STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157695	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST HORIZON HOME HEALTH CARE LLC	745 BEACHWAY DRIVE, INDIANAPOLIS, IN, 46224

(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	INITIAL COMMENTS This was a Federal complaint survey of a deemed home health provider conducted by the Indiana Department of Health Complaint: IN110577 non-compliant with related deficiencies cited. Survey dates: 10/21/2024 and 10/22/2024 Facility #: 157695 12 Month Unduplicated Skilled Admissions: 12	G0000		

	The survey was announced as fully extended to the Alternate Administrator on 10/21/2024 at 9:16 AM. During this Federal Complaint Survey, First Horizon Home Health Care was in found to be out of compliance with the Conditions of Participation 42 CFR 484.105 Organization and administration of services as related to complaint IN110577.			

	Based on Condition-level deficiencies during the October 22, 2024 survey, your Home Health agency was subject to an extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on 10/21/2024. Therefore and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency is precluded from operating a home health aide training, skills competency, and/or competency evaluation programs from a period of two years beginning 10/22/2024 and continuing through 10/21/2026. **Abbreviations** HHA = Home Health Aide			

	RN	Registered Nurse			
	PSA	Personal Service Agency			

	CAN Certified Nurses Aide QR completed by Area 3 on 10-29-2024.			
G0940	Organization and administration of services 484.105 Condition of participation: Organization and administration of services. The HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient's plan of care, for each patient's medical, nursing, and rehabilitative needs. The HHA must assure that administrative and supervisory functions are not delegated to	G0940	First Horizon Home Health Care, LLC now plans to accept Medicare patients for Nursing and/or home health aide services. This will be directed and overseen by the Administrator, Director of Nursing.	2024-11-27

another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority, and services furnished.

Based on record review and interview the agency failed to evidence the Governing Body assumed responsibility for managing Home Health services by failing to provide services to Medicare-insured patients since 2017, as a participant in the Medicare program. These deficiencies had a potential cumulative effect on all 91 patients and 144 staff.

The cumulative effect of these systemic problems resulted in the home health agency's inability to ensure the provision of quality health care for the Condition of Participation of 42 CFR 484.105, Organization and Administration of Services.

Findings include:

1. Review of an undated agency policy titled 'CLIENT ADMISSION PROCESS C-140' stated, "... 1. Admission criteria are standards by which a client can be deemed appropriate for admissions. These standards

receiving Medicare reimbursed services has the need for a minimum of one skilled home care service, which will be provided on an intermittent, part-time, or full-time basis (Medicare requirement) ..."

2. Review of the agency's website page found at https://www.firsthorizonhhc.com/faq, titled 'FAQ' contained the following, "... What insurance do you accept? ... We are pleased to accept a variety of payment methods. Medicaid A&D Waiver, Prior Authorization, CHOICE program, private pay, long-term care insurances, etc. If your insurance is not listed, please call 317-591-9941 to speak to one of our intake team ..." and failed to evidence the agency was Medicare certified, able to service Medicare-insured patients.

3. A review of the agency's Admission folder (documents patients would receive upon admission to the agency for home health services) evidenced a page titled 'ACCEPTANCE OF PATIENTS'

which stated, "... In evaluating the appropriateness of the request for home care services, acceptance for services shall be based upon the following admission criteria: ... C. Patients must have a means for payment of services whether through Medicare (not currently a Medicare Provider), Medicaid, Insurance, self-pay or other private or government funds ..."

4. A review of the agency's Governing Body meeting minutes dated 04-12-2024 stated, "... Payor sources will not include Medicare but First Horizon remains open to Medicare as a payor source in the future ..."

5. On 10-17-2024 at 10:49 AM, the Alternate Administrator/Director of Nursing (AA/DON) indicated the agency had not serviced Medicare patients "in years".

On 10-18-2024 at 10:15 AM, the

not take Medicare, "we have not chosen to do so". When queried as to whether the agency ever had serviced Medicare patients, indicated the agency had not done so in the 8 years they had been employed there.

On 10-18-2024 at 10:31 AM, when queried as to why the agency had not taken on Medicare patients, the AA/DON indicated the agency was willing and able to do so, but had not wanted to take this on, wanting to get this [Medicaid] model down first, then explore Medicare. When queried as to whether Medicare patients had been turned away, indicated the agency evaluated whether care could be provided, and the payor source, as they do not take on patients they cannot provide the care for. When queried as to what occurs when a patient develops a wound while on service, indicated we can do wound care, but if it's under Medicaid we don't have the resources, we can talk with the physician and for example find a new outpatient wound

patients who are dually insured [having both Medicare and Medicaid].

On 10-18-2024 at 11:28 AM, RN 3 indicated was a newer employee with the agency, had started in July of 2024, and currently assisted the agency with intake duties. When queried as to what happens with Medicare referrals that may come in, indicated most referrals come from a community resource that provides case management for patients, most referrals were essentially PA [Prior Authorization], Structured Family waiver, or private pay. Indicated had not received any Medicare referrals recently. Indicated if a referral for a Medicare patient comes their way, has been instructed to send it to the AA/DON, indicates this had not yet happened. When queried if the agency accepts Medicare indicated, "don't accept Medicare" and "all the nurses told me that too" when they started.

	On 10-18-2024 at 02:49 PM, the AA/DON, also a governing body member, indicated there had been no discussions regarding relinquishing their Medicare certification. On 10-22-2024 at 3:32 PM, the AA/ADON, when considering corrective actions, indicated the agency could 'pull-out' of Medicare and then reapply with a new 855 when the agency was better prepared to take on Medicare. 410 IAC 17-12-1(b)			

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
Vivian Diemer	Director of Nursing	11/6/2024 7:34:19 PM