| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 157569 | A. BUILDING<br>B. WING | 10/04/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ENHABIT HOME HEALTH | 752 E US HWY 30, SCHERERVILLE, IN, 46375 |

| (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 |
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| E0000 | Initial Comments<br><br>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102.<br><br>Survey Dates: 10/3/2023-10/4/2023<br><br>Unduplicated Skilled Census for the last 12 Months: 337<br><br>At this Emergency Preparedness survey, Enhabit Home Health was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.<br><br>QR: Area 2 10/09/23 | E0000 | Agency Administrator acknowledges receipt of CMS<br><br>form 2567 Statement of Deficiencies on 10/24/2023. | |
| G0000 | INITIAL COMMENTS<br><br>This visit was for a Federal Post Condition Revisit survey of a | G0000 | Agency Administrator acknowledges receipt of CMS | |

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| | home health provider.<br><br>Survey Dates: October 3 and 4, 2023<br><br>Unduplicated Skilled Admissions for the last 12 Months: 337<br><br>During this Post Condition Revisit survey, two conditions of participation and twenty standard level deficiencies were determined to be back into compliance, and five standard level deficiencies were recited.<br><br>Based on the Condition-level deficiencies during the 8/11/2023 survey, Enhabit Home Health was subject to an extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on 8/10/2023. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, Enhabit Home Health is precluded from operating or being the site of a home health aide training, skills competency and/or competency evaluation programs for a period of two years beginning 8/11/2023 and continuing through 8/10/2025.<br><br>QR: Area 2, 10/09/23 | | form 2567 Statement of Deficiencies on 10/24/2023. | |

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| G0536 | A review of all current medications<br><br>484.55(c)(5)<br><br>A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.<br><br>Based on record review and interview, the agency failed to ensure medications were reviewed to identify potential adverse effects and drug reactions in 1 of 1 clinical record review with a patient residing at an assisted living facility (ALF). (Patient #2)<br><br>The findings include:<br><br>The agency policy titled "Medications" revised 8/23/2023, stated, "... Staff assesses all medications a patient may be taking to identify possible ineffective drug therapy or adverse reactions, significant side effects, drug allergies and contraindicated medication. ... Staff will assess every visit ... Staff documents all medications the patient may take on the medication profile."<br><br>The clinical record for Patient | G0536 | CFR(s): 484.55(c)(5) Review of Medications.<br><br>This element is not met as evidenced by:<br>Based on record<br><br>review and interview, the agency failed to ensure<br><br>medications were reviewed to identify potential adverse<br><br>effects and drug reactions in 1 of 1 clinical record reviews<br><br>of patient residing in an ALF.<br><br>Administrator acknowledges receipt of this deficiency.<br><br>Action:<br><br>Agency Administrator will provide education to 100% of<br><br>administrative and field RN/LPN, PT, OT, ST staff on<br><br>policy S07 medications and requirement to review all new<br><br>medications for potential adverse effects and drug<br><br>reactions with attention to new and changed orders for<br><br>medications within 30 days. Once education is completed,<br><br>Agency Administrator or designee will review all new orders<br><br>with additions to the medication regimen (updates to the<br><br>plan of care) daily to ensure medication review is completed<br><br>and documented in the clinical record for a period of 30 days | 2023-11-22 |

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| | #2, evidenced an agency document titled "Physician Order" dated 10/3/2023, which indicated the patient was to take Aricept (medication to treat Alzheimer's) 5 milligrams every night. The record failed to evidence the medication was reviewed for any potential adverse effects and drug reactions, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.<br><br>The record included a document titled, "Client Medication Report," dated 9/21/2023, that indicated the medications were last reviewed on 9/21/2023.<br><br>During an interview on 10/4/2023, 12:09 PM, the Clinical Manager indicated the medication should be reviewed when the medication order was received into the agency.<br><br>410 IAC 17-14-1(a)(1)(B) | | to ensure 100% compliance is achieved.<br><br>Monitoring: Once 100% compliance is achieved, Agency<br>Administrator or designee will audit 8 clinical records per<br>quarter with medication updates to the plan of care for a<br>period of 1 year to ensure 100% compliance is maintained.<br>Agency Administrator will report results of audits quarterly to<br>the Governing Body and the QAPI team for review and<br>recommendations.<br><br>If compliance is not maintained, additional education and/or<br>employee disciplinary action will be implemented. | |
| G0564 | Discharge or Transfer Summary Content<br><br>484.58(b)(1) | G0564 | CFR(s) 484.58(b)(1) Discharge or transfer summary content | 2023-11-22 |

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| | Standard: Discharge or transfer summary content.<br><br>The HHA must send all necessary medical information pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences, to the receiving facility or health care practitioner to ensure the safe and effective transition of care.<br><br>Based on record review and interview, the agency failed to ensure the discharge summary contained all necessary medical information pertaining to the patient's course of treatment and progress toward goals in 1 of 2 discharged records reviewed (Patient #4).<br><br>The findings include:<br><br>A review of a discharge summary, dated 9/27/2023, indicated Patient #4 was discharged from services because their goals were met. A review of the physical therapist discharge assessment, dated 9/27/2023, indicated 9 of 17 patient goals were not met at time of discharge.<br><br>During an interview on 10/4/2023 at 2:30 PM, the administrator indicated Patient's goals were not met prior to discharge and the discharge summary should have indicated the reason for discharge was | | This standard is no met as evidenced by:<br>based on record<br><br>review and interview the agency failed to ensure the discharge<br><br>summary contained all the necessary medical information<br><br>pertaining to the patient's course of treatment and progress<br><br>toward goals in 1 of 2 discharged records reviewed.<br><br>Administrator acknowledges receipt of this deficiency.<br><br>Action:<br><br>Agency Administrator will provide education to 100% of<br><br>RN/PT/ST/OT administrative and field clinicians on<br><br>review of patient goals prior to discharge and identification of<br><br>status of goals in relation to percentage of met/unmet goals,<br><br>and required documentation of current status of all goals be<br><br>submitted to facility/physician to ensure safe and effective<br><br>transition of care. Agency Administrator will provide additional<br><br>education to the Medical Records Specialist (MRS) to submit<br><br>the Discharge-Transfer summary to facility/practitioner at time<br><br>of Discharge/Transfer which identifies status and<br><br>progress of each goal identified on the plan of care. MRS to<br><br>document submission in the EMR. Once education is | |

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| | "Payor Source." | | completed, Agency Administrator or designee will audit 100% of<br><br>discharged records for a period of 60 days to ensure facility<br><br>or practitioner has received the Discharge-Transfer Summary<br><br>report and that appropriate discharge reason is accurately<br><br>identified until 100% compliance is achieved.<br><br>Monitoring:<br><br>Once 100% compliance is achieved, Agency Administrator or<br><br>designee will audit 8 discharged records per quarter to ensure<br><br>facility or practitioner received the Discharge Transfer Summary<br><br>Report for a period of 1 year and discharge reason is accurate<br><br>to ensure 100% compliance is maintained. Administrator will<br><br>report results of audits quarterly to the Governing Body and the<br><br>QAPI team for review and recommendation. If compliance is<br><br>not maintained, additional education and/or employee<br><br>disciplinary action will be implemented. | |
| G0586 | Review and revision of the plan of care<br><br>484.60(c) | G0586 | CFR(s): 484.60 Review and revision of the plan of care<br><br>This standard is not met as evidenced by:<br>based on observation, | 2023-11-22 |

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| | Standard: Review and revision of the plan of care.<br><br>Based on observation, record review, and interview, the agency failed to revise the plan of care in 1 of 1 clinical record reviewed where the patient resided in an assisted living facility (ALF). (Patient #2)<br><br>The findings include:<br><br>During an observation visit on 10/4/2023 at 9:05 AM, a dressing was observed to the left elbow of Patient #2; red / yellow drainage was observed on the dressing.<br><br>Clinical record review on 10/4/2023, for Patient #2, evidenced an agency document titled "Visit Note Report" completed by the occupational therapist and dated 10/3/2023, which indicated Patient had a skin tear to the left arm which was bandaged.<br><br>Review of a document titled "Home Health Updated Plan of Care Report" dated 10/4/2023 for the certification period 9/21/2023-11/19/2023, failed to evidence the skin tear and dressing to the left elbow.<br><br>During an interview on 10/4/2023, at 12:18 PM, the Clinical Manager indicated the | | record review and interview, the agency failed to revise the plan<br><br>of care in 1 of 1 clinical record reviewed.<br><br>Agency Administrator acknowledges receipt of this deficiency.<br><br>Action:<br><br>Administrator will provide education to 100% of RN/LPN, PT,<br><br>OT and ST clinicians on requirement to updated the plan of<br><br>care with an updated plan of care order and do document the<br><br>update in the EMR coordination notes to update the care team<br><br>at the time the order or direction is given by the practitioner to<br><br>the clinician. Once education is completed, Agency<br><br>Administrator or designee will review 100% of coordination team<br><br>update notes daily for a period of 60 days to ensure update to<br><br>the plan of care was completed to ensure 100% compliance is<br><br>achieved.<br><br>Monitoring:<br><br>Once 100% compliance is achieved, Agency Administrator or<br><br>designee will audit 8 clinical records per quarter for a period<br><br>of 1 year to ensure compliance is maintained.<br><br>Agency Administrator will report results of audits quarterly to the | |

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| | agency was waiting on the nurse practitioner's assessment of the skin tear later, on 10/4/2023, before updating the plan of care. | | Governing Body and QAPI team quarterly for a period of 1 year for<br>review and recommendations.<br>If compliance is not maintained, additional education and/or<br>employee disciplinary counseling will be implemented. | |
| G0606 | Integrate all services<br><br>484.60(d)(3)<br><br>Integrate services, whether services are provided directly or under arrangement, to assure the identification of patient needs and factors that could affect patient safety and treatment effectiveness and the coordination of care provided by all disciplines.<br>Based on record review and interview, the agency failed to coordinate care in 1 of 2 discharged records reviewed (Patient #4).<br>The findings include:<br><br>A review of an agency policy titled, "Coordination of Services", revised 10/8/2021, indicated staff will implement actions which reflect coordination including education of the patient / family regarding the plan of care and notification of the physician | G0606 | CFR(s): 484.60(d)(3) Integrate all services.<br><br>This element is not met as evidenced by: based on record review<br>and interview, the agency failed to coordinate care in 1 of 2<br>discharged records.<br><br>Administrator acknowledges receipt of this deficiency.<br><br>Action:<br>Agency Administrator will provide additional education to 100% of<br>licensed field clinicians on agency policy S05 Coordination of care<br>with focus on section 4.2.2 requirement to notify physician, patient,<br>family and staff of revisions to the discharge plan and to<br>requirement to document coordination of care in the EMR. Once<br>education is completed, Agency Administrator or designee will<br>audit 100% of discharged records for a period of 60 days to<br>ensure 100% compliance with informing patient/family regarding | 2023-11-22 |

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| | regarding changes in the patient's condition or needs.<br><br>A clinical record review evidenced Patient #4 was discharged on 9/27/2023 due to a change with their payor source. A review of the electronic medical record failed to evidence the patient / family were informed of the plan to discharge.<br><br>During an interview on 10/4/2023 at 11:00 AM, the administrator indicated a patient / family should be educated by the care team about the plan of care and plan to discharge, and this communication should be documented in the patient's record. When informed of the findings, the administrator reviewed the record and indicated it failed to evidence communication regarding the plan to discharge due to payor source. | | plan to discharge from services is achieved and documented<br><br>in the EMR.<br><br>Monitoring:<br><br>Once 100% compliance is achieved, Agency Administrator or<br><br>designee will audit 8 discharged records per quarter to ensure<br><br>coordination of care with patient/family regarding discharge plans<br><br>occurred prior to discharge and is documented in the clinical record.<br><br>Agency Administrator will report results of audits quarterly to the<br><br>Governing Body and the QAPI team for a period of 1 year for<br><br>review and recommendations.<br><br>If compliance is not maintained, additional education and/or<br><br>employee disciplinary counseling will be implemented. | |
| G0942 | Governing body<br><br>484.105(a)<br><br>Standard: Governing body.<br><br>A governing body (or designated persons so | G0942 | CFR(s): 484.105(a) Governing Body<br><br>Action:<br><br>Statement of Deficiencies and Plan of Correction to be | 2023-11-21 |

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| | functioning) must assume full legal authority and responsibility for the agency's overall management and operation, the provision of all home health services, fiscal operations, review of the agency's budget and its operational plans, and its quality assessment and performance improvement program.<br><br>*<br><br>* | | reviewed and adapted at next Governing Body Meeting<br><br>with Agency Administrator. Documentation of meeting to be<br><br>maintained in agency files.<br><br>Monitoring: Agency Administrator will review audit results,<br><br>plan of correction quarterly with Governing Body for review<br><br>and recommendations. | |
| N0000 | Initial Comments<br><br>This visit was for a Re-Licensure Revisit survey of a home health provider.<br><br>Survey Date: October 4, 2023-October 5, 2023<br><br>Unduplicated Skilled Admissions for the last 12 Months: 337<br><br>During this revisit survey, Enhabit Home Health was found to have corrected three standard level state deficiencies.<br><br>QR: A 2 10/09/23 | N0000 | Administrator acknowledges receipt of<br><br>Indiana State Department of Health<br><br>Statement of Deficiencies on 10/24/2023. | |

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 |
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| Linda Krippel | Director of Operations | 10/31/2023 8:55:36 AM |