STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K130	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEAL AT HOME LLC	**1335 SADLIER CIRCLE EAST DRIVE , INDIANAPOLIS, Indiana, 46239**

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G0000	INITIAL COMMENTS This visit was for a post-condition re-visit of a Federal and State Licensure complaint survey. Survey Dates: 01/02/24, 01/03/24 12-month Unduplicated Skilled Admissions: 18 On 11/02/23, a Federal and State Licensure complaint survey was conducted at Heal at Home. On 11/08/23 at 3:02 PM, the Alternate Administrator was notified the survey was fully extended and Heal at Home was found to be out of compliance with Condition of Participation 42 CoP 484.65 Quality Assessment Performance Improvement. On 01/03/24, Heal at Home was found to be in compliance with Condition of Participation 42 CoP 484.65 Quality Assessment Performance Improvement. This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings. Based on the Condition-level deficiencies during the 11/09/23 survey, your Home Health Agency was subject to an extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on 11/06/23 at 3:50 PM. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency is precluded from operating home health aide training, skills competency and/or competency evaluation programs for a period of two years beginning 11/06/23 and continuing through 11/05/25. QR completed by Area 3 on 01-11-2024.	G0000		
G0584	Verbal orders CFR(s): 484.60(b)(3)(4) (3) Verbal orders must be accepted only by personnel authorized to do so by applicable state laws and regulations and by the HHA's internal policies. (4) When services are provided on the basis of a physician or allowed practitioner's verbal orders, a	G0584		

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

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G0584	Continued from page 1 nurse acting in accordance with state licensure requirements, or other qualified practitioner responsible for furnishing or supervising the ordered services, in accordance with state law and the HHA's policies, must document the orders in the patient's clinical record, and sign, date, and time the orders. Verbal orders must be authenticated and dated by the physician or allowed pracitioner in accordance with applicable state laws and regulations, as well as the HHA's internal policies. This ELEMENT is NOT MET as evidenced by: Based on record review and interview, the agency failed to ensure verbal physician's orders were obtained from the physician by a qualified physician's representative, documented at the time they were received, read back and verified for accuracy, then sent to the physician to be signed, for 1 of 3 active patient records reviewed. (Patient #1) Findings include: 1. A review of agency policy 3-635 "Physician Orders," effective 08/03/18, indicated "HHA (Home Health Agency) staff accept telephone/verbal/facsimile and/or written orders ... Heal at Home ensures the accuracy of telephone/verbal orders ... Orders are obtained from the physician or other authorized individual ... prior to providing care, treatment and/or services ... Each telephone/verbal order shall be written down or entered into the computer and then read-back to the individual delivering the order ... The staff member shall verify the order by reading back the order to the individual providing it ... The following statement will appear on electronic verbal orders ... before the electronic signature: "By checking this box, you will be applying your digital signature indicating you have verified and read back the Change Order ...The staff member who accepts the order: Reduces the order to writing, ensures the appropriateness, accuracy and completeness of the order, signs and dates the order ... " 2. A review of the clinical record for Patient #1 evidenced a document titled "Home Health Certification and Plan of Care" for certification period 12/16/23 - 02/13/24. The plan of care included, but was not limited to, a skilled nurse frequency and duration, vital sign parameters, aide tasks and frequency, diagnoses, functional limitations, safety measures, activities permitted, durable medical equipment and supplies, and medications. A review of a "Recert [recertification] Order," dated	G0584		

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G0584	Continued from page 2 12/14/23, indicated "VO [Verbal Order]: Re-certify patient for another 60-day home health care episode." The order was electronically signed by Registered Nurse (RN) 2 on 12/14/23. The order failed to evidence documented verbal orders for the ordered care and services including, but not limited to, frequency/duration of services, discipline(s), activities permitted, functional limitations, safety measures, goals, interventions, nutritional requirements, and active diagnoses related to home health care. A review of the comprehensive assessment for Patient #1, dated 12/14/23, evidenced the physician, patient/caregiver, and nurse "collaborated in the development of the plan of care to include the stated services, frequencies, and duration of services as listed." The assessment failed to evidence the date and time the physician was contacted and failed to evidence the physician gave verbal orders for the ordered care and services on the plan of care for the certification period of 12/16/23 - 02/13/24, including but not limited to, frequency/duration of services, ordered discipline(s), activities permitted, functional limitations, safety measures, goals, interventions, nutritional requirements, and active diagnoses related to home health care. 3. On 01/03/24 at 2PM, the Administrator indicated RN 2 participated in an inservice on 11/28/23 which provided training for the recertification process and obtaining verbal orders for services, and submitted the inservice outline and sign-in page, dated 11/28/23, which evidenced verbal orders were discussed and RN 2 was present for the inservice. The Administrator indicated RN 2 was re-educated concerning obtaining verbal orders on 01/03/24. 410 IAC 17-14-1(a)(H)	G0584		
G0644	Program data CFR(s): 484.65(b)(1),(2),(3) Standard: Program data. (1) The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program. (2) The HHA must use the data collected to-	G0644		

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G0644	Continued from page 3 (i) Monitor the effectiveness and safety of services and quality of care; and (ii) Identify opportunities for improvement. (3) The frequency and detail of the data collection must be approved by the HHA's governing body. This STANDARD is NOT MET as evidenced by: Based on record review and interview, the Governing Body failed to ensure the frequency of data collection for the Quality Assessment Performance Improvement (QAPI) Plan was approved by the Governing Body, for 1 of 1 agency QAPI program. Findings include: 1. A review of agency policy #9001, "Organizational Quality Assessment and Performance Improvement (QAPI) Plan," last revised 12/11/23, indicated, "The Governing Body shall have a responsibility to evaluate the effectiveness of the QAPI activities performed ... "Page 15 of the policy evidenced a blank signature page which indicated the date the QAPI plan was reviewed. The policy failed to evidence the frequency of data collection in the QAPI plan was approved by the Governing Body. 2. A review of the undated agency QAPI plan evidenced a 10-page document which included, but was not limited to, priority focus areas, performance measures, benchmarks/goals, and frequency of data collection. 3. On 01/02/24 at 10:17 AM, the Administrator indicated the Governing Body had not met since the previous survey and wasn't scheduled to meet until the end of January, so there were no Governing Body Minutes available for review since the previous survey. 4. On 01/02/24 at 3:11 PM, the Administrator indicated the new QAPI plan was not yet implemented but would be implemented after the Governing Body met to review Q4 at the end of January 2024. When asked if the Governing Body met and discussed the QAPI plan, the Administrator, also a member of the Governing Body, indicated she talked to Person 2, the other Governing Body member, intermittently as the plan was written. When asked for documentation of Governing Body approval of the QAPI plan, the Administrator indicated she wasn't sure where it was, but she would look for it. 5. On 01/03/24 at 2:31 PM, the Director of Clinical	G0644		

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G0644	Continued from page 4 Services submitted a document titled "Governing Body Minutes, December 1, 2023." The document evidenced a call to order with the Administrator and Person 2 and indicated the topics of discussion and follow-up actions were "Policy Revision: Comprehensive Assessment policy #3-145, Performance Improvement policy, QAPI Policy, Assessment form, and Certified Home Health Aide Competency Evaluation Program." The document evidenced no further information and was signed by both Governing body members. IAC 42 CFR 17-12-2(a)	G0644		
G0658	Performance improvement projects CFR(s): 484.65(d)(1)(2) Standard: Performance improvement projects. Beginning July 13, 2018 HHAs must conduct performance improvement projects. (1) The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and operations. (2) The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects. This STANDARD is NOT MET as evidenced by: Based on observation, record review, and interview, the agency failed to evidence the documentation of the initiation of the performance improvement plan (PIP) activity of obtaining physician orders at the start of care, recertification, patient strengths, and care preferences for 1 of 1 Quality Assessment and Performance Improvement (QAPI) programs. Findings include: 1. A review of a revised 12-11-2023, agency policy, titled, "Organizational Quality Assessment and Performance Improvement (QAPI) Program" indicated but was not limited to, " ... Performance Improvement Projects shall be conducted and documented ... The findings of the outcomes of quality assessment and performance and results of actions taken shall be documented and reported ... "	G0658		

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G0658	Continued from page 5 2. On 01-02-2023 at 10:49 AM, during the Entrance Conference, the Administrator indicated they had completed a PIP as a result of their last survey. 3. A review of an agency binder evidenced the following; undated agency documents titled, Quality Assessment and Performance Improvement (QAPI) Monitoring and Evaluation Plan," agency revised 12-11-2023 policy titled "Organizational Quality Assessment and Performance Improvement (QAPI) Program. The binder failed to evidence a PIP plan to have been corrected by 12-08-2023 as noted in their survey plan of correction. 4. On 01-02-2023 at 4:50 PM, observed the clinical manager with a stack of documents, and the top of the documents contained numbers and percentages. When queried about the survey PIP, the Clinical Manager indicated the documents in front of them represented 156 chart audits, and 8 charts were done correctly resulting in a 5% accuracy. 5. On 01-05-2023 at 1:45 PM, the Clinical Manager and Administrator, when queried how the agency documents PIPs undertaken and what progress was evidenced, they indicated slow growth would be evident. The Clinical Manager further indicated out of 156 charts audited for physician orders for recertification orders for the plan of care, patient strengths, weaknesses, and care preferences 8 were correct which they had corrected with the nurse. 6. These findings were reviewed with the Administrator and Clinical Manager on 01-03-2024 from 3:00 PM to 3:06 PM, at which time they had no further documentation to provide.	G0658		
G0660	Executive responsibilities for QAPI CFR(s): 484.65(e)(1)(2)(3)(4) Standard: Executive responsibilities. The HHA's governing body is responsible for ensuring the following: (1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained; (2) That the HHA-wide quality assessment and performance improvement efforts address priorities for	G0660		

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G0660	Continued from page 6 improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness; (3) That clear expectations for patient safety are established, implemented, and maintained; and (4) That any findings of fraud or waste are appropriately addressed. This STANDARD is NOT MET as evidenced by: Based on record review and interview, the Governing Body failed to ensure an ongoing Quality Assessment Performance Improvement program which established clear expectations for patient safety and quality of care was implemented according to the agency's plan of correction date of 12/08/23, and was maintained and evaluated for effectiveness for 1 of 1 Governing Body. Findings include: 1. A review of agency policy #9001, "Organizational Quality Assessment and Performance Improvement (QAPI) Program," last revised 12/11/23, indicated "The HHA's [Home Health Agency's] ... (QAPI) program shall be designed to: Delineate expectations and plan and manager processes to measure, assess and improve ... governance, management, clinical and support activities ... promote positive patient outcomes ... identify ... areas for improvement in the quality of care, treatment and services ... Evaluate, monitor, improve and resolve areas of concern ... The Administration ... shall ... support a planned, systematic and data-driven organization wide [sic] QAPI plan ... The HHA's Governing Body has ultimate responsibility to ensure the QAPI program reflects the complexity of its organization and services ... and shall ... include all services ... The HHA shall maintain documentation of its QAPI program and related activities ... The Administrator will collect data monthly ... Process design ... Supports a culture of safety and quality ... Utilizes reports generated from OASIS [Outcome and Assessment Information Set] data ... Utilizes collected data to monitor the effectiveness and safety of services and quality of care ... The frequency and detail of the data collection as approved by the Governing Body ... Utilizes the results of quality assessment and performance improvement, patient safety and risk reduction activities ... QAPI activities must track adverse patient events, analyze their courses and implement preventative actions ... shall include	G0660		

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G0660	Continued from page 7 monitoring of administrative/operational activities (i.e., inservice hours, performance evaluations, billing audits). Page 15 of the policy evidenced a signature page titled "Organizational Quality Assessment and Performance Improvement (QAPI) Plan Approval" which was blank and indicated "see signed copy in QAPI binder." 2. A review of the undated "Quality Assessment and Performance Improvement (QAPI) Monitoring and Evaluation Plan" evidenced a 10-page document which included information for the scope, the responsible individuals, the priority focus area, performance measures/outcomes to be used, related functions, benchmark and goal percentage to achieve, data collection methodology, and integration and collaboration sections on each page. Performance measures/outcomes included categories such as management of the patient with congestive heart failure, areas to assess, benchmark goals of 90-100%, frequency of data collection and review, and individuals involved. The QAPI plan failed to evidence dates, data, aggregated information, or benchmark results for all categories and failed to evidence it was actively implemented. 3. On 01/02/24 AT 3:11 PM, the Administrator and Director of Clinical Services indicated the QAPI plan was developed as part of the recent plan of correction. The Administrator indicated the QAPI program would not be implemented until the end of January 2024 when the data for Q4 was available. 4. On 01/03/24 at 1:53 PM, the Administrator was asked how they QAPI plan shows outcomes for safety and indicated the audit information obtained shows areas in which staff education is needed and indicated safety was not an issue for the agency. When asked to review the current quality indicators, the Administrator indicated the new QAPI plan was not currently implemented and she was trying to finish 2023 now after finding a folder from the prior Administrator that contained various audit information that went to August 2023, and she which she was attempting to sort out the information. The Director of Clinical Services indicated she'd completed 156 clinical record audits and provided the results verbally by percent. The Director of Clinical Services indicated she would not provide the audits for review and indicated there was no documentation to provide for the audit results.	G0660		
G0754	A qualified HH aide successfully completed: CFR(s): 484.80(a)(1)(i-iv)	G0754		

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G0754	Continued from page 8 A qualified home health aide is a person who has successfully completed: (i) A training and competency evaluation program as specified in paragraphs (b) and (c) respectively of this section; or (ii) A competency evaluation program that meets the requirements of paragraph (c) of this section; or (iii) A nurse aide training and competency evaluation program approved by the state as meeting the requirements of §483.151 through §483.154 of this chapter, and is currently listed in good standing on the state nurse aide registry; or (iv) The requirements of a state licensure program that meets the provisions of paragraphs (b) and (c) of this section. This ELEMENT is NOT MET as evidenced by: Based on record review and interview, the agency failed to ensure it employed qualified home health aides (HHAs) who successfully completed an HHA training and competency program or evidenced prior equivalent training (for a total of 75 hours) and completed the agency's HHA competency program consisting of successful completion of a written test and demonstration of skills with a live or pseudo-patient, for 2 of 2 active home health aide records reviewed. (HHA 1, 2) Findings include: 1. A review of the personnel file for Home Health Aide (HHA) 1 failed to evidence the aide successfully completed an HHA training program or equivalent training, including at least 16 hours of classroom training and 16 hours of practicum supervised by a qualified Registered Nurse. The agency failed to ensure a HHA was hired with the required 75 hours of program training prior to working with patients. 2. A review of the personnel file for HHA 2 failed to evidence the aide successfully completed an HHA training program or equivalent training, including at least 16 hours of classroom training and 16 hours of practicum supervised by a qualified Registered Nurse. The agency failed to ensrue a HHA was hired with the required 75 hours of program training prior to working with patients.	G0754		

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G0754	Continued from page 9 3. On 01/02/23 at 3:11 PM, the Administrator and Director of Clinical Services indicated she was developing a plan to send aide applicants without previous experience to Entity C, a personal services agency not included under Heal at Home's license. The case managers from Heal at Home would mentor and supervise them while they obtained six months of experience. After six months the individual could return to Heal at Home and take the HHA written competency test and skills competency test. When asked if the aides who were currently active at Heal at Home had been reviewed to determine compliance with the 75-hour requirement they indicated they ran each license to ensure the aide was on the registry but thought the current aides were grandfathered in and they only needed to ensure 75-hours of HHA training with new hires. When asked for the process used for Heal at Home staff to monitor and supervise employees of another entity they had no further information. When asked if Entity C provided non-skilled, or attendant level care only, the Administrator indicated yes and had no further information on how the individuals achieved the HHA-level experience and the 75-hours of practicum and classroom when providing only attendant care. 410 IAC 17-14-1(I)(1)(A)	G0754		