service nurses on requirement to provide patient with a new plan of care anytime revisions are made to the current plan of care 6/9/2023.

Director of Nursing/designee will review all plans of care submitted weekly to ensure they contain all required elements and that plan is accurate based on assessed needs/documented information. Once 100% compliance is

Patient #2, it was evidenced in the clinical record a plan of care (POC) with a start of care (SOC) date of 09-29-2022 and a certification period of 05-27-2023 to 07-25-2023. The POC indicated but was not limited to, diagnoses of Moderate persistent asthma (a condition that causes wheezing and breathlessness), Bilateral primary osteoarthritis of the knee (a condition where the bones in both knees were breaking down), Type 2 Diabetes Mellitus with other diabetic arthropathies (chronic condition where the body does not process sugar properly), Localized swelling in bilateral lower limbs. The POC contained an orders and goals section that indicated but was not limited to, " ... Order: Skilled nursing to teach and instruct: Medication Safety... Goal: Patient will remain safe at home during plan of care ..." The goal failed to indicate how safety was assessed and the specific goal(s) for the patient to remain safe at home. "... Order: Skilled nursing to teach and instruct Emergency Information... Goal: Patient will remain safe at home during plan of care...". The goal failed to indicate how safety was

achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going)

Governing Body will review all audit reports weekly until all current patient plans of care have been audited and revised as needed.

Once all current plans of care have been audited Governing Body will review audit reports quarterly to ensure compliance is maintained. (On-going)

The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.

assessed and the specific goal(s) for the patient to remain safe at home. "... Order: Skilled nursing to assess and evaluate: Home Health Aide referral with MD (sic Doctor of Medicine) order... Goal: during plan of care...". The goal failed to indicate how safety was assessed and the specific goal(s) for the patient to remain safe at home. The POC included a clinical summary section that indicated the patient was 59 years old. According to Patient #2's date of birth, the patient was 60 years old. The POC failed to include accurate patient information and failed to include specific goals. The POC failed to include interventions and goals related to diagnoses of Diabetes Mellitus with other diabetic arthropathies. The clinical summary also indicated but was not limited to, "... Pt (sic Patient) has moderate to severe pain due to OA (sic Osteoarthritis) and bilateral leg swelling...". The POC failed to include interventions and goals related to pain for the listed diagnoses.

3. On 06-08-2023 at 12:00 PM, during the record review of Patient #4, it was evidenced in

the clinical record that a POC with a SOC of 07-23-2023 and a certification period of 05-09-2023 to 07-07-2023. The POC indicated but was not limited to, diagnoses of Fibromyalgia (a chronic condition that causes pain throughout the body), Orthostatic Hypotension (a condition where the blood pressure drops when a person stands up from a sitting or lying position), Type 2 Diabetes Mellitus (chronic condition where the body does not process sugar properly), hypertension (high blood pressure). The POC contained an orders and goals section that indicated but was not limited to, "... Order: Skilled nursing to assess and evaluate: Patient's pain level each visit... Goal: Patient/caregiver will verbalize understanding of measures to alleviate pain and factors that increase pain within cert (sic certification) period...". The goal failed to indicate how the pain was to be assessed. "... Order: Skilled nursing to teach and instruct: Signs and symptoms of hypo/hyperglycemia and appropriate actions to take... Goal: Patient/Caregiver will verbalize understanding about

Signs and symptoms of hypo/hyperglycemia and appropriate actions to take within cert period...". The goal failed to include parameters for hypo/hyperglycemia results. The POC failed to include interventions and goals related to the diagnoses of Orthostatic Hypotension and Hypertension.

4. On 06-07-2023 at 2:30 PM, during the record review of Patient #6, it was evidenced in the clinical record that a POC with a SOC of 07-02-2019 and a certification period of 06-11-2023 to 08-09-2023. The POC indicated but was not limited to, diagnoses of Arthrogryposis multiplex congenita (stiffness and muscle weakness in the body at birth). The POC contained an orders and goals section that indicated but was not limited to, "... Order: Skilled nursing to teach and instruct: Emergency Information ... Goal: Patient will remain safe at home during plan of care...". The goal failed to indicate how safety was assessed and the specific goal(s) for the patient to remain safe at home. "... Order: Skilled nursing to teach and instruct: Emergency Preparedness

Planning... Goal: Patient will remain safe at home during plan of care ...". The goal failed to indicate how safety was assessed and the specific goal(s) for the patient to remain safe at home. The POC included a clinical summary section that indicated the patient was 24 years old. According to Patient #6's date of birth, the patient was 25 years old. The POC failed to include accurate patient information and failed to include specific goals. The POC failed to include interventions and goals related to the diagnoses of Arthrogryposis multiplex congenita.

5. On 06-08-2023 at 2:00 PM, during the record review of Patient #7, it was evidenced in the clinical record that a POC with a SOC of 10-07-2022 and a certification period of 06-04-2023 to 08-02-2023. The POC indicated but was not limited to, diagnoses of Chronic respiratory failure with hypoxia (a condition where there is not enough oxygen in the tissues of the body), gait and mobility abnormalities, Morbid obesity with alveolar hypoventilation (a condition where the individual

sleep), Bipolar disorder (a mental illness that causes drastic shifts in mood, energy, and concentration), and Type 2 Diabetes Mellitus without complications (a chronic condition where the body does not process sugar properly). The POC contained an orders and goals section that indicated but was not limited to, "... Order: Skilled nursing to teach and instruct: Emergency Preparedness Planning... Goal: Patient will remain safe at home during plan of care...". The goal failed to indicate how safety was assessed and the specific goal(s) for the patient to remain safe at home. "...Order: Skilled nursing to teach and instruct: Infection control/precautions, Universal Precautions... Goal: Patient will remain safe at home during plan of care...". The goal failed to indicate how safety was assessed and the specific goal(s) for the patient to remain safe at home. The POC failed to include interventions and goals related to diagnoses of Chronic respiratory failure with hypoxia, gait and mobility abnormalities, Morbid obesity with alveolar hypoventilation, Bipolar disorder, and Type 2 Diabetes Mellitus without complications.

N0000	Initial Comments	N0000	AM-PM Home Health Services, LLC is submitting the following Plan of Correction in response to the 2567 issued by ISDH and/or CMS as it is required to do by applicable state and federal regulations. The submission of this Plan of Correction is not intended as an admission, does not constitute an admission by and should not be construed as an admission by AM-PM Home Health Services, LLC that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to patients of the Agency. AM-PM Home Health Services, LLC desires this Plan of Correction to be considered our Allegation of Compliance.	
	<p>This visit was for a Post Condition Revisit of a Medicaid Home Health provider.</p> <p>Survey Dates: 06-07-2023 and 06-08-2023</p> <p>Census: 19</p> <p>Unduplicated Skilled Patients: 43</p> <p>QR completed on 06/12/2023 by A3.</p>			
N9999	Final Observations	N9999	The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	2023-07-07
	<p>This visit was for a Post Condition Revisit Survey of a Home Health Provider.</p> <p>Survey Dates: 06-07-2023 and 06-08-2023</p>			

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Unduplicated Census 43

During this survey, AM-PM
Home Health Services LLC was
found to have corrected Indiana
Code 16-27-2.5.

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

Tonisha Harrington

TITLE

RN Administrator

(X6) DATE

7/13/2023 1:59:47 PM