

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  10/30/2024
NAME OF PROVIDER OR SUPPLIER  HEAL AT HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1335 SADLIER CIRCLE EAST DRIVE, INDIANAPOLIS, IN, 46239		
(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 survey of a Home Health provider.</p> <p>Survey Dates: 10-29-2024 and 10-30-2024</p> <p>Complaint: IN00110578 with related deficiencies cited.</p> <p>12-Month Unduplicated Skilled Admissions: 74</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State form for additional findings.</p>	G0000	NA	

	QR by A4 on 11/07/2024			
G0768	<p>Competency evaluation</p> <p>484.80(c)(1)(2)(3)</p> <p>Standard: Competency evaluation.</p> <p>An individual may furnish home health services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this section.</p> <p>(1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (iii), (ix), (x), and (xi) of this section must be evaluated by observing an aide's performance of the task with a patient or pseudo-patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient, or with a pseudo-patient as part of a simulation.</p> <p>(2) A home health aide competency evaluation program may be offered by any organization, except as specified in paragraph (f) of this section.</p> <p>(3) The competency evaluation must be performed by a registered nurse in consultation with other skilled professionals, as appropriate.</p> <p>Based on record review and interview the agency failed to ensure Home Health Aides (HHAs) were</p>	G0768	<p>The contract with Person A has been amended to include the specific duties of the Clinical Educator.</p> <p><i>The RN will perform the services as requested by the Agency which follow CMS and IDOH guidelines related to home health aide competency skills check offs to include aide competency, skilled training include tube feeding training.</i></p> <p>To prevent this from occurring in the future, the same verbiage will be used in future contracts.</p> <p>The Administrator will review 100% of future contracts to verify compliance.</p> <p>The Administrator is responsible for both above items.</p> <p>This will be completed by</p>	2024-11-27

	<p>contracted entity or Registered Nurse, by failing to ensure the Clinical Educator's contract specified the duties of the following: aide competency, skilled training, including tube feeding training, for 53 of 53 HHAs hired and competencied between 04-18-2024 and 10-11-2024.</p> <p>Findings include:</p> <p>An agency policy dated 08-15-2024, titled 'CONTRACT PERSONNEL #4138' stated, "... Contracts will delineate the scope of services and responsibilities of each party ..."</p> <p>An agency policy dated 08-15-2024, titled 'CONTRACTED SERVICES #7020' stated, "... Heal at Home retains responsibility, accountability and authority for the care, treatment and/or services provided by contracted staff/entities ..."</p> <p>An agency contract dated 03-14-2024, titled 'MASTER SERVICES AGREEMENT', was signed by Person G, 'Managing</p>		November 27 <sup>th</sup> , 2024.	
--	--	--	-----------------------------------	--

	<p>with Entity F, on 03-20-2024 and signed by Entity E, a healthcare staffing company, on 04-14-2024. Which revealed they would be providing staffing services. The contract failed to address the specific duties of the Clinical Educator: Home Health Aide competency, skilled training, including tube feeding training.</p> <p>A review of an agency contract, between Heal at Home and Person A, indicated Person A would serve as the agency's Clinical Educator, describing their duties was dated 10-11-2024.</p>			
--	--	--	--	--

<p>Review of the Employee list (cross-referenced with the Indiana Professional Licensing Agency information) indicated 53 of 53 newly hired HHAs were registered with the State of Indiana either on their date of hire or within a few days of hire, between 04-18-2024 and 10-11-2024, the same span of time in which the agency was not appropriately contracted with a third party to competency HHAs.</p> <p>On 10-29-2024 at 2:02 PM, the Administrator indicated, was newer to the role, and learned there had been a survey conducted in October of 2023, at which time the agency was precluded from conducting their own HHA training. Indicated further, regarding the post condition revisit (PCR) which occurred in January of 2024, the agency's Plan of Correction included contracting with Entity A, an online education and learning platform, to provide the online learning portion for HHA competencies and the agency had also separately contracted</p>			
--	--	--	--

	<p>staffing agency, who would provide a contracted Clinical Educator to conduct the in-person, hands-on portion of the HHA competency and trainings.</p> <p>410 IAC 17-14-1(l)(1)(a)</p>			
G0958	<p>Clinical manager</p> <p>484.105(c)</p> <p>Standard: Clinical manager.</p> <p>One or more qualified individuals must provide oversight of all patient care services and personnel. Oversight must include the following--</p> <p>Based on record review and interview the Director of Nursing failed to maintain oversight of the agency's contracted Clinical Educator, for 1 of 1 contracted Clinical Educator reviewed.</p> <p>Findings include:</p> <p>2. On 10-30-2024 at 9:05 AM, the Director of Nursing (DON) indicated that they were not aware of which aides had taken the Feeding Tube training and</p>	G0958	<p>Classsign-in sheets have been created for the G-Tube Feeding Classes and will beutilized by Person A or future contracted clinical educators. Person A will submit the class sign in listwith the necessary sign off sheets to the Clinical Manager / DON for review andaccuracy. Once verified, these will begiven to the Administrator to review before copies are filed in the agencyrecords.</p> <p>To prevent this in the future, the Administrator will review 100% of all classcompletion lists and documentation for the next three months, then 50% forthree months then 25% ongoing. Resultswill be shared with the QAPI Committee and the Governing Body.</p>	2024-11-01

	<p>that it was the Administrators area to manage.</p> <p>On 10-30-2024 at 10:01 AM, HHA 7 indicated that they had completed the in person Feeding Tube training with the agency's contracted Clinical Educator, and were waiting to hear back from Heal at Home on how to take the final exam.</p> <p>On 10-30-2024 at 11:30 AM the Administrator indicated that several of their HHAs are family members of the patient receiving tube feeds. He indicated that due to the current restriction on services being provided by HHA's, training HHAs to provide tube feeding would allow the HHAs to work a full shift instead of having to split shifts to manage the tube feed.</p> <p>1.A review of an agency policy revised 10-01-2024, titled 'AGENCY SUPERVISION' stated, "... The Governing Body shall</p>		<p>The Clinical Manager and Administrator are responsible for the above matters.</p> <p>This will be completed by November 1<sup>st</sup>, 2024.</p>	
--	---	--	--	--

<p>designate a full-time Clinical Manager/Director of Nursing to supervise the HHA's performance in providing home health services ... Supervision shall be provided in accordance with State and Federal rules and regulations ... The Clinical Manager/Director of Nursing shall be responsible to ensure quality care and services are delivered by qualified staff ... shall be responsible for the administration and coordination of all services ..."</p> <p>2. On 10-30-2024 at 2:52 PM, in an interview with Person A and the Administrator, when queried as to which aides had taken the first Feeding Tube training conducted in July, the Administrator indicated there was paperwork which the aides had, Person A likely signed off on these, and then the HHAs left the premises with that paperwork in hand. Person A was queried as if there was a roster/sign-in sheet for this training, indicated there was none. Administrator indicated was unaware of this and instructed Person A going forward there would need to be class rosters completed, and in this way, these individuals could</p>			
--	--	--	--

	<p>be tracked.</p> <p>On 10-30-2024 at 3:30 PM, when discussing the lack of a complete list of home health aides who had completed feeding tube training, and the concern that HHA 7 was not remembered and was not documented by the Clinical Educator, the DON and Administrator could not provide names, and both acknowledged these concerns were indeed an issue.</p> <p>410 IAC 17-14-1(a)(1)(K)</p>			
G0978	<p>Must have a written agreement</p> <p>484.105(e)(2)(i-iv)</p> <p>An HHA must have a written agreement with another agency, with an organization, or with an individual when that entity or individual furnishes services under arrangement to the HHA's patients. The HHA must maintain overall responsibility for the services provided under arrangement, as well as the manner in which they are furnished. The agency, organization, or individual providing services under arrangement may not have been:</p> <p>(i) Denied Medicare or Medicaid enrollment;</p>	G0978	<p>EntityF is registered on the Temporary Health Care Services Agency Registry as required by IC 16-52. I am unclear why it is not listed on the website listing. Proof of this has been submitted with this plan of correction.</p> <p>The contract between Entity F and Heal at Home has been amended to clarify that Heal at</p>	2024-11-27

<p>(ii) Been excluded or terminated from any federal health care program or Medicaid;</p> <p>(iii) Had its Medicare or Medicaid billing privileges revoked; or</p> <p>(iv) Been debarred from participating in any government program.</p> <p>Based on record review and interview, Heal at Home failed to ensure contracted staffing was provided by a registered staffing company and failed to ensure contracts identify Heal at Home as the entity responsible for maintaining all patient records.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. An agency policy dated 08-15-2024, titled 'CONTRACTED SERVICES #7020' stated, "... Heal at Home retains responsibility, accountability and authority for the care, treatment and/or services provided by contracted staff/entities ..."</li> <li>2. Review of an agency contract dated 08-15-2024, titled 'Home Health Staffing and Administrative Services Agreement' signed by the Administrator and Person G, with Entity F, indicated: <ol style="list-style-type: none"> <li>a. "... B. [Entity F] will maintain appropriate client records ... staffing will be</li> </ol> </li> </ol>		<p>for maintaining all patient records.</p> <p>To prevent this from occurring in the future, the same verbiage will be used in future contracts.</p> <p>The Administrator will review 100% of future contracts to verify compliance.</p> <p>The Administrator is responsible for both above items.</p> <p>This will be completed by November 27<sup>th</sup>, 2024.</p>	
---	--	---	--

<p>delivered in accordance with the orders of the Agency's client's attending physician ... C. [Entity F] agrees that client records will be treated as confidential to the full extent required by law. To the extent permitted by applicable laws, the Agency will be entitled, upon request, to review [Entity F] patient records pertinent to services provided by [Entity F] to Agency's clients ... ".</p> <p>b. "... E. [Entity F] represents that (i) has obtained and will maintain all applicable state and federal licenses, certificates and permits, as are applicable to it's business ..."</p> <p>A review of the Secretary of State website failed to identify Entity F, a management holding company (who's owner is the same as Heal at Home) as a registered company who provides staffing.</p> <p>A review of the Indiana Department of Health website failed to identify Entity F had registered under the Temporary Health Care Services Agency Registry.</p> <p>A review of the Employee list</p>			
--	--	--	--

	<p>revealed Heal at Home had contracted 247 Home Health Aides from [Entity F].</p> <p>On 10-29-2024 at 1:39 PM, when queried for individual contracts of the Home Health Aides personnel files being reviewed, the Administrator referred to a single contract titled, Home Health Staffing and Administrative Services Agreement, and indicated all of the agency's Home Health Aides were now, 'employees through the staffing department but we contract with [Entity F] to provide them'.</p> <p>410 IAC 17-12-2 (e)</p>			
N0000	<p>Initial Comments</p> <p>This was a State complaint survey of a Home Health provider.</p> <p>Complaint: IN00110578 with related deficiencies cited.</p>	N0000		

	<p>Survey dates: 10-29-2024 and 10-30-2024</p> <p>12 Month Unduplicated Skilled Admissions: 74</p> <p>QR completed by Area 3 on 11/13/2024.</p> <p><b>Abbreviations</b></p> <table border="1"><tr><td>HHA</td><td>Home Health Aide</td></tr><tr><td>RN</td><td>Registered Nurse</td></tr></table>	HHA	Home Health Aide	RN	Registered Nurse			
HHA	Home Health Aide							
RN	Registered Nurse							

	PSA	Personal Service Agency			
	CNA	Certified Nurses Aide			

N9999	<p>Final Observations</p> <p>Authority IC 16-27-1.5-5 "Approved dementia training for home health aides"</p> <p>Sec. 5 (a) This section applies to a registered home health aide who:</p> <p>(1) is employed as a home health aide; and</p> <p>(2) provides care to an individual who has been diagnosed with or experiences symptoms of Alzheimer's disease, dementia, or a related cognitive disorder.</p> <p>(b) As used in this section, "approved dementia training" refers to a dementia training program:</p> <p>(1) for use in training home health aides in the care of individuals described in subsection (a)(2); and</p> <p>(2) that has been approved by the state department under subsection (f).</p> <p>(c) Not later than sixty (60) days after the date on which a home health aide is initially hired to care for an individual with Alzheimer's disease, dementia, or a related cognitive disorder, the home health aide shall complete at least six (6) hours of approved dementia training.</p> <p>(d) Before December 31 of each year, a home health aide who has been employed as a home health aide for at least one (1) year shall complete at least three (3) hours of approved dementia training.</p> <p>(e) A home health aide who:</p> <p>(1) has received the training required by subsections (c) and (d);</p> <p>(2) has been employed as a home health aide for at least twenty-four (24) consecutive months; and</p> <p>(3) is hired by a home health agency; is not required to repeat the training required by this</p>	N9999	<p>Class sign-in sheets have been created for the G-Tube Feeding Classes and will be utilized by Person A or future contracted clinical educators. Person A will submit the class sign in list with the necessary sign off sheets to the Clinical Manager / DON for review and accuracy. Once verified, these will be given to the Administrator to review before copies are filed in the agency records.</p> <p>To prevent this in the future, the Administrator will review 100% of all class completion lists and documentation for the next three months, then 50% for three months then 25% ongoing. Results will be shared with the QAPI Committee and the Governing Body.</p> <p>The Clinical Manager and Administrator are responsible for the above matters.</p> <p>This will be completed by</p>	2024-11-01

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

<p>section.</p> <p>(f) The state department shall do the following:</p> <p>(1) Identify and approve each dementia training program that meets the following requirements:</p> <p>(A) The dementia training program includes education concerning the following:</p> <p>(i) The nature of Alzheimer's disease, dementia, and other related cognitive disorders.</p> <p>(ii) Current best practices for caring for and treating individuals with dementia.</p> <p>(iii) Guidelines for the assessment and care of an individual with dementia.</p> <p>(iv) Procedures for providing patient centered quality care.</p> <p>(v) The daily activities of individuals with dementia.</p> <p>(vi) Dementia related behaviors, communication, and positive intervention.</p> <p>(vii) The role of an individual's family in caring for an individual with dementia.</p> <p>(B) The dementia training program:</p> <p>(i) must be culturally competent; and</p> <p>(ii) may be provided online.</p> <p>(2) Establish and implement a process for state department approval of a dementia training program.</p> <p>(g) To the extent allowed by 42 CFR 484.80, the hours of approved dementia training completed under this section satisfies an equivalent number of hours of the home health aide training required by 42 CFR 484.80.</p> <p>(h) An entity that provides approved dementia training shall provide to each home health aide who successfully completes the training a certificate of completion.</p> <p>(i) A home health aide:</p> <p>(1) is responsible for maintaining the home health aide's certificate of completion; and</p> <p>(2) may use the certificate of completion as</p>	<p>November 1<sup>st</sup>, 2024.</p>	
--	---------------------------------------	--

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

<p>proof of compliance with this section.</p> <p>As added by P.L.44-2022, SEC.1.</p> <p>Authority IC 16-27-1.5-6 "Conditions required to administer gastrointestinal and jejunostomy tube feedings; training"</p> <p>Sec. 6 (a) A registered home health aide may administer gastrointestinal and jejunostomy tube feedings to a specific patient <b>only</b> if the following conditions are met:</p> <p>(1) The registered home health aide has completed the training curriculum described in subsection (b).</p> <p>(2) A registered nurse, providing registered nursing under IC 25-23-1-1.1(b)(6), either:</p> <p>(A) supervises the registered home health aide in administering the gastrointestinal and jejunostomy tube feedings; or</p> <p>(B) delegates responsibility for administering the gastrointestinal and jejunostomy tube feedings to the registered home health aide based on the registered nurse's assessment of the registered home health aide's competency to administer gastrointestinal and jejunostomy tube feedings.</p> <p>(3) The home health agency that the registered home health aide is employed with:</p> <p>(A) allows the registered home health aide to administer gastrointestinal and jejunostomy tube feedings;</p> <p>(B) establishes a procedure for:</p> <p>(i) the delegation of the administration of gastrointestinal and jejunostomy tube feedings from a registered nurse to a registered home health aide that includes patient specific clinical parameters based on the registered nurse's assessment of the patient and the registered home health aide's competency to administer the gastrointestinal and jejunostomy tube feedings; and</p> <p>(ii) the assessment by the registered nurse of the patient specific clinical parameters;</p>			
---	--	--	--

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

<p>(C) retains documentation that the registered home health aide has completed the training curriculum described in subsection (b); and</p> <p>(D) notifies each patient requiring gastrointestinal and jejunostomy tube feedings upon admission that the home health aide agency may allow registered home health aides to administer gastrointestinal and jejunostomy tube feedings.</p> <p>(b) Training curriculum for home health aides to administer gastrointestinal and jejunostomy tube feedings must:</p> <p>(1) be approved by the state department; and</p> <p>(2) include the following concerning the administration of gastrointestinal and jejunostomy tube feedings:</p> <p>(A) At least four (4) hours and not more than eight (8) hours of classroom training.</p> <p>(B) At least two (2) hours and not more than four (4) hours of practical training.</p> <p>(C) A written and practical examination administered by the trainer.</p> <p>(c) A registered home health aide may not administer gastrointestinal and jejunostomy tube feedings until the home health aide has successfully:</p> <p>(1) completed the curriculum described in subsection (b); and</p> <p>(2) passed the examinations described in subsection (b)(2)(C).</p> <p>(d) The state department may require a registered home health aide who administers gastrointestinal and jejunostomy tube feedings under this section to annually complete not more than one (1) hour of in service training specific to the administration of gastrointestinal and jejunostomy tube feedings.</p> <p>(e) Before January 1, 2024, the state department must approve at least one (1) training curriculum described in subsection (b).</p> <p>As added by P.L.117-2023, SEC.6.</p>			
--	--	--	--

Based on record review and interview the agency failed to ensure to maintain documentation of the names of each home health aide who had completed Feeding Tube training, for 1 of 1 home health agency.

Findings include:

1. A review of the job description for the agency's contracted Clinical Educator, Person A, signed 04-18-2024, indicated would serve in the role Clinical Educator and indicated, "...  
**ESSENTIAL JOB**  
**FUNCTIONS/RESPONSIBILITIES:**  
... 8. Compliance and Documentation: ... maintain accurate documentation of training activities, including attendance records ..."

A review of an agency document, an undated email print-out which had been sent to the agency's home health aides stated, "... Home Health Aide G-Tube Training ... Do you care for a loved one with a feeding tube? [Person A] is offering another Feeding Tube Certification class for certified Home Health aides. If you have already received your Home Health Aide Certification and are caring for a loved one with Feeding Tube, you qualify to take this class! ... Once you have completed the class and passed the test, you can get paid to give your loved one their tube feedings ... class will be offered October 16, 2024 ... slots are offered on a first-come, first served basis ... Please email [Person A] to reserve your spot ..."

On 10-30-2024 at 11:43 AM, Person A indicated was the agency's contracted Clinical Educator, and as part of their position, provided tube feeding training for home health aides (HHA) who were already

<p>certified. Person A was asked at this time to provide a list of those home health aides who had attended trainings and when. Person A indicated would provide same.</p> <p>On 10-30-2024 at 1:37 PM, received an email from Person A containing a simple list of eight (8) home health aides who had taken the training, there were no associated dates included. The list failed to evidence HHA 7 had been included.</p> <p>On 10-30-2024 at 2:55 PM, when queried if the list of names of HHA's who had taken the Feeding Tube training was inclusive, Person A indicated they thought the list was inclusive. When queried about HHA 7 not being present on the list, Person A indicated they were not familiar with that name. Upon further investigation, Person A indicated that there were emails between HHA 7 and themselves regarding the cost of testing from September.</p>			
---	--	--	--

<p>On 10-30-2024 at 3:25 PM, when queried about how HHAs are chosen to take the course, Person A indicated that a newsletter is sent out to all HHAs and if they are wanting to take the class then they must reach out to Person A via email to ask to sign up.</p>			
--	--	--	--

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 Joey Hollis	TITLE RN, Administrator	(X6) DATE 11/14/2024 3:54:34 PM
--	----------------------------	------------------------------------