

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157579	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/01/2024	
NAME OF PROVIDER OR SUPPLIER CJ'S ABUNDANT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 CENTRAL AVENUE, ANDERSON, IN, 46016		
(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.</p> <p>Survey Dates: October 28, 29, 30, 31, and November 1, 2024</p> <p>Active Census: 29</p> <p>At this Emergency Preparedness survey, CJ's Abundant Care was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p>	E0000		
G0000	INITIAL COMMENTS	G0000		

	<p>This visit was for a Federal Recertification and State Re-Licensure survey of a Home Health Provider.</p> <p>Survey Dates: October 28, 29, 30, 31, and November 1, 2024</p> <p>12-Month Unduplicated Skilled Admissions: 2</p> <p>This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>Abbreviations:</p> <p>HHA Home Health Aide</p> <p>QAPI Quality Assurance Performance Improvement</p> <p>QR 11/12/24 A2</p>			
<p>G0372</p>	<p>Encoding and transmitting OASIS</p> <p>484.45(a)</p> <p>Standard: An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary.</p> <p>Based on record review and interview, the home health agency</p>	<p>G0372</p>	<p>Effective 10/29/2024 Administrator completed a review of all OASIS transmission/submission from 01/01/2023-10/31/2024 administrator found that several OASIS were transmitted/submitted late and those results were not reflected on the agency QAPI meeting minutes. Effective 11/01/2024 Agency administrator will be solely responsible for transmitting/submitting all OASIS and will check weekly for potential OASIS to be transmitted/submitted. Effective 11/01/2024 Agency administrator will keep a weekly log of all OASIS completed and review that log during the agency weekly office staff meeting.</p>	<p>2024-11-05</p>

failed to ensure OASIS transmissions were sent on time for 1 of 1 agency.

Findings include:

1. Review of the undated Encoding and Reporting OASIS Data policy, indicated "... Agency will encode and electronically transmit each completed OASIS assessment to the CMS system within 30 days of completing the assessment of the client, Validation reports will be obtained and reviewed to determine if corrections are needed.

2. Review of an OASIS Agency Final Validation report for the period 01/01/2023 to 12/31/2023 indicated the following:

On 12/05/2022 an OASIS assessment of Patient #5 was completed and was transmitted on 01/27/2023, 53 days later.

On 12/19/2022 an OASIS assessment of Patient #5 was completed and was transmitted on 01/27/2023, 39 days later.

On 12/26/2022 an OASIS assessment of Patient #5 was completed and was transmitted on 01/27/2023, 32 days later.

On 11/22/2022 an OASIS assessment of Patient #3 was completed and was transmitted on 01/27/2023, 66 days later.

On 01/03/2023 an OASIS assessment of Patient #10 was completed and was transmitted on 03/03/2023, 60 days later.

On 01/20/2023 an OASIS assessment of Patient #3 was completed and was transmitted on 03/03/2023, 43 days later.

On 03/21/2023 an OASIS assessment of Patient #3 was completed and was transmitted on 05/11/2023, 51 days later.

On 05/04/2023 an OASIS assessment of Patient #6 was completed and was transmitted on 06/06/2023, 33 days later.

On 05/23/2023 an OASIS assessment of Patient #3 was completed and was transmitted on 07/06/2023, 44 days later.

On 06/30/2023 an OASIS assessment of Patient #10 was

on 08/08/2023, 39 days later.

On 06/29/2023 an OASIS assessment of Patient #6 was completed and was transmitted on 08/08/2023, 40 days later.

On 08/24/2023 an OASIS assessment of Patient #5 was completed and was transmitted on 10/23/2023, 60 days later.

On 08/29/2023 an OASIS assessment of Patient #10 was completed and was transmitted on 10/23/2023, 55 days later.

On 09/19/2023 an OASIS assessment of Patient #3 was completed and was transmitted on 10/23/2023, 34 days later.

On 08/31/2023 an OASIS assessment of Patient #6 was completed and was transmitted on 10/23/2023, 53 days later.

On 08/11/2023 an OASIS assessment of Patient #11 was completed and was transmitted on 10/23/2023, 73 days later.

On 08/31/2023 an OASIS assessment of Patient #12 was completed and was transmitted on 10/23/2023, 53 days later.

3. Review of an OASIS Agency

period 01/01/2024 to 10/29/2023 indicated the following:

On 10/24/2023 an OASIS assessment of Patient #5 was completed and was transmitted on 01/18/2024, 86 days later.

On 11/07/2023 an OASIS assessment of Patient #5 was completed and was transmitted on 01/18/2024, 72 days later.

On 11/17/2023 an OASIS assessment of Patient #5 was completed and was transmitted on 01/18/2024, 62 days later.

On 10/31/2023 an OASIS assessment of Patient #10 was completed and was transmitted on 01/18/2024, 79 days later.

On 10/31/2023 an OASIS assessment of Patient #3 was completed and was transmitted on 01/18/2024, 79 days later.

On 10/31/2023 an OASIS assessment of Patient #6 was completed and was transmitted on 01/18/2024, 79 days later.

On 12/05/2023 an OASIS assessment of Patient #2 was completed and was transmitted on 01/18/2024, 44 days later.

On 10/31/2023 an OASIS assessment of Patient #12 was completed and was transmitted on 01/18/2024, 79 days later.

4. Review of QAPI meeting minutes indicated the following:

In the 2023 Quarter 1 minutes, dated 04/19/2023, two of the six late transmissions were identified as late. No trends were noted.

In the 2023 Quarter 2 minutes, dated 07/12/2023, one of the two late transmissions was identified as late. No trends were noted.

In the 2023 Quarter 3 minutes, dated 10/23/2023, none of the three late transmissions were identified. No trends were noted.

In the 2023 Quarter 4 minutes, dated 01/31/2024, none of the six late transmissions were identified. No trends were noted.

In the 2024 Quarter 1 minutes, dated 04/22/2024, none of the eight late transmissions were identified. No trends were noted.

	<p>5. During an interview on 10/29/2024 at 3:16 PM, the Biller indicated she checks whether there are any OASIS assessments to submit about every six weeks. The Biller further indicated she thought OASIS assessments were supposed to be submitted within 30 days of the assessment and that some of the transmissions may have been late because they were put in late or some might have just gotten transferred late. The Biller indicated the Administrator was responsible for obtaining and reviewing the validation reports.</p> <p>6. During an interview on 10/29/24 at 3:20 PM, the Administrator indicated she oversees the OASIS transmissions by receiving the printout from the Biller and reviews them in QAPI.</p>			
G0414	<p>HHA administrator contact information</p> <p>484.50(a)(1)(ii)</p> <p>(ii) Contact information for the HHA administrator, including the administrator's name, business address, and business phone number in order to receive complaints.</p>	G0414	<p>Effective 10/29/2024 Agency administrator updated the master copy of the patient rights and responsibilities to reflect the current administrator's name and contact information. Effective 10/30/2024 Agency administrator mailed an updated copy of the patient's rights and responsibilities to all current client's and notified each client individually by phone of the update and that they would receive a new copy by mail in the next few days. Effective 10/29/2024 Administrator will review all Home Health Agency admission packets and client</p>	2024-11-05

Based on record review and interview, the home health agency failed to ensure patients were provided with the Administrator's contact information, including name, in order to receive complaints for 1 of 1 agency.

Findings include:

1. Review of the undated Home Care Bill of Rights policy indicated "Clients and their representatives will be informed of their rights as a consumer of home care services prior to the start of care."

2. Review of the agency admission packet included a section titled "Patient's Rights & Responsibilities" which indicated complaints or questions may be registered with Person 1, a former agency Administrator.

handbook prior to any new admission to ensure all documents are up to date with current agency information.

	<p>3. During an interview on 10/29/24 at 1:46 PM, the Administrator indicated the old Administrator was listed in the admission packet, and it should have been the current Administrator. The Administrator further indicated the Human Resources staff copied it from the master and must have forgotten to change the Administrator.</p> <p>4. During an interview on 10/29/24 at 1:51 PM, the Human Resources person indicated the master copy was the same as what was in the admission packet, and she must have missed that when she updated the packet.</p>			
<p>N0000</p>	<p>Initial Comments</p> <p>This visit was for a State Re-Licensure survey of a Home Health Provider.</p> <p>Survey Dates: October 28, 29, 30, 31, and November 1, 2024</p> <p>12-Month Unduplicated Skilled Admissions: 2</p>	<p>N0000</p>		

	<p>Abbreviations:</p> <p>HHA Home Health Aide</p>			
<p>N9999</p>	<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</p>	<p>N9999</p>	<p>Effective 11/05/2024 Agency administrator obtained the state approved dementia training program from IAHHC. Effective 11/05/2024 Agency administrator scheduled training times with all current HHA staff for the dates of 11/14/2024 and 11/15/2024 to complete the initial required 6 hours dementia training. Effective 11/05/2024 Agency administrator edited the agencies new hire orientation to include the initial required 6 hours dementia training. Effective 11/05/2024 Agency administrator updated the annual HHA training schedule to include the required 3 hours dementia annual training.</p>	<p>2024-11-15</p>

for at least twenty-four (24) consecutive months; and

(3) is hired by a home health agency; is not required to repeat the training required by this section.

(f) The state department shall do the following:

(1) Identify and approve each dementia training program that meets the following requirements:

(A) The dementia training program includes education concerning the following:

(i) The nature of Alzheimer's disease, dementia, and other related cognitive disorders.

(ii) Current best practices for caring for and treating individuals with dementia.

(iii) Guidelines for the assessment and care of an individual with dementia.

(iv) Procedures for providing patient centered quality care.

(v) The daily activities of individuals with dementia.

(vi) Dementia related behaviors, communication, and positive intervention.

(vii) The role of an individual's family in caring for an individual with dementia.

(B) The dementia training program:

(i) must be culturally competent; and

(ii) may be provided online.

(2) Establish and implement a process for state department approval of a dementia training program.

(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.

(h) An entity that provides approved dementia training shall provide to each home health aide who successfully completes the training a certificate of completion.

(i) A home health aide:

(1) is responsible for maintaining the home health aide's certificate of completion; and

(2) may use the certificate of completion as proof of compliance with this section.

As added by P.L.44-2022, SEC.1.

Authority IC 16-27-1.5-6 "Conditions required to administer gastrointestinal and jejunostomy tube feedings; training"

Sec. 6 (a) A registered home health aide may administer gastrointestinal and jejunostomy tube feedings to a specific patient only if the following conditions are met:

(1) The registered home health aide has completed the training curriculum described in subsection (b).

(2) A registered nurse, providing registered nursing under IC 25-23-1-1.1(b)(6), either:

(A) supervises the registered home health aide in administering the gastrointestinal and jejunostomy tube feedings; or

(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.

(3) The home health agency that the registered home health aide is employed with:

(A) allows the registered home health aide to administer gastrointestinal and jejunostomy tube feedings;

(B) establishes a procedure for:

(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

administer the gastrointestinal and jejunostomy tube feedings; and

(ii) the assessment by the registered nurse of the patient specific clinical parameters;

(C) retains documentation that the registered home health aide has completed the training curriculum described in subsection (b); and

(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.

(b) Training curriculum for home health aides to administer gastrointestinal and jejunostomy tube feedings must:

(1) be approved by the state department; and

(2) include the following concerning the administration of gastrointestinal and jejunostomy tube feedings:

(A) At least four (4) hours and not more than eight (8) hours of classroom training.

(B) At least two (2) hours and not more than four (4) hours of practical training.

(C) A written and practical examination administered by the trainer.

(c) A registered home health aide may not administer gastrointestinal and jejunostomy tube feedings until the home health aide has successfully:

(1) completed the curriculum described in subsection (b); and

(2) passed the examinations described in subsection (b)(2)(C).

(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.

(e) Before January 1, 2024, the state

training curriculum described in subsection (b).

As added by P.L.117-2023, SEC.6.

Based on record review and interview, the home health agency failed to ensure HHA's received state-approved dementia training for 2 of 2 HHA's caring for a patient with a dementia diagnosis.

Findings include:

1. Review of HHA 5's personnel record failed to include evidence of completion of a state approved dementia training program.

2. Review of HHA 6's personnel record failed to include evidence of completion of a state approved dementia training program.

3. During an interview on 10/30/24 at 2:30 PM the Administrator indicated she

<p>dementia training program the agency was using.</p> <p>4. During an interview on 10/30/24 at 3:41 PM, the Human Resources staff indicated Patient #13 was the only patient on census with a dementia diagnosis and indicated HHA 5 and HHA 6 were the only aides who had cared for the patient.</p> <p>5. During an interview on 10/30/24 at 3:58 PM, the Administrator indicated she was not aware of the State's dementia training requirement.</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 Ashton Huston	TITLE Administrator	(X6) DATE 11/13/2024 11:44:24 AM
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