

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

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 10/10/2024
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
E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102 for Home Health Agencies.</p> <p>Survey Dates: 10/08/2024, 10/09/2024, and 10/10/2024</p> <p>Census: 2,197</p> <p>At this Emergency Preparedness Survey, PurposeCare of Indiana was found to be in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p>	E0000		

	QR completed by Area 3 on 10-15-2024.			
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification and State Re-Licensure survey for a Home Health provider.</p> <p>Partially extended survey on: 10/10/2024 at 8:43 AM.</p> <p>Survey Dates: 10/08/2024, 10/09/2024, and 10/10/2024</p> <p>12 Month Unduplicated Admissions: 18</p> <p>Active Census: 2,197</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p>	G0000		

	<p>Abbreviations:</p> <p>RN Registered Nurse</p> <p>HHA Home Health Aide</p> <p>QR completed by Area 3 on 10/15/2024.</p>			
G0608	<p>Coordinate care delivery</p> <p>484.60(d)(4)</p> <p>Coordinate care delivery to meet the patient's needs, and involve the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities.</p> <p>Based on record review and interview, the agency failed to ensure the RN coordinated the delivery of care to meet the patient's needs for 2 of 2 active records reviewed with patients receiving outside services. (Patients: #1 and 5)</p> <p>Findings Include:</p> <p>5. Review of Patient #1's clinical record contained</p>	G0608	<p>1. The Administrator educated all Branch Managers on 10/17/24 via a virtual meeting regarding the Coordination of Care Policy and process for completing and documenting care coordination. A 100% review of all patients was completed to identify those receiving services outside of PurposeCare on 10/25/24, and care coordination was completed with those entities and documented within the medical record. 2. The ensure the deficiency does not recur in the future, the Administrator will ensure all Branch Managers completed a random sample audit of 20% of each branch census on a weekly basis until 100% compliance is achieved.</p>	2024-11-09

	<p>"Recertification / Resumption of Care" signed by RN 1, and dated 10/09/2024. The document failed to evidence Patient #1 was receiving services from Entity 2.</p> <p>Review of Patient #1's clinical record failed to evidence care coordination notes with Entity 2 for the certification period of 08/11/2024 through 10/09/2024.</p> <p>During an interview on 10/09/2024 at 12:24 PM, RN 1 failed to indicate that care coordination is completed during a recertification.</p> <p>6. During an interview on 10/10/2024 at 9:44 AM, Person 3 confirmed that the agency was not in contact with Entity 2 to coordinate care.</p> <p>410 IAC 17-14-1(a)(1)(F)</p>		<p>Once 100% compliance is achieved, the branch will reduce the audits to 10% per week until 100% compliance is achieved. The Branch Managers will then audit (What percentage do they audit now 10% per month on an on-going basis to maintain compliance. Any deficiency noted will be communicated directly to the case manager responsible for the care coordination and 1:1 education will be completed. All care coordination needing to take place will be done at that time.</p> <p>3. The Administrator is responsible for ensuring compliance.</p> <p>4. The deficiency will be corrected by 11/9/24.</p>	
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	<p>1. Review of an agency policy titled "3-360 Coordination of Client Services" indicated but was not limited to" ... Care conferences will be held as often as necessary to establish interchange, reporting, and coordinated evaluation between all disciplines and Providers involved in the client's care ... Care conference will be documented in the patient record ... "</p> <p>2. Review of the clinical record for Patient #5 contained a recertification comprehensive assessment signed by RN 3 dated 09/10/2024. The comprehensive assessment failed to evidence Patient #5 had been receiving physical therapy, at Entity 1, an outpatient therapy facility.</p> <p>Review of the agency documents titled "Care Coordination Form" dated 09-09-2024 through 10-09-2024 failed to evidence documentation of care coordination between Purpose Care of Indiana and Entity 1.</p>			
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	<p>During a home visit on 10/09/2024 at 9:40 AM, Patient #5 and HHA 2 were interviewed. HHA 2 indicated for the past 28 weeks, HHA 2 transported Patient #5 to outpatient therapy at Entity 1 for physical therapy to increase Patient #5's strength related to right-sided weakness.</p> <p>3. During an interview on 10/09/2024 at 12:39 PM, the case manager for Patient #5, RN 3, confirmed they had not coordinated care with other providers for Patient #5. RN 3 further stated, " The office scheduler handles that."</p> <p>4. During an interview on 10/09/2024 at 1:04 PM, the Administrator indicated the RN case manager is expected to complete a care coordination note if their patient is receiving care from any other providers.</p> <p>5. Review of Patient #1's clinical record contained a document titled "Recertification /</p>			
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	<p>Resumption of Care" signed by RN 1, and dated 10/09/2024 for the certification period of 08/11/2024 through 10/09/2024. The document failed to evidence Patient #1 was receiving services from Entity 2, a home health agency with care coordination notes.</p> <p>During an interview on 10/09/2024 at 12:24 PM, RN 1 failed to indicate that care coordination is completed during a recertification.</p> <p>6. During an interview on 10/10/2024 at 9:44 AM, Person 3, the office staff for Entity 2, confirmed that the agency was not in contact with Entity 2 to coordinate care.</p> <p>410 IAC 17-14-1(a)(1)(F)</p>			
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	<p>1. A review of an agency policy titled "3-360 Coordination of Client Services" indicated but was not limited to" ... Care conferences will be held as often as necessary to establish interchange, reporting, and coordinated evaluation between all disciplines and Providers involved in the client's care ... Care conference will be documented in the patient record ... "</p> <p>2. A review of the clinical record for Patient #5 contained a recertification comprehensive assessment signed by RN 3 dated 09/10/2024. The comprehensive assessment failed to evidence Patient #5 was receiving outpatient therapy services at Entity 1.</p> <p>A review of the agency documents titled "Care Coordination Form" dated 09-09-2024 through 10-09-2024 failed to evidence documentation of care coordination between Purpose Home Health and Entity 1.</p>			
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	<p>During a home visit on 10/09/2024 at 9:40 AM, Patient #5 and Home Health Aide (HHA) 2 were interviewed. HHA 2 indicated that for the past 28 weeks, HHA 2 had been transporting Patient #5 to outpatient therapy at Entity 1 for physical therapy to increase Patient #5's strength related to right-sided weakness.</p> <p>3. During an interview on 10/09/2024 at 12:39 PM, the case manager for Patient #5, RN 3, confirmed they do not coordinate care with other providers for Patient #5. RN 3 further stated, " The office scheduler handles that."</p> <p>4. During an interview on 10/09/2024 at 1:04 PM, the Administrator indicated that the RN case manager is expected to complete a care coordination note if their patient is receiving care from any other providers.</p>			
N0000	Initial Comments	N0000		

	<p>This visit was for a State Re-Licensure survey for a Home Health provider.</p> <p>Partially extended survey on: 10/10/2024 at 8:43 AM.</p> <p>Survey Dates: 10/08/2024, 10/09/2024, and 10/10/2024</p> <p>12 Month Unduplicated Skilled Admissions: 18</p> <p>Active Census: 2,197</p> <p>Abbreviations:</p> <p>HHA Home Health Aide</p> <p>QR completed by Area 3 on 10-15-2024.</p>			
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<p>N0464</p>	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(i)</p> <p>Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:</p> <p>(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with:</p> <p>(A) a documented:</p> <p>(i) history of tuberculosis;</p> <p>(ii) previously positive test result for tuberculosis; or</p> <p>(iii) completion of treatment for tuberculosis; or</p> <p>(B) newly positive results to the tuberculin skin test;</p> <p>must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must:</p> <p>(A) be completed annually; and</p> <p>(B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p>	<p>N0464</p>	<p>1. The Administrator educated all Branch Managers on 10/17/24 via a virtual meeting regarding the 4-240 Health Screening policy. A 100% audit of all personnel was completed on 10/21/24 to identify anyone who may not have completed the Tuberculosis screening process. HHA 2 and RN 2 identified during the survey started the 2-step TB process over on 10/21/24. 2. Each staff member has the potential to be affected by this deficiency. To ensure the deficiency does not recur in the future, Branch office coordinators will call employees 1 week following their first TB to schedule the employee's 2nd TB test. Employees who require a CXR will not be made active in ADP to start work with clients until the results from CXR demonstrate no active disease. Per PurposeCare policy 4-240 Health Screening, "New employees may have direct patient contact after negative result of 1st step Mantoux skin testing or with a chest x-ray demonstrating no active disease." The Administrator will ensure all Branch Managers complete a random sample audit of 20% of each branches employee's on a weekly basis until 100% compliance is achieved. Once 100% compliance is achieved, the branch will reduce the audits to 10% per week until 100% compliance is achieved. The Branch Managers will then audit 10% per month on an on-going basis to maintain compliance. Any deficiency noted will be communicated directly to the Administrator and will immediately be addressed. Results of all audits are being discussed at the facility's QA Committee meeting quarterly for additional recommendations if necessary.</p> <p>3. The Administrator is responsible for ensuring compliance.</p> <p>4. Date of compliance, 11/09/24.</p>	<p>2024-11-09</p>
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	<p>(5) Any person having a positive finding on a tuberculosis evaluation may not:</p> <p>(A) work in the home health agency; or</p> <p>(B) provide direct patient contact;</p> <p>unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:</p> <p>(A) working for the home health agency; or</p> <p>(B) having direct patient contact;</p> <p>has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on record review and interview, the agency failed to ensure a second step tuberculosis test was completed on 1 of 2 (HHA 2) home health aide (HHA) employee records reviewed.</p> <p>Findings Include:</p> <p>1. A review of an agency's policy titled "4-240 HEALTH SCREENING," indicated but was not limited to " ... All U.S. health care personnel should be screened for TB upon hire. TB screening is a process that includes ... Baseline Two-Step Mantoux Tuberculin Skin Test</p>			
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	<p>documented in the employee's personnel file ...".</p> <p>2. On 10/10/2024 a review of HHA 2 employee record evidenced a hire date of 01-16-2024 and firs patient contact date of 01-18-2024. The record failed to evidence a second tuberculosis skin test was documented.</p> <p>During an interview on 10/09/2024 at 3:00 PM, the Administrator indicated there were no other tuberculosis skin test results within the human resources file.</p>			
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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 Breanna Miller	TITLE Administrator, Clinical Director	(X6) DATE 10/25/2024 4:20:17 PM
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