STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEACONESS HOME HEALTH, LLC	6500 Interchange Road S, Suite A, EVANSVILLE, IN, 47715

(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 visit was for a Federal/State complaint survey of a home health provider. Survey Date: 07/17/2025 Complaint: 116898 with unrelated deficiencies cited. 12 Month Unduplicated Skilled Admissions: 492 Abbreviations: SN-Skilled Nurse RN-Registered Nurse POC-Plan of Care QA by A4 on 07/22/2025	G0000	Mandatory In-Service for all clinical staff will be held on 07/29/25 and 7/30/25 by the Manager of Clinical Services and Director of Clinical Services to educate regarding obtaining and documenting a complete verbal or written plan of care order from the primary provider before providing services and treatments. Education included the following: Policy# 33.24 Plan of Care and Physician and Allowed Practitioner Orders Documentation details of the physician's verbal order are to be included in the patient's medical record indicating who	

			was contacted, when they were contacted, and what was discussed. Staff unavailable to attend in-service will be provided an educational packet on the above following in person/virtual education 7/30/25. One on one education was provided on 07/30/25 with involved associates by the Director of Clinical Services regarding obtaining and documenting a verbal order for the plan of care prior to providing services. Education: Policy# 33.24 Plan of Care and Physician and Allowed Practitioner Orders Documentation details of the physician's verbal order are to be included in the patient's medical record indicating who was contacted, when they were contacted, and what was discussed. Corrective Action Patient #1	

			Patient discharged 3/7/25 Corrective Action Patient #5 Patient discharged 1/18/25 To ensure compliance with the above policy and procedure, the Manager of Clinical Services will audit 10 medical records per month for 3 months to ensure clinicians obtain and document a complete verbal or written plan of care order from the primary provider before providing services and treatments. Then ongoing as part of the agency's quarterly clinical record review. The compliance process will be under the direct supervision of the Administrator with oversight by the governing body.	
G0520	5 calendar days after start of care 484.55(b)(1) The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later	G0520		2025-07-30

than 5 calendar days after the start of care.

Based on record review and interviews, the agency failed to have a signed POC or a verbal POC order from the primary physician before providing services and treatments to patients for 2 of 3 closed record reviews. (Patients #1, #5)

Findings include:

1. A 03/25/2024 policy titled "Plan of Care and Physician and Allowed Practitioner Orders" states that staff must keep unsigned POCs in the EMR until they receive a signed POC from a physician or allowed practitioner. The policy allows staff to implement the POC with a verbal order until they receive the signed POC.

2. A review of Patient #1's record for the certification period from 02/06/2025 to 04/06/2025 evidenced that the agency provided care without obtaining either a detailed verbal order or a physician-signed Plan of Care (POC) for visits on 02/10/2025, 02/13/2025, 02/14/2025, 02/17/2025, 02/21/2025, 02/24/2025, and 02/26/2025.

	these orders before delivering care. 3. A review of Patient #5's record for the certification period from 11/20/2024 to 01/18/2025 indicated that the agency provided care without a detailed verbal order or a physician-signed Plan of Care (POC) for the visits on 11/27/2025 and 12/03/2025. The agency failed to secure orders before providing care. 4. During an interview on 07/17/2025 at 11:32 AM, the Administrator stated that she did not know staff needed to obtain a signed POC or a detailed verbal order before providing direct care and treatment.			

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
Patricia Rigney Day	DCS	7/29/2025 11:46:38 AM