

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15K172		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/13/2020	
NAME OF PROVIDER OR SUPPLIER  ADAPTIVE NURSING AND HEALTHCARE SERVICES - KOKOM				STREET ADDRESS, CITY, STATE, ZIP COD 2904 S REED ROAD KOKOMO, IN 46902			
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G 0000  Bldg. 00	<p>This was a federal and state complaint and COVID-19 investigation survey.</p> <p>Facility ID: 014340</p> <p>Dates of Survey: April 8, 2020; April 9, 2020; April 13, 2020</p> <p>Active Census: 54</p> <p>Unduplicated admissions for the last 12 months: 101</p> <p>Sample Selection: 7 records reviewed without home visits</p> <p>Complaint # IN00323843- Substantiated with findings</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>Quality review completed 4/20/20 by Area 2</p>			G 0000			
G 0684  Bldg. 00	<p>484.70(b)(1)(2) Infection control Standard: Control. The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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.

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	<p>control program must include:</p> <p>(1) A method for identifying infectious and communicable disease problems; and</p> <p>(2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.</p> <p>Based on record review and interview, the home health agency (HHA) failed to develop and maintain an agency-wide program for the surveillance, identification, control, prevention, and investigation of infectious and communicable diseases, specifically COVID-19, among its employee and patients, which had the potential to effect of 1 patients who received care from symptomatic staff, in a sample of 7 records reviewed (#2).</p> <p>Findings include:</p> <p>1. The HHA policy dated 3/21/2012, titled "OSHA Infection Control/Exposure Control Plan," received 4/8/20 at 5:01 PM, stated "... Employees providing client care shall comply with the agency's health requirement for periodic examination and disease screening. Employees with a known or suspected infectious and/or contagious disease shall be restricted from providing client care ..."</p> <p>2. The HHA policy dated 3/2020, titled "Pandemic Infectious Disease," received 4/9/20 at 9:05 AM, stated "... Staff with signs and symptoms of COVID-19, as outline by the CDC: fever, cough, or shortness of breath, should report to their supervisor immediately that they are experiencing these signs and symptoms ..."</p> <p>3. The HHA policy dated "4/6/20," titled "Natural</p>			G 0684	<p>All employees will be in-serviced on infection reporting, tracking and follow up of infections.</p> <p>All caregivers and clients displaying symptoms of COVID is being monitored, going forward will add tracking of other employees or clients that may have potentially been exposed. Clinical Staff will document the follow up of this tracking of infectious and potentially exposed clients and employees.</p> <p>All employee infections will be added to the infection log for tracking infections and possible exposures.</p> <p>All employees will be notified of potential exposures of infection and follow up will be documented. Clinical Staff will continue to screen clients and caregivers present before in home visits and with telehealth calls.</p> <p>Administrator will monitor infection log and illness tracking spreadsheet to ensure 100% compliance of reporting and documentation. Once 100% compliance is achieved will monitor quarterly for 100%</p>		05/06/2020

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	<p>Disasters/Emergencies," received 4/8/20 at 5:01 PM, stated "... Pandemic ... Recommendations for Screening and Assessment of Patients ... Clinicians should assess patients based on the following: Does the patient have fever or symptoms of lower respiratory infection, such as cough or shortness of breath ..."</p> <p>4. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, retrieved 4/15/2020 from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#monitor-manage">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#monitor-manage</a> , stated "As part of routine practice, HCP [Health Care Providers] should be asked to regularly monitor themselves for fever and symptoms of COVID-19 ... Screen all HCP at the beginning of their shift for fever and symptoms consistent with COVID-19 ... Actively take their temperature and document absence of symptoms consistent with COVID-19."</p> <p>5. A list of all agency employees previously or currently on quarantine for symptoms or exposure to COVID-19 was received on 4/8/20 at 4:40 PM. The list failed to indicate patients the employee had provided care for, or if there was any follow up completed with these patients.</p> <p>6. The clinical record of Patient #2 was reviewed on 4/9/20, and indicated a start of care date of 8/1/19. The clinical record failed to indicate the agency's program managers (Employees B, E, and F) completed a follow up with the patient regarding screening or assessment for symptoms of COVID-19 after the home health aide, Employee H, was removed from patient care on 4/4/20 for symptoms of COVID-19.</p>		compliance.				

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	<p>The agency failed to indicate the patients' nurse care managers were notified of the potential exposure to COVID-19, or if there was a plan in place for clinical staff to closely monitor these patients for COVID-19.</p> <p>An interview with Employee H, home health aide, was conducted on 4/8/20 at 6:19 PM. During this interview, Employee H reported she developed a cough and fever on 3/25/20. She was in the agency's office on this date for education, and Employee F, Program Manager (non-clinical) checked her temperature. Employee H stated her temperature at that time was "99 - point - something ... a low grade fever." She indicated she was not further screened or assessed for COVID-19, was not removed from the patient care schedule, and was not advised to wear a mask when providing patient care by any supervisor or agency employee. Employee H continued to provide direct patient care to Patient #2 on 3/26/20, 3/27/20, 3/30/20, 3/31/20, 4/1/20, 4/2/20, 4/3/20, and 4/4/20. During her interview, Employee H reported she continued to have a cough and low grade fever daily after 3/25/20, but did not report these symptoms again to the agency until 4/4/20.</p> <p>The health file for Employee H was received on 4/13/20 at 11:41 AM. The file indicated a "COVID-19 Assessment Information - Evaluating Persons with Fever and Acute Respiratory Illness" form was completed by Employee B on 4/4/20 (alternate administrator who was non-clinical). The health file failed to indicate a COVID-19 screening form, or any other notation regarding Employee H's symptoms, was documented by the agency when the employee first reported symptoms on 3/25/20.</p>						

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	<p>An interview was conducted with Employee B, alternate administrator, on 4/13/20 at 12:50 PM. Employee B indicated there was no further documentation or screenings in Employee H's chart regarding COVID-19.</p> <p>7. An interview with the administrator and alternate administrator was conducted on 4/8/20 at 3:50 PM. The administrator stated the agency was "not really" tracking and investigating employee infections prior to the COVID-19 outbreak. She indicated the agency did not require staff to check their temperature or be assessed for COVID-19 symptoms prior to each shift. The registered nurses (RN) were to complete COVID-19 screenings for both the patient and home health aide, if present, prior to completing a home visit. This screening was performed using the form "COVID-19 Assessment Information - Evaluating Persons with Fever and Acute Respiratory Illness." The administrator indicated the RNs were not advised to screen and assess patients for COVID-19 at any other frequencies. The alternate administrator indicated the program managers (non-clinical) were tracking staff who had reported symptoms of COVID-19 and were following up on the staff "every few days" to monitor their status.</p> <p>8. A follow up interview the administrator and alternate administrator was conducted on 4/9/20 at 5:02 PM. During the interview, the administrator indicated when an employee was removed from providing direct patient care and quarantined due to COVID-19 precautions, the patient was notified of the change in scheduling of staff and provided education on COVID-19 symptoms to monitor for and ways to prevent the spread. The alternate administrator indicated the Program Managers (non-clinical) are the ones to contact the patients and provide education in these cases. The agency</p>						

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G 0686  Bldg. 00	<p>failed to indicate the patients' nurse case managers are notified of the potential exposure to COVID-19, or if there was a plan in place for clinical staff to closely monitor these patients for COVID-19.</p> <p>484.70(c) Infection control education Standard: Education. The HHA must provide infection control education to staff, patients, and caregiver(s). Based on record review and interview, the home health agency (HHA) failed to provide infection control education, specifically related to COVID-19, to agency staff for 3 of 5 employee records reviewed (H, N, J).</p> <p>Findings include:</p> <p>1. An HHA policy dated 3/21/2012, titled "OSHA Infection Control/Exposure Control Plan," was received on 4/8/20 at 5:01 PM. The policy stated "The [agency] will: ... Educate employees in the infection control program upon employment, when changes occur, and at least annually."</p> <p>2. Employee H, home health aide, was interviewed on 4/8/20 at 6:19 PM. The employee indicated the agency had not provided any education regarding COVID-19 symptoms, prevention, general infection prevention, or other topics.</p> <p>3. Employee N, home health aide, was interviewed on 4/8/20 at 6:45 PM. The employee indicated the agency had sent text messages to her with information regarding COVID-19. She was unable to provide details regarding the topics or specific information included in these messages. Employee N denied the agency had sent text messages or emails containing any web links for videos or</p>			G 0686	<p>All current and new employees will be inserviced on Coronavirus, Infection Control and donning and doffing of PPE with inservices from In the Know and PPE video. This will be verified with passing of in-service quizzes and added to caregiver file.</p> <p>Clinical Staff will continue to educate clients and caregivers on signs/symptoms of COVID, and infection control with in home visits and telehealth calls.</p> <p>Admisnistrator will monitor employee files to ensure 100% compliance weekly until 100% compliance, then will monitor quarterly for compliance.</p>		05/06/2020

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	<p>other education regarding COVID-19.</p> <p>4. Employee J, home health aide, was interviewed on 4/9/20 at 10:14 AM. The employee stated she had received text messages with information regarding personal protective equipment, hand hygiene, and symptoms of COVID-19 from the agency. Employee J stated she also received a text message from the agency on 4/9/20 at 8:58 AM that included a web link to "some videos" regarding COVID-19. Employee J was unable to say if she was required to send the HHA any form of verification that the education was received and completed.</p> <p>5. The administrator was interviewed on 4/8/20 at 3:50 PM. The administrator stated the HHA provided an in-service email regarding COVID-19 on 3/6/20 to all "internal staff," which include all Program Managers (Employees B, E, F: which were non-clinical) and Registered Nurses (Employees C, D). The in-service included education that "sick employees need to stay home," and employees should not return to work until their temperature was under 100.4 degrees Fahrenheit for at least 24 hours, without the use of fever reduction medications. The administrator indicated the internal staff was to "educate care givers and document." The agency produced the in-service provided to internal staff on 4/9/20 at 9:05 AM, but failed to provide documentation of other agency employees being provided this education.</p> <p>6. A follow up interview with the administrator was conducted on 4/13/20 at 1:00 PM. The administrator indicated staff education was completed through an application that allows the HHA to send text messages to its employees. These text messages can either include the</p>						

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G 0804  Bldg. 00	<p>information or web links to a video or slideshow that contained the information. The administrator also indicated the HHA did not typically track completion of education, as "we can't verify [the text message] was read." She did state the agency recently sent out text messages for all employees to complete education on "infection control," "COVID-19," "handwashing," and "unusual findings." The administrator indicated this education was to be completed "immediately."</p> <p>7. A list of employees who had completed the mandatory education on infection control and COVID-19 was received on 4/13/20 on 12:07 PM. The employee list failed to include 53 employees of the agency, including the administrator, 3 Program Managers (Employees B, E, F), 2 Registered Nurses (Employees C, D), and 46 home health aides. The agency failed to provide a list of employees who had completed education on handwashing and unusual findings, or a list of employees who had indicated they had read the COVID-19 education sent through text messages.</p> <p>484.80(g)(4) Aides are members of interdisciplinary team Home health aides must be members of the interdisciplinary team, must report changes in the patient's condition to a registered nurse or other appropriate skilled professional, and must complete appropriate records in compliance with the HHA's policies and procedures. Based on record review and interview, the home health agency failed to ensure home health aides reported changes in a patient's condition to a registered nurse (RN) for 1 of 1 records reviewed, that required notification to the RN, in a sample of 7 (#2).</p>			G 0804	All current and new employees will be inserviced on the organizational management. Any future changes will be communicated with employees immediately upon the changes taking place. Any concerns or changes in condition		05/06/2020



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	<p>Findings include:</p> <p>1. The undated form titled "Supervisory Visits of the Home Health Care Staff" was received on 4/9/20 at 11:05 AM. Employee B indicated this was the form used by Registered Nurses (RN) to complete home health aide supervisory visits. The form included an assessment of the home aide "Informs nurse supervisor of client needs and condition as appropriate, in a timely manner."</p> <p>2. The clinical record of Patient #2 was reviewed on 4/9/20, and indicated a start of care date of 8/1/19. The record included a plan of care for the certification period of 3/27/2020 - 5/25/2020. The plan of care stated "HHA [Home health aide] to report [symptoms of high or low blood sugar] to Office RN ... HHA to report all witnessed and unwitnessed falls to Office RN ... HHA to ... notify Office RN of any new or worsening of skin issues ... HHA ... to report any hospitalizations, falls, medication changes, or unusual occurrences to the office ..."</p> <p>Review of patient #2's clinical record indicated Employee B, Program Manager/Alternate Administrator (non-clinical), documented on 4/4/20 that Patient #2 and Employee H contacted her and reported she had a low grade fever and cough. Both Employee H and the patient expressed concern that the employee may have contracted COVID-19. Employee B also documented Patient #2 reported a cough and low grade fever "but didn't have a thermometer." The clinical record failed to indicate Employee H, home health aide, or Employee B contacted Patient #2's registered nurse regarding the patient's symptoms.</p> <p>3. Employee H, home health aide, was interviewed</p>				<p>will be reported to clinical staff and follow up will be documented. Clinical Staff will continue to re-educate caregivers and clients on the importance of reporting changes in condition to the nurse.</p> <p>Administrator and Clinical Staff will monitor caregiver documentation and communication notes weekly to ensure proper documentation of caregivers notifying the nurse of any changes in condition and concerns are taken care of promptly and followed up on. Once 100% compliance is achieved will monitor monthly for compliance.</p>		

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	<p>on 4/8/20 at 6:19 PM. During the interview, Employee H indicated if she had an issue with a patient, she would call the agency office and speak with the Program Managers (Employees B, E, F; non-clinical) to advise them of the situation. Employee H stated she was unable to ever contact a nurse case manager or the administrator directly.</p> <p>4. Employee N, home health aide, was interviewed on 4/8/20 at 6:45 PM. During the interview, Employee N indicated when she "mostly speaks with office staff" regarding any concerns with patient care. Employee N stated when she had concerns or questions regarding a patient, she had to call into the agency office and relay her concern or question to a Program Manager (Employees B, E, F: non-clinical), and they in turn would relay it to the patient's nurse case manager. Employee N stated at times the Program Managers have argued with her regarding concerns or question that needed to be passed on to the nurse. Employee N also indicated she had to impress the importance of speaking to a nurse several times to the Program Managers before they connected her to the nurse. She stated she was not provided contact numbers to directly contact the nurse case managers or the administrator.</p> <p>5. Employee J, home health aide, was interviewed on 4/9/20 at 10:14 AM. During the interview, Employee J indicated when she had a concern regarding a patient, she contacted the agency office and asked to speak with a patient's nurse case manager. Employee J stated if she was unable to speak with the nurse, she would relay her concern or question to the Program Managers (Employees B, E, and F), and they would report this to the nurse.</p>						

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N 0000  Bldg. 00	<p>6. Employee B (Program Manager and Alternate Administrator), was interviewed on 4/13/20 at 3:35 PM. Employee B indicated when a home health aide had a concern, they were to call in to the office and report the concern to the Program Managers, who would then relay the information the patient in question's nurse case manager. Employee B stated all home health aide concerns were relayed to the nurse case manager "100% of the time."</p> <p>This was a state complaint and COVID-19 investigation survey.</p> <p>Facility ID: 014340</p> <p>Dates of Survey: April 8, 2020; April 9, 2020; April 13, 2020</p> <p>Active Census: 54</p> <p>Unduplicated admissions for the last 12 months: 101</p> <p>Sample Selection: 7 records reviewed without home visits</p> <p>Complaint # IN00323843- Substantiated with findings</p>			N 0000			
N 0440  Bldg. 00	<p>410 IAC 17-12-1(a) Home health agency administration/management Rule 12 Sec. 1(a) Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15K172		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/13/2020	
NAME OF PROVIDER OR SUPPLIER  ADAPTIVE NURSING AND HEALTHCARE SERVICES - KOKOM				STREET ADDRESS, CITY, STATE, ZIP CODE 2904 S REED ROAD KOKOMO, IN 46902			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>down to the patient care level shall be: (1) clearly set forth in writing; and (2) readily identifiable.</p> <p>Based on record review and interview, the home health agency (HHA) failed to ensure its organizational structure and lines of authority were readily identifiable by its staff.</p> <p>Findings include:</p> <p>1. The HHA's undated organizational chart was received on 4/9/20 at 11:05 AM. The delineation of authority on the organizational chart, from top to bottom, was documented as follows: "Governing Body" (corporate Persons C and D), "Administrator/Alternate Administrator" [sic] (Employees A and B, respectively). The chart then branched into 2 additional groups. The group on the left hand column included "Program Managers" (Employees B, E, and F). The group on the right hand column went as follows, from top to bottom: "Nursing Supervisor/Alternate Nursing Supervisor" [sic] (Director of Nursing and Alternate Director of Nursing; Employees C and A, respectively), and "Clinical Managers" (Employees C and D). This line of delineation then branched into 2 further groups. The group listed on the left column was "Home Health Aides," and the group listed on the right column was "Clients."</p> <p>2. The personnel file for Employee C, registered nurse and the agency's DON, was received on 4/13/20 at 3:12 PM. The personnel file failed to include a copy of the agency's job description for DON signed by Employee C, or a copy of the employee's orientation to the role of DON.</p> <p>3. Employee H, home health aide, was interviewed</p>			N 0440	<p>All current and new employees will be in-serviced on agency lines of authority and leadership. Administrator and Nursing Supervisors have been oriented and signed new job descriptions of new leadership appointments. All external caregivers will be re-educated of whom to report changes and concerns. Going forward with any administrative changes all employees will be updated on those changes.</p> <p>Administrator will monitor and review all caregiver files monthly to ensure 100% compliance. Once 100% compliance has been achieved will continue to monitor quarterly.</p>		05/06/2020

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	<p>on 4/8/20 at 6:19 PM. During the interview, the employee indicated she did not know the administrator, alternate administrator, director of nursing, or alternate director of nursing of the agency. Employee H indicated she reported to Employee B (Program Manager and Alternate Administrator).</p> <p>4. Employee N, home health aide, was interviewed on 4/8/20 at 6:45 PM. During the interview, the employee indicated she did not know the administrator, alternate administrator, director of nursing, or alternate director of nursing of the agency.</p> <p>5. Employee C, registered nurse and the agency's nursing supervisor (Director of Nursing DON), was interviewed on 4/9/20 at 10:33 PM. During the interview, the employee indicated Corporate Person C was the administrator and Employee A was the DON (not herself as indicated by the administrator). The employee was unable to name the alternate administrator or alternate DON.</p> <p>6. Employee D, registered nurse, was interviewed on 4/9/20 at 10:45 AM. During the interview, the employee indicated Corporate Person C was the administrator of the agency. The employee was unable to name the agency's alternate administrator, DON, or alternate DON. Employee D stated "it [names of employees in these roles] is in our office procedures book," which she did not have access to as she was not in the agency's office at the time of interview.</p> <p>7. The administrator was interviewed on 4/13/20 at 3:35 PM, and was advised that Employee C failed to indicate she was aware she was the agency's DON. The administrator stated "She [Employee C] has been talked to [regarding this position] ...</p>						

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	she is aware." The administrator indicated Employee C has not signed a job description for the role of DON due to the employee working from home for the last few weeks, in order to decrease the spread of COVID-19. When advised several staff members were unable to name who was in the role of key administrative staff, including administrator and DON, the administrator stated "there have been a lot of changes around here."						