

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157635		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  07/26/2023
NAME OF PROVIDER OR SUPPLIER  Select Home Health Services LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  650 E CARMEL DRIVE SUITE 400, CARMEL, IN, 46032			
(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 visit was for a Federal and State complaint investigation survey of a deemed Home Health Provider.</p> <p>Survey Dates: 07-24, 07-25, and 07-26-2023</p> <p>Complaint #: 99255. This complaint was investigated and unrelated Federal and State deficiencies were cited.</p> <p>12 Month Unduplicated Skilled Admissions: 1523</p> <p>These deficiencies reflect State findings in accordance with 410 IAC 17 et seq.</p> <p>QR by Area 3 on 7-31-2023</p>	G0000			

G0574	<p>Plan of care must include the following 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> <li>(ix) Nutritional requirements;</li> <li>(x) All medications and treatments;</li> <li>(xi) Safety measures to protect against injury;</li> <li>(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.</li> <li>(xiii) Patient and caregiver education and training to facilitate timely discharge;</li> <li>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</li> <li>(xv) Information related to any advanced directives; and</li> <li>(xvi) Any additional items the HHA or physician or allowed practitioner may choose to include.</li> </ul> <p>Based on observation, record</p>	G0574	<p>Corrective action for the patients affected by the alleged deficient practice: Medical Records for Patient #s 1, 3, 4, 5, 6 were reviewed. All patient's charts/Plans of Care were reviewed and plan of care updates were created to update the 485/Plan of Care with the appropriate list of equipment/DME/Supplies.</p> <p>Corrective action taken for those patients having the potential to be affected by the alleged deficient practice: All patients have the potential to be affected. All clinicians were inserviced by August 2, 2023 on including all DME/Equipment/supplies present in the patient's home at admission and with any changes thereafter onto the 485/Plan of Care.</p> <p>Measures/systemic changes put in place to ensure the alleged deficient practice does not re-occur: Training materials were reviewed to ensure clarity of the expected procedure and redistributed by August 2, 2023. An inservice regarding this process was provided to all clinicians by August 2, 2023.</p> <p>Corrective action will be monitored to ensure the alleged deficient practice will not re-occur: The DON/designee will complete a review of 100% of new admissions until results of the audits reach zero findings. Audits will begin on August 3, 2023. Review of the chart must support matching records of DME/Equipment/Wound Care Supplies when cross referencing other documentation/evaluations. If zero deficiencies are noted by the end of 2 weeks then the process will transition to a random 10% review of new admissions per month. If audit results continue with deficiencies then a 100% review will continue until 2 consecutive weeks pass with zero deficiencies. Audit results will be reviewed at monthly</p>	2023-08-02

review, and interview, the home health agency failed to implement its policy that required the plan of care to be individualized to include all supplies and equipment necessary to meet the patients' needs for 5 of 6 active records patients whose clinical record was reviewed. (Patients: #1, 3, 4, 5, and 6)

Findings Include:

1. A review of an undated Select Home Health Services policy titled, "Physician Orders/Plan of Care/Medical Supervision," Policy No. 4.004.1, was provided by the Administrator on 07-26-2023 at 9:42 AM. The policy revealed, but was not limited to, " ... a plan of care, which includes: the diagnosis, prognosis, goals to be accomplished, an order for each service, and list of drugs and equipment ... "

2. During a home visit at Patient #1's residence on 07-25-2023 at 12:02 PM, observed the Registered Nurse (RN), RN 2, perform wound care to Patient #1's lower left leg. Patient #1 was sitting on a washable pad and a disposable pad in their recliner. Patient #1 had a life alert necklace around their neck, a walker in front of

QAPI for further recommendations or updates.

their chair with reachers across the top of the walker, and a motorized chair at their side. Patient #1 confirmed they received deliveries of pads and briefs due to not being able to get to the bathroom in time. RN 2 pointed out the lymphedema pumps that Patient #1 used on the side table. Observed in Patient #1's bathroom contained safety rails by the toilet and shower and a shower chair and elevated toilet seat.

A review on 07-24-2023 at 2:08 PM, of the clinical record for Patient #1, with a start of care date of 05-31-2023, contained a plan of care for the initial certification period of 05-31-2023 to 07-29-2023. The plan of care revealed, but was not limited to, the following diagnoses: Lymphedema (swelling in an arm or leg caused by a lymphatic system blockage), Peripheral Vascular Diseases (a condition which narrowed blood vessels reduce blood flow to the limbs), Non-Pressure Chronic Ulcer other part Left Lower Leg with Fat Layer Exposed (a wound on the left lower leg with subcutaneous tissue showing), and Chronic Kidney Disease

Stage 3 (a condition that the kidneys have mild to moderate damage making it difficult to filter waste out of the blood).

The orders indicated Skilled Nursing (SN) 2 times a week for 9 weeks to teach and perform wound care to Left Lower Lateral Left Stasis Ulcer. The SN order was to cleanse with normal saline wound wash, apply a Vaseline gauze to the wound bed, and cover it with a border bandage. The section titled, "Durable Medical Equipment (DME) and Supplies," listed "NONE." The plan of care failed to list a walker, a motorized wheelchair, reachers, bathroom handrails, an elevated toilet seat, and shower chair, depends, disposable pads, washable pads, lymphedema pumps, gauze dressings, Vaseline dressings, normal saline wound wash, and safety alert necklace.

A review of the OASIS initial comprehensive assessment dated 05-31-2023, in the section titled, "Equipment/Supplies," indicated a rolling walker, a power wheelchair, a tub chair, and an elevated toilet seat. The section

titled, "Wound Assessment" indicated the SN cleansed the wound with normal saline wound wash, applied a Vaseline gauze to the wound bed, then covered it with a border bandage.

During an interview on 07-25-2023 at 12:35 PM, RN 2, confirmed Patient #1's DME and Supplies were not listed on their plan of care and further indicated that all the DME and Supplies should be listed on the patient's plan of care.

3. A review on 07-26-2023 at 9:49 AM, of the clinical record for Patient #3, with a start of care date of 10-19-2022, contained a plan of care for the recertification period of 06-16-2023 to 08-14-2023. The plan of care revealed, but was not limited to, the following diagnoses: Pressure Ulcer of Left Buttock, Stage 2 (an open wound with damage to the top layer of skin), Pressure Ulcer to of the Right Buttock Stage 2, History of Falling, Reduced Mobility, Old Myocardial Infarction (a condition caused by lack of oxygen to the heart muscle causing damage over 4

Heart Failure (a chronic condition where the heart does not pump adequately). The orders indicated Skilled Nursing (SN) 2 times a week for 8 weeks, then 1 time a week for 1 week, to perform/teach pressure ulcer care to stage 2 pressure ulcer right medial buttock cleanse with wound cleanser apply Adaptec touch, cover with border dressing. The section titled, "Durable Medical Equipment (DME) and Supplies," listed a hospital bed, tub/shower equipment, walker, wheelchair, wound care dressings, wound care cleanser, and wound care supplies, but failed to list a Hoyer lift, trapeze, Xeroform dressing with border foam dressing, and iodine.

A review of the OASIS recertification comprehensive assessment dated 06-15-2023, indicated in the section titled, "Equipment/Supplies," standard walker, wheelchair, tub chair, hospital bed, trapeze, and Hoyer lift. The section titled, "Wound Assessment" indicated wound care provided by the SN -- cleansed the right and left medial buttock with iodine, applied xeroform, and covered with a border dressing.

During an interview on 07-26-2023 at 10:24 PM, the caregiver for Patient #3, Person 2, confirmed they used a Hoyer lift when they transferred Patient #3.

4. A review on 07-26-2023 at 11:30 AM, of the clinical record for Patient #4, with a start of care date of 01-27-2023, contained a plan of care for the recertification period of 05-27-2023 to 07-25-2023. The plan of care revealed, but was not limited to, the following diagnoses: Pressure Ulcer Left Heel Unstageable (a wound that is covered by a layer of dead tissue), Type 2 Diabetes Mellitus (a chronic condition that affects the way the body processes

sugar), Chronic Obstructive Pulmonary Disease (damage to the lungs that blocks airflow and makes it difficult to breathe) and Congestive Heart Failure (a chronic condition where the heart does not pump adequately). The orders indicated Skilled Nursing (SN) 2 times a week for 8 weeks, then 1 time a week for 1 week, to perform/teach pressure ulcer care to left lower leg and heel. Cleanse with normal saline wound wash, apply betadine, and cover with border bandage. The section titled, "Durable Medical Equipment (DME) and Supplies," listed cane, hospital bed, lift, oxygen supplies, walker, walker-rolling, and wheelchair, but failed to list their Dex scan (a blood sugar monitoring device,) blood sugar testing supplies, insulin pen needles, nebulizer, and nebulizer masks, tubing, normal saline wound wash, border dressing, and betadine.

A review of the OASIS recertification comprehensive assessment dated 05-23-2023, in the section titled, "Equipment/Supplies," indicated a wheelchair, hospital bed, and Hoyer lift. The section titled,

"Wound Assessment," indicated wound care provided the SN cleansed lower leg pressure ulcer with normal saline wound wash, patted dry, applied betadine, and covered the wound with a border bandage.

During an interview on 07-26-2023 at 12:35 PM, Patient #4, confirmed they used a nebulizer with mask twice a day for their breathing treatments, insulin pen needles when they administered their insulin and uses a Dex scan monitor for their blood sugars 3 times a day.

5. During a home visit at Patient #5's residence on 07-25-2023 at 1:30 PM, observed the Registered Nurse (RN), RN 1, perform wound care to Patient #5's left heel. Patient #5 wore a special boot on their left foot to relieve pressure. Patient #5 confirmed they check their blood sugar every morning and log it on their phone and administered their insulin using insulin pens. Patient #5 further confirmed they use a nebulizer via mask.

A review on 07-26-2023 at 1:35 PM, of the clinical record for

Patient #5 with a start of care date of 05-17-2023, contained a plan of care for the recertification period of 07-16-2023 to 09-13-2023. The plan of care revealed, but was not limited to, the following diagnoses: Pneumonia (an infection that inflames the air sacs in one or both lungs which may fill with fluid), Pressure Ulcer Right heel, Stage 1 (superficial localized redness of the skin usually over a boney prominence), Type 2 Diabetes (a chronic condition that affects the way the body processes sugar) Chronic Obstructive Sleep Apnea (intermittent airflow blockage during sleep). The orders indicated SN 2 times a week for 8 weeks then 1 time a week for 1 week, to perform/teach pressure ulcer care to Patient #5's right foot cleanse with normal saline apply betadine, and cover with kerlix. The section titled, "Durable Medical Equipment (DME) and Supplies" listed "NONE." The plan of care failed to list insulin pen needles, glucometer, glucometer strips, lancets, low weight bearing boot, wheelchair, walker, tub chair, cane, nebulizer, nebulizer masks, betadine, normal saline,

and kerlix cling gauze dressing.

A review of the OASIS recertification comprehensive assessment dated 07-12-2023, indicated in the section titled, "Equipment/Supplies," indicated, a cane, rolling walker, wheelchair, and tub chair.

During an interview on 07-25-2023 at 2:25 PM, RN 1 confirmed there was no DME or supplies listed on the plan of care, and all DME and supplies that Patient #5 used should be listed on the plan of care.

6. During a home visit at Patient #6's residence, observed the Physical Therapist (PT), PT 1, complete soft tissue mobilization and stretching with Patient #6. Observed an orthopedic memory foam cushion (a cushion that relieves back pain and diminishes pressure) on the chair Patient #6 was sitting on. Patient #6 indicated they do not go anywhere without that cushion as it helps their back pain.

A review on 07-26-2023 at 12:32 PM, of the clinical record for Patient #6, with a start of care date of 05-04-2023, contained a plan of care for the

recertification period of 07-03-2023 to 08-31-2023. The plan of care revealed, but was not limited to, the following diagnoses: Low Back Pain, Essential Hypertension (high blood pressure), Weakness, and Atherosclerosis Heart Disease of the Native Coronary Artery (the buildup of cholesterol plaque in the wall of the artery obstructing blood flow). The orders indicated PT 2 times a week for 9 weeks, Occupational Therapy (OT), 1 time a week for 9 weeks, and a Home Health Aide (HHA), 1 time a week for 9 weeks. The section titled, "DME and Supplies," indicate shower/tub equipment and a walker but failed to list the orthopedic cushion.

During an interview on 07-26-2023 at 2:15 PM, the Administrator indicated they were aware of the DME/Supplies not flowing to the plan of care from the comprehensive assessments.

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

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

Michelle Porter

TITLE

Administrator

(X6) DATE

8/10/2023 3:49:39 PM