

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K083	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  01/31/2024
NAME OF PROVIDER OR SUPPLIER  PURPOSECARE OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE  5455 HARRISON PARK LANE STE B, INDIANAPOLIS, IN, 46216		
(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 survey was for a Federal and State complaint investigation of a Home Health Provider.</p> <p>Survey Dates: 01/30/24 - 01/31/24</p> <p>Complaint: #104327 with related deficiencies cited.</p> <p>12-month unduplicated skilled admissions: 30</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17.</p>	G0000		
G0942	Governing body  484.105(a)	G0942	1. The Governing Body met on 1/31/24 to review completed year 2023, which included the appointment of Samantha Walker as Administrator and Angel Phillips as Alternate Administrator. The Governing Body oversees the management of the homecare license and receives reporting from the Administrator via monthly virtual meetings covering day-to-day	2024-02-20

	<p>Standard: Governing body.</p> <p>A governing body (or designated persons so 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.</p> <p>Based on record review and interview, the Governing Body failed to assume responsibility for the agency's overall management and operation, including but not limited to appointment of the administrator and ensuring the provision of correct demographic and agency information such as the physical address, provider number, and scope of services for 1 of 1 Home Health Agency and accompanying 11 branches.</p> <p>Findings include:</p> <p>A review of undated agency policy 2-100 "Governing Body" indicated "A governing body ... must assume full legal authority and responsibility for the agency's overall management and operation, the provision of all home health services ... The duties and responsibilities of the Governing Body shall include: Appoint a qualified</p>		<p>operational functions beginning 2/20/24, quarterly QAPI meetings, and as needed meetings with updates to the license and/or the branches covered under the license. The Administrator and Alternate Administrator will complete a review of the Administrator orientation with the Governing Body on 2/19/24 to ensure understanding of all Administrator duties and requirements, as well as review of the license number, CCN number, services provided under the provision of the license, counties serviced under the license, and reports to be ran during a survey. 2. The Governing Body will prevent the deficiency from recurring in the future by having Governing Body meetings with any changes or updates needed to the license or the branches under the license, including appointment of new administrative staff. The Administrator and Alternate Administrator will assist in preventing the deficiency from recurring in the future by ensuring the Governing Body is updated on all day-to-day operations during pre-scheduled monthly meetings beginning 2/20/24, quarterly QAPI meetings minutes, and as needed meetings to be scheduled with any updates to the license and/or branches covered under the license. 3. The Governing Body is responsible for ensuring the meetings as stated in 1 and 2 are scheduled and then completed as planned. The Administrator is responsible for ensuring reporting to the Governing Body on day-to-day operations is completed and all information is provided in an adequate and accurate manner. 4. The deficiency will be completed by 2/20/24.</p>	
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	<p>that individual the authority and responsibility for the provision of home care services in accordance with state and federal regulations, accreditation standards, and Agency mission ... "</p> <p>On 01/30/24 at 12:48 PM the Administrator, Regional Vice President, and Alternate Administrator participated in the entrance conference. The Administrator indicated she was hired on 01/11/23 as Director of Nursing and she became the Administrator in January 2024. The Administrator was given a Home Health Agencies Report, a geographic locations form, a facility census form, and a Centers for Medicare and Medicaid (CMS) 2567 to complete and was encouraged to ask questions if necessary. The Administrator was asked for an active patient list specifying patients who received skilled care, the start of care (SOC) dates for all patients, and the patient's admitting diagnosis. The Administrator indicated they were unable to provide a report with the requested diagnosis but could check with corporate for further instructions. The Administrator,</p>			
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<p>Alternate Administrator, and Regional Vice President referred to the agency as "the unskilled side," or PurposeCare Home Care" and indicated patients were transferred to the "skilled or Home Health side" should a skilled need develop. When asked what skill the agency provided according to regulatory requirements the Administrator indicated they provided home health aide visits. When asked if the agency provided skilled nursing, such as wound care, the Administrator indicated all patients who developed a nursing need other than medication set-up were transferred to the skilled side.</p> <p>On 01/30/24 at 3:40 PM, the Administrator submitted completed forms and began reviewing them out loud. When asked for the active and discharged lists as previously requested at 12:48 PM, the Administrator indicated they were not printed yet. At 3:45 PM, the Administrator submitted the active patient list for all branches. The report failed to evidence a patient diagnosis and had a column labeled "Visit MIN start date."</p>				
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	<p>Vice President, and Alternate Administrator were unable to indicate the meaning of "MIN." The Administrator indicated the visit dates were either the patient's SOC date or the most recent recertification date. When asked why all the dates occurred on or after 05/2023 the Administrator called the Regional Vice President, who indicated they started a new medical record system around May 2023, and they couldn't retrieve dates before 05/23/23. When asked if they had printed a separate list to show patients receiving skilled nursing the Administrator indicated they were having trouble generating that information but had submitted it to corporate and were awaiting a response.</p> <p>A review of the completed CMS 2567 Survey Report and the Home Health Agencies Report that were provided by the state agency, revealed missing, inaccurate, and/or incomplete information on all forms, such as an incorrect facility identification number of 15K8083 vs 15K083, unduplicated skilled admissions left blank, skilled nursing services left blank, Suite D and</p>			
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	<p>not Suite B, and inaccurate demographic information. The Administrator and Regional Vice President indicated the medical record system didn't capture unduplicated census and they would not be able to provide that information. When asked why readmissions were blank, they indicated they didn't readmit patients who were hospitalized because they were placed on hold. When asked what happens if a patient was hospitalized past their recertification period but wanted to come back for services, they indicated the patient is a new admission, not a readmission. When asked what they considered as "unduplicated" they were unsure.</p> <p>On 01/31/24 at 9:23 AM, the Administrator submitted the geographic area form, CMS 2567 Survey Report, and the Home Health Agencies Report and indicated they were corrected. A review of the Home Health Agencies Report evidenced the Facility CCN continued to show 15K8083 instead of 15K083, Ste D remained uncorrected to Ste B, and counties listed on the</p>			
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	<p>geographic report didn't match the typed list provided by the agency or the counties listed with the Indiana Department of Health.</p> <p>On 01/31/24 at 9:23 AM, the Administrator submitted a letter from the Indiana Department of Health which indicated [Name of Administrator] was listed as the agency Administrator effective 01/15/24. The Administrator submitted a document titled "Governing Body Minutes - 2023. Review," dated 01/31/24. The document evidenced the names of Persons #1, 2, 3, and 4 as governing body members and indicated "... [Name of Regional Vice President] appointed as Administrator November 2023 ... [Name of Administrator] started on 12/4/23. Fulfilled Administrator role and DON [Director of Nursing] January 2024" and failed to indicate the date the Administrator was appointed and the Governing Body members present for the appointment meeting.</p> <p>On 01/31/24 at 11:25 AM, the Administrator and Regional Vice President were asked why there</p>			
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	<p>during a meeting, for a meeting that hadn't occurred, yet she indicated it was going to occur that day and the minutes were more of an agenda. The Administrator indicated she was "verbally confirmed." When asked for the date of the verbal confirmation and the names of the Governing Body members who participated in the verbal vote, no further information was available.</p> <p>A review of the orientation verification document for the Administrator, dated 01/04/24, indicated the Administrator received orientation including, but not limited to, State/Federal regulations and policy manual, Medicaid Prior Authorization, organizational chart, and reporting structure, role of the Governing Body, and appointment of a qualified Administrator. The administrator indicated she completed orientation on 01/04/24 but was still on a significant learning curve. The Administrator indicated the Regional Vice President was her direct support and was always available to assist her but was not necessarily located on site. The Governing Body failed to</p>			
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	<p>ensure oversight and responsibility of the agency by failing to appoint the current Administrator, failing to ensure the Administrator had a working knowledge of the agency and branches, including but not limited to correct addresses and correct identification numbers; and failing to ensure the Administrator and leadership support of a newly hired Administrator were knowledgeable concerning the agency's scope of practice and related regulatory requirements.</p> <p>410 IAC 17 -12 - 1(b)</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 governing body failed to appoint an administrator for 1 of 1 home health agencies.</p>	G0946	<p>1. The Governing Body met on 1/31/24 to review completed year 2023, which included the appointment of Samantha Walker as Administrator and Angel Phillips as Alternate Administrator. The Governing Body will meet to discuss any changes to the license or the branches associated with the license, specifically with Adminsittrative changes and will ensure there is a Governing Body vote appointing the</p>	2024-01-31

Findings include:

A policy received on 01/31/2024 at 12:01 PM from the Administrator titled "2-100 Governing Body Policy" indicated but was not limited to "... assume full legal authority and responsibility for the agency's overall management and operation ... appoint a qualified administrator ...."

A review of a document received from the Agency on 01/31/2024 at 9:49 AM from the Indiana Department of Health indicated as of January 16<sup>th</sup>, 2024 the Agency's Administrator on file was the individual in the entrance conference stating they were the Administrator.

A review of a document received 01/31/2024 at 9:32 AM, titled "Governing Body Minutes – 2023 Review" dated 01/31/2024 at 2:00 PM evidenced but was not limited to a section titled "Topics discussed: " . . . " {Name of Administrator} started on 12/4/23 . . . Fulfilled Administrator role and DON January 2024."

A review of a revised document

change before the change is inacted. 2. The deficiency will be prevented from recurring in the future by prescheduled monthly meetings between the Governing Body and the Administrator reviewing day-to-day operations, needed updates, etc. The Governing Body will appoint qualified personnel before the change is made and/or before notification is sent to IDOH. 3. The Governing Body is responsible for appointing qualified personnel in Administrator and/or Alternate Administrator positions. 4. The deficiency was corrected on 1/31/24.

received on 01/31/2024 at 10:35 AM titled " Governing Body Minutes - 2023 Review evidenced the start date of the Administrator as being 12/11/2023. The Administrator indicated the revised version contained the correct date she "started" at the Agency.

During an interview on 01/31/2024 at 10:10 AM, the Administrator indicated the meeting "is occurring today at 2:00 PM " and reported the Governing Body "will appoint me as the administrator today." The Director of Compliance reported the administrator was verbally confirmed but could not confirm a date or what Governing Body Members appointed the position and indicated 01/31/2024 at 2:00 PM they would officially appoint the Administrator.

During an interview on 01/31/2024 at 11:25 AM, the Regional Vice President indicated the document titled "Governing Body Minutes - 2023 Review" was an agenda for the meeting, not the actual meeting minutes.

During an interview on

01/31/2023 at 12:01 PM with the Administrator when queried if there were any other Governing Body Minutes to present, they reported the last meeting was in February of 2023.

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

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

Samantha Walker, RN, DNP, CCM

TITLE

DON/Admin/Clinical Director

(X6) DATE

2/16/2024 2:14:54 PM