

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157685	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  06/30/2023	
NAME OF PROVIDER OR SUPPLIER  BAYADA PEDIATRICS		STREET ADDRESS, CITY, STATE, ZIP CODE  2415 DIRECTORS ROW SUITE H, INDIANAPOLIS, IN, 46241		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G0000	<p>INITIAL COMMENTS</p> <p>This was a Post-Condition revisit for a Deemed Home Health Care Provider complaint survey conducted on 05/22/23 and 05/23/2023.</p> <p>Complaint # 98595: Condition Level Findings</p> <p>Survey Dates: 06/28/2023, 06/29/2023, and 06/30/2023</p> <p>At this Post Condition Revisit Survey, 2 previous conditions and 2 deficiencies were corrected and 3 new deficiencies were cited.</p> <p>Bayada Pediatrics continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning 05/23/23 to 05/22/25.</p>	G0000		

	<p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p> <p>QR by Area 3 on 7-19-2023</p>			
G0946	<p>Administrator appointed by governing body</p> <p>484.105(b)(1)(i)</p> <p>(i) Be appointed by and report to the governing body;</p> <p>Based on record review and interview, the facility failed to ensure the administrator reported directly to the facility's Governing Body, for 1 of 1 home health agency administrator.</p> <p>Findings include:</p> <p>1. A review of agency policy 0-523, "Ownership, Governance, and Administration: BAYADA Home Health Care," last revised 08/15/22, indicated "BAYADA'S governing body is the Board of Directors ... " Section 3.1.2.1,</p>	G0946	<p>Based on deficiencies identified, the corrective actions are as follows:</p> <p>By 7/28/23, the forms and policies listed below were revised to clarify structure and mechanisms for administrator report to the governing body (Board of Directors). The revisions were approved based on agency policy:</p> <p>a) Policy 0-523 Ownership, Governance, and Administration: BAYADA Home Health Care – updated the standing committees of the board and added clarification that administrator reports activities and performance. The standing committees of the Board are chaired by members</p>	2023-08-04

<p>"Administrator," indicated the administrator must report to the governing body.</p> <p>2. A review of the Administrator's job description, signed 02/02/22, failed to indicate to whom the administrator reported.</p> <p>3. On 06/29/23 at 10:16 AM, the Administrator indicated the Board of Directors was the Governing Body. When asked for the names of the Board of Directors, the Administrator indicated he did not know the names of the members of the Board of Directors. When asked if he reported directly to the Board of Directors, the Administrator indicated there were several other people he reported to that were between the Administrator and the Board of Directors. When asked to whom he directly reported, the Administrator indicated he was unsure.</p> <p>On 06/29/23 at 2:40 PM, the Administrator stated, "I don't communicate directly with the Governing Body. I have several other leadership people." When asked for the names of the other leadership individuals the</p>	<p>of governing body (Board of Directors).</p> <p>b) Policy 0-9625, Administrator PositionDescription Supplement – Indiana – added reporting structure to governing body.</p> <p>Effective1-2-23, the organization's Articles of Incorporation state in Article VI,Governing Body, that the governing body is the Board of Directors. The Articlesof Incorporation are on file at the agency.</p> <p>On 7/20/2023, areport of agency's condition-level survey, corrective actions and status ofre-survey known to date was made to the governing body's Quality and Safety Committeeat the quarterly meeting/ The committee is chaired by a member of the governingbody.</p> <p>By 7/28/2023,the agency's organization chart was updated to include a list of governing bodymembers and committee</p>	
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Administrator indicated he spoke with Corporate Staff 1 (Bayada Division Director).

410 IAC 17-12-1(b)(1)

chairpersons.

By 8/4/2023 the Director, Regulatory Support and Guidance, will conduct mandatory, comprehensive education for the administrator and alternate administrator. The curriculum includes the following:

- Review of governing body members and committee structure
- Instruction on revisions to Policy 0-523 Ownership, Governance, and Administration: BAYADA Home Health Care
- Instruction on administrators' reporting mechanisms and reports provided to the governing body
- Instruction on revisions made to Policy 0-9625, Administrator Position Description Supplement – Indiana

The agency will achieve 100%

			<p>ineducation.</p> <p>The Administrator has overall responsibility for implementation and oversight of the plan.</p>	
G0948	<p>Responsible for all day-to-day operations</p> <p>484.105(b)(1)(ii)</p> <p>(ii) Be responsible for all day-to-day operations of the HHA;</p> <p>Based on record review and interview, the agency failed to ensure the Administrator was responsible for all day-to-day activities of the agency, for 1 of 1 home health agency.</p> <p>Findings include:</p> <p>1. A review of agency policy 0-523, "Ownership, Governance, and Administration: BAYADA Home Health Care," last revised 08/15/23, failed to evidence the Administrator was responsible for the day-to-day activities of</p>	G0948	<p>Based on deficiencies identified, the corrective actions are as follows:</p> <p>By 7/28/23 the forms and policies listed below were revised to clarify structure and mechanisms for administrator's reporting to the governing body (Board of Directors). The revisions were approved based on agency policy:</p> <p>a) Policy 0-523 Ownership, Governance, and Administration: BAYADA Home Health Care – added responsibility for day-to-day activities of the agency to function of administrator.</p> <p>b) Policy 0-9625, Administrator Position Description Supplement – Indiana – added reporting structure to governing body.</p>	2023-08-14

the agency.

2. A review of agency policy 0-9625, "Administrator Position Description Supplement - Indiana," dated 09/2018, failed to evidence the Administrator was responsible for the day-to-day activities of the agency.

3. On 06/29/23 at 10:16 AM, the Administrator indicated he did not know the names of the Board of Directors and was unsure to whom he directly reported. When asked if the agency was deemed, the Administrator indicated he did not know.

On 06/29/23 at 9:28 AM, the Administrator was questioned concerning notification of the agency's relocation to the current address. When asked if he followed up concerning the agency's notification of relocation, the Administrator indicated he did not know the status of the notification at that time and stated, "We have a whole team that does that."

On 06/29/23 at 11:39 AM, the agency's admission packet was reviewed. The admission packet

c) Reviewed and recompiled the admission packet of this agency to ensure all required elements are present and accurate, and services not provided are removed.

By 7/28/2023, the agency's organization chart was updated to include a list of governing body members and committee chairpersons.

By 8/4/23, the Director, Regulatory Support and Guidance, will conduct mandatory, comprehensive education for the administrator and alternate administrator on responsibility for all day-to-day activities of the agency and Indiana state regulations 410 IAC 17: 17-12-1(b)(3) and (c)(1). The curriculum includes the following:

- Review of Organizational structure, governing body membership and committee structure

- Instruction on revised admission packet updated to accurately reflect services

Medicare, Personal Care Services, and Home Health Aide services and failed to include required admission information including, but not limited to, the Indiana Department of Health Toll Free Complaint Line phone number, and the OASIS (Outcome and Assessment Information Set) privacy notice. The admission packet also included Medicare information for pediatric patients referenced assessments done by therapists. The Administrator indicated he didn't know why Medicare was included in the pediatric admission information because Medicare isn't a pediatric payor source. The Administrator indicated he did not know the admission packet referenced therapy, the agency doesn't provide Medicare or therapy services, and doesn't provide Personal Care Services. The Administrator was also not aware of the missing Complaint Line phone number and OASIS privacy notice. The Administrator failed to ensure he was responsible for the day-to-day activities of the agency including, but not limited to, designated lines of authority, updated and correct agency admission information,

offered and required information and notices including review of OASIS Privacy Rights

- Review of Client Comment Form 0-576 as a required element of Admission Packets that includes contact information for administrator, contact information for filing a complaint to both the agency and Indiana Dept. of Health

- Instruction on responsibilities of administrator as specified in 484.105(b) and IAC 17-12-1(b)(3) and (c)(1)

- Instruction on acceptance of payors and circumstances as a Medicare Certified Provider

- Review of responsibility of the administrator on required notifications to the state agency including re-location.

Effective 8/14/23 for three (3) months, the Administrator/designee will conduct weekly record review of 100% of admissions to ensure clients received the required

	<p>updated services provided, reporting of complaints, and accepted payors.</p> <p>IAC 17-12-1(b)(3)</p> <p>IAC 17-12-1(c)(1)</p>		<p>admission documents and information as evidenced by the executed Client Agreement Form. The agency will achieve 100% compliance.</p> <p>The Administrator has overall responsibility for implementation and oversight of the plan.</p>	
G0978	<p>Must have a written agreement</p> <p>484.105(e)(2)(i-iv)</p> <p>An HHA must have a written agreement with another agency, with an organization, or with an individual when that entity or individual furnishes services under arrangement to the HHA's patients. The HHA must maintain overall responsibility for the services provided under arrangement, as well as the manner in which they are furnished. The agency, organization, or individual providing services under arrangement may not have been:</p> <p>(i) Denied Medicare or Medicaid enrollment;</p> <p>(ii) Been excluded or terminated from any federal health care program or Medicaid;</p> <p>(iii) Had its Medicare or Medicaid billing privileges revoked; or</p> <p>(iv) Been debarred from participating in any government program.</p> <p>Based on record review and interview, the agency failed to ensure the written agreement for home health aide services under arrangement indicated</p>	G0978	<p>Based on deficiencies identified, the corrective actions are as follows:</p> <p>By 7/28/23, revisions were made to the policies and forms applicable to contracts where the agency is engaging the services of an outside provider under arrangement to provide care to the agency's clients. The revisions were approved based on agency policy:</p>	2023-08-25



health agency and maintained overall responsibility for the services provided, for 1 of 1 home health agency.

Findings include:

A review of agency policy 0-664, "Contract Management - Insurance and Supplemental, Facility, and Staffing Contracts," revised 06/15/22, indicated "Our Policy: BAYADA Home Health Care has procedures for the negotiation, management, and renewal of clinical service agreements." The policy failed to evidence the written agreement was required to indicate BAYADA was the primary agency and maintained overall responsibility for services provided.

A review of the Home Health Aide Service Agreement with Entity B (a home health agency), signed by the Administrator on 11/01/22, indicated, but was not limited to, " ... Agency [Entity B] is willing to provide supplemental staffing services ... upon the request of BAYADA in

· Policy 0-965, Subcontracted Services – added statement that written agreements are required to indicate the agency is the primary agency and maintains overall responsibility for the services provided.

· 0-308 Nursing/Home Health Aide Service Agreement– edited to clarify that agency is the primary agency and maintains overall responsibility for the services provided.

By 8/4/2023 the Director, Regulatory Support and Guidance, will conduct mandatory, comprehensive education for the administrator and alternate administrator. The curriculum includes the following:

· Instruction on federal regulation 484.105(e)(2)(i-iv) and state regulation 410 IAC 17-12-2(d)

· Instruction on revisions made to policy 0-965, Subcontracted Services – added statement that written agreements are required to

Article 1, section A indicated the nature and scope of services to be provided by Entity B were Home Health Aide services. The Home Health Aide Service Agreement with Entity B failed to indicate BAYADA Pediatrics was the primary agency and maintained overall responsibility for the services provided.

A review of agency policy 0-965, "Subcontracted Services," last revised 08/21/17, indicated the following terms are addressed in the contract, including but not limited to: "a. Clients are accepted for care only by BAYADA as the primary home health agency ... "

On 06/29/23 at 2:11 PM, Person A (Administrator for Entity B) indicated they started as Administrator for Entity B in May of 2023 and was unaware of a staffing contract with BAYADA, but if Entity B provided a home health aide to BAYADA, it would be considered a staffing only agreement and BAYADA would maintain responsibility for the care and services provided.

On 06/29/23 at 5:01 PM, the "Home Health Aide Service

primary agency and maintains overall responsibility for the services provided.

· Instruction on revisions made to 0-308 Nursing/Home Health Aide Service Agreement – edited to clarify that agency is the primary agency and maintains overall responsibility for the services provided.

By 8/25/23, the revised 0-308 Nursing/Home Health Aide Service Agreement with executed with the agency contracted for home health aide services.

Effective 8/27/23, the execution of any new service agreements for home health aide services will be monitored by the administrator on an ongoing basis to ensure that the revised version with agency is primary and maintains overall responsibility for the services provided is executed. The agency will achieve 100% compliance.

The Administrator has overall

Agreement," was reviewed with the Administrator. The Administrator indicated it did not evidence that BAYADA was the primary agency and maintained overall responsibility for care.

410 IAC 17-12-2(d)

for implementation and oversight of the plan.

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

Logan Jost

TITLE

Administrator

(X6) DATE

8/3/2023 12:22:32 PM