

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>15K165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OR SUPPLIER <b>VISITING ANGELS HOME HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>3197 S US HWY 231 GREENCASTLE, IN 46135</b>		
(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
G 0000  Bldg. 00	<p>This visit was for a Federal and State Complaint Survey of a Medicaid Home Health provider.</p> <p>Complaint #: IN00334567 - Substantiated. Unrelated deficiencies were cited..</p> <p>IN00333710 - Substantiated. Federal and State Deficiencies were cited. Unrelated deficiencies were cited.</p> <p>Survey Date: 09/09/2020</p> <p>Facility #: 014225</p> <p>Provider #: 15K165</p> <p>Medicaid #: 300012386</p> <p>Census: Skilled services - 5 Home health aide services - 53 Total - 58</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17.</p> <p>Quality Review completed on 9/24/2020 A4</p>	G 0000		
G 0528  Bldg. 00	<p>484.55(c)(1) Health, psychosocial, functional, cognition The patient's current health, psychosocial, functional, and cognitive status;</p> <p>Based on record review and interview, the agency failed to ensure the Registered Nurse assessed all wounds, especially with patients shared with other agencies, in 1 of 1 recertification record reviewed of a patient with a wound in a sample of</p>	G 0528	<p>1. How the deficiency will be corrected:</p> <p>The Clinical Manager will immediately audit all current clinical records of patients</p>	10/09/2020

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 disclosed 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.

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	<p>6 active records. (Patient #2)</p> <p>Finding includes:</p> <p>The clinical record of patient #2, start of care 6/25/20, was reviewed on 09/09/20. The record contained a comprehensive recertification assessment dated 8/24/20, which indicated "excoriation, stage II to coccyx, hospice RN weekly." The assessment failed to include where the excoriation was located, failed to include an assessment of the stage II coccyx wound (description of wound tissue appearance, measurements, peri-wound appearance, if wound is a true stage II, drainage, odor, ), and failed to provide information from the hospice agency on who is responsible for the wound treatment, what to report to either agency, treatment being provided, and their assessment of the wound.</p> <p>During an interview on 09/09/20 at 11:05 a.m., when queried if the patient was receiving hospice services, the Clinical Manager indicated she did not know if the patient continued to have hospice.</p> <p>During an interview on 09/09/2020 at 1:00 p.m., when queried if they knew who the hospice entity was and if they have spoken to the hospice entity, Employee C, Registered Nurse, indicated they believed that Entity C was the hospice entity and they have not spoken to anyone/ coordinated care with the entity. Employee C also indicated she did not observe the wound when she assessed the patient.</p> <p>17-14-1(a)(1)(B)</p>		<p>receiving services from multiple providers.</p> <p>All nurses will receive education on the performance of a full head to toe assessment that is to be completed at all certification time points. This is to include a full skin examination and ensuring a focus on evaluation of all skin areas. Areas of the body identified as having impaired skin integrity are to be described in detail including location, size, depth, odor, slough, appearance of healing or non healing, appearance of surrounding skin tissue including the color of the skin, etc. The nurse is to physically examine all wounds and document the above including documentation of the wound site(s).</p> <p>In the event the patient's wound care provider is another clinic or home care provider, and upon skin examination the nurse determines the wound site has a non-removable dressing in place, the nurse is to call the clinic or provider and obtain the wound measurements, treatment plan, healing status, etc from the other provider. The other provider is also to inform the agency of signs/symptoms they want reported to them immediately that may indicate worsening of the condition of the wound. This collaboration is to be documented</p>	

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			<p>in the Coordination-of-Care section of the clinical record and on the plan of care.</p> <p>Going forward, the agency will implement the following measure: Patients identified as receiving services from multiple providers will be provided a 15-day discharge notice and the agency services will be discontinued until the patient's goals with the other provider have been met.</p> <p>2. How the deficiency will be prevented from recurring:</p> <p>To ensure ongoing compliance, the Clinical Manager/designee will audit 100% of all certification assessments for accuracy and completion of documentation of all fields of assessment. The Clinical Manager will make random unannounced supervisory visits of the RN Case Managers to evaluate their assessment procedure and process. Nurses identified as not performing a full head to toe assessment will receive further training and supervision.</p> <p>3. Who is responsible for ensuring the deficiency has been corrected and compliance maintained:</p> <p>The Clinical Manager</p> <p>4. Date the agency will have the</p>	

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G 0536  Bldg. 00	<p>484.55(c)(5)</p> <p>A review of all current medications</p> <p>A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based on record review and interview, the agency failed to ensure oxygen route and liter flow was included on the medication profile for 3 of 3 (Patient #2, #3, #5) active patient records reviewed who were on oxygen.</p> <p>Findings include:</p> <p>1. The clinical record for patient #2, start of care 6/25/20, was reviewed on 09/09/20. The record contained a recertification assessment dated 8/24/20, which revealed that the patient was on continuous oxygen at 4 liters via nasal cannula.</p> <p>Review of plan of care for the recertification period of 8/25/20 to 10/24/20, at locator #14 for durable medical equipment, revealed the patient had oxygen in the home.</p> <p>Review of the medication profile, failed to evidence the oxygen, route, and liter flow.</p> <p>2. The clinical record for patient #5, start of care 09/02/20, was reviewed on 9/9/20, and revealed start of care comprehensive assessment dated 09/02/20, indicated that the patient was on 3 liters</p>		G 0536	<p>deficiency corrected:  10/09/20</p> <p>1. How the deficiency will be corrected:</p> <p>The Clinical Manager will immediately audit the comprehensive assessments, medication profiles, and medical plans of care of all active patients who are receiving oxygen therapy to determine if all documents contain consistent accurate documentation of the patient's route of administration and liter flow. Any additional findings will be immediately addressed and corrected.</p> <p>The RN Case Managers will be educated to ensure accurate, consistent, and complete assessment and documentation of the patient's oxygen device, frequency of use, liter flow, route of delivery, etc. The nurses were educated to document the above on the assessments, plan of care, visit notes, medication profiles,</p>

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G 0608 Bldg. 00	<p>of oxygen.</p> <p>Review of an agency document titled "Case Note" dated 09/09/20, revealed that the patient was on 3 liters of oxygen at 2 liters per nasal cannula.</p> <p>Review of a plan of care for the certification period of 09/02/20 to 11/01/20, at locator #14 for durable medication equipment, revealed the patient had oxygen in the home.</p> <p>Review of the medication profile, failed to evidence the oxygen, route, and liter flow.</p> <p>3. The clinical record for patient #3, start of care 6/29/20, was reviewed on 9/9/20, contained a plan of care for the certification period of 8/29/20 to 10/28/20. The locator #14 for durable medical equipment revealed the patient had oxygen in the home.</p> <p>Review of the medication profile, failed to evidence oxygen, liter flow, and route.</p> <p>4. During an interview on 09/09/2020 at 12:30 PM, when queried if oxygen is considered a medication and if the route and liter flow should be included on the plan of care, the Clinical Supervisor agreed that oxygen is a medication and the route and liter flow should be included on the medication profile/list.</p> <p>17-15-1(a)(3)</p> <p>484.60(d)(4) Coordinate care delivery Coordinate care delivery to meet the patient's needs, and involve the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities.</p>		<p>etc.</p> <p>2. How the deficiency will be prevented from recurring:  The Clinical Manager/designee audits all recertification documentation at all certification time points, and will be evaluating for accuracy of documentation throughout.</p> <p>3. Who is responsible for ensuring the deficiency has been corrected:  The Clinical Manager</p> <p>4. The date the agency will have deficiency corrected:  10/09/20</p>	

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	<p>Based on record review and interview, the facility failed to coordinate care delivery with shared agencies to meet the patient's needs for 2 of 2 active records reviewed. (Patient #3, #2)</p> <p>Findings include:</p> <p>1. Clinical Record / Document Review for client #3 indicated home health aide (L) visits on 8/17/2020 - 8/21/2020; 8/10/2020 - 8/14/2020; 8/03/2020-8/07/2020; 7/23/2020- 7/31/2020 and failed to evidence client #3 refused or received baths during the visits.</p> <p>Clinical Record/ Document Review for client #3, the "Coordination of Care with other providers" form was blank and did not reveal another provider's name, service provided by provider, frequency of services, contact person, and phone.</p> <p>During an interview on 9/09/2020 at 11:27 a.m., the Employee B, Clinical Supervisor, stated client #3 received baths from another agency, but did not know the name of the other agency.</p> <p>2. The clinical record for patient #2, start of care 6/25/2020, was reviewed on 09/09/20, and revealed a comprehensive recertification assessment dated 08/24/2020, which indicated that the patient was receiving hospice services from Entity C.</p> <p>Review of an agency document titled "Case Note" dated 08/24/2020, indicated the patient received hospice services weekly and that they provide wound care for the patient's stage 2 wound.</p> <p>Review of the plan of care for current certification period failed to evidence what services the hospice entity was providing, directions on wound care issues/ concerns, and coordination of</p>	G 0608	<p>1. How the deficiency will be corrected:</p> <p>The Clinical Manager/designee will immediately audit all clinical records to ascertain if there are additional patients receiving services from multiples providers.</p> <p>The Clinical Manager will provide the following education to the RN Case Managers regarding their coordination of care responsibilities:</p> <p>All patients are to be assessed at start of care and on and ongoing basis to determine if the patient is receiving services from another provider.</p> <p>If the Clinical Manager determines there is overlap and duplication of services, the home health agency will discharge the patient.</p> <p>In all other instances, the RN Case Manager is to contact the other provider to ascertain the services they are providing, frequency of services, and projected outcomes of care.</p> <p>At a minimum, the agency RN Case Manager will contact the other provider at least once every 60 days.</p> <p>The Clinical Manager will hold weekly coordination of care</p>	10/09/2020

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G 0800  Bldg. 00	<p>visits so that both agencies were not overlapping.</p> <p>Review of an agency document titled "Coordination of Care With Other Providers" was blank and failed to contain any coordination notes with Entity C.</p> <p>During an interview on 09/09/20 at 11:05 a.m., when queried if the patient was receiving hospice services, the Clinical Manager indicated she did not know if the patient continued to have hospice.</p> <p>During an interview on 09/09/2020 at 1:00 p.m., when queried if they knew who the hospice entity was and if they have spoken to the hospice entity, Employee C, Registered Nurse, indicated they believed that Entity C was the hospice entity and they have not spoken to anyone/ coordinated care with the entity.</p> <p>17-12-2(h)</p> <p>484.80(g)(2) Services provided by HH aide A home health aide provides services that are: (i) Ordered by the physician; (ii) Included in the plan of care; (iii) Permitted to be performed under state law; and (iv) Consistent with the home health aide training.</p> <p>Based on record review and interview, the agency failed to ensure the home health aide provided services as ordered on the plan of care for 1 of 3</p>	G 0800	<p>meetings with the RN Case Managers. This meeting may be a combination of in-person and telephonic meetings.</p> <p>2. How the deficiency will be prevented from recurring:</p> <p>The Clinical Manager will audit the records to assess documentation compliance with the coordination of care requirements. Nurses failing to document will be re-educated and subject to disciplinary action.</p> <p>3. Who is responsible for ensuring the deficiency has been corrected:</p> <p>The Clinical Manager</p> <p>4. The date the agency will have the deficiency corrected:</p> <p>10/09/20</p> <p>1. How the deficiency will be corrected:</p> <p>The Clinical Manager/designee will</p>	10/09/2020

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	<p>active records reviewed. (Patient #2)</p> <p>Findings include: The clinical record for patient #2, start of care 6/25/2020, was reviewed on 09/09/20, and revealed a plan of care for the recertification period of 8/25/20 to 10/24/20, with orders for home health aide services 10 hours a day, a frequency of 5 days a week for 50 hours a week for a duration of 60 days.</p> <p>Review of the home health aide visit notes from 08/24/20 to 08/28/20, revealed that the patient was only receiving services 8 hours per day (approx 8:00 a.m. to 4:00 p.m.).</p> <p>During an interview on 09/09/20 at 1:00 p.m., when queried why the patient had not been receiving the full 10 hours of home health aide services as ordered, the Administrator indicated that the patient "initially" agreed to 8 hours but they wrote the order for 10 hours.</p> <p>17-13-1(a)</p>			<p>audit all home health aide schedules/frequencies to ascertain if there are additional clients who are not receiving the physician ordered number of hours/visits.</p> <p>In cases where it is identified that the patient/representative request a decrease in the number of hours/visits scheduled, the MD will be contacted, a verbal order obtained, the home health aide notified, and the home health aide care plan updated.</p> <p>In cases where it is identified that the patient/representative want the ordered number of hours but the home health aide is providing a lesser number of hours/visits, the home health aide will receive re-education regarding their assignment and a disciplinary action for failure to follow the HHA care plan.</p> <p>2. How the deficiency will be prevented from recurring: The agency will utilize an audit process. This process will consist of review of all home health aide schedules and time sheets along with the HHA care plan.</p> <p>3. Who is responsible for ensuring the deficiency will be corrected: The Clinical Manager</p>

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G 0978  Bldg. 00	<p>484.105(e)(2)(i-iv)</p> <p>Must have a written agreement</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> <ul style="list-style-type: none"> <li>(i) Denied Medicare or Medicaid enrollment;</li> <li>(ii) Been excluded or terminated from any federal health care program or Medicaid;</li> <li>(iii) Had its Medicare or Medicaid billing privileges revoked; or</li> <li>(iv) Been debarred from participating in any government program.</li> </ul> <p>Based on record review and interview, the agency failed to ensure they had a written agreement with shared agencies entailing who will be the primary agency/ maintain overall responsibility of the patient and the manner in which services will be provided between both agencies.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The clinical record for patient #2, start of care 6/25/2020, was reviewed on 09/09/20, and revealed a comprehensive recertification assessment dated 08/24/2020, which indicated that the patient was receiving hospice services from Entity C.</li> </ol>	G 0978	<p>4. The date the agency will have the deficiency corrected:</p> <p>10/09/20</p> <p>1. How the deficiency will be corrected:</p> <p>The Administrator will immediately review all active patient files to determine the patients who are receiving services from more than one provider.</p> <p>Due to payer requirements and restrictions, it is not possible for one entity to be the "primary provider" in the home setting; i.e., the Medicare provider does not hold the Medicaid Prior Approval</p>	10/09/2020

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	<p>Review of an agency document titled "Case Note" dated 08/24/2020, indicated the patient received hospice services weekly and that they provide wound care for the patient's stage 2 wound.</p> <p>Review of the plan of care for current certification period failed to evidence what services the hospice entity was providing, directions on wound care issues/ concerns, and coordination of visits so that both agencies were not overlapping.</p> <p>Review of an agency document titled "Coordination of Care With Other Providers" was blank and failed to contain any coordination notes with Entity C.</p> <p>During an interview on 09/09/20 at 11:05 a.m., when queried if the patient was receiving hospice services, the Clinical Manager indicated she did not know if the patient continued to have hospice.</p> <p>During an interview on 09/09/2020 at 1:00 p.m., when queried if they knew who the hospice entity was and if they have spoken to the hospice entity, Employee C, Registered Nurse, indicated they believed that Entity C was the hospice entity and they have not spoken to anyone/ coordinated care with the entity.</p> <p>2. Clinical Record / Document Review for client #3. Home health aide (L) visits on 8/17/2020 - 8/21/2020; 8/10/2020 - 8/14/2020; 8/03/2020-8/07/2020; 7/23/2020- 7/31/2020 failed to evidence client #3 refused or received baths during the visits.</p> <p>Clinical Record/ Document Review for client #3, the "Coordination of Care with other providers" form was blank and did not reveal another</p>		<p>for service agreement and is therefore not able to pay the Medicaid entity for their services.</p> <p>Therefore, when the agency identifies there are other health care entities providing services in the home setting, Visiting Angels Home Health agency will temporarily suspend and/or discharge their services. The agency administrator will consult with the patient and family to explain that once the patient's goals with the other entity are met and they are discharged from service with that entity, they may contact Visiting Angels Home Health agency for evaluation for home health services through Medicaid.</p> <p>All patient receiving services from Medicare home care providers will be provided the above verbal and written explanation and a 15-day notice of discharge. The physician will also be notified of the pending discharge. The agency will complete a discharge assessment and provide the patient and physician a discharge summary.</p> <p>Visiting Angels Home Health agency will continue to coordinate service and provision of care with other providers such as physicians, outpatient therapy clinics, etc.</p>	

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	<p>provider's name, service provided by provider, frequency of services, contact person, and phone.</p> <p>During an interview on 9/09/2020 at 11:27 a.m., when queried about the patient not receiving baths as ordered, Employee B, Clinical Supervisor, stated client #3 received baths from another agency, but did not know the name of the other agency</p> <p>During an interview on 09/09/2020 at 1:00 a.m., when queried if the agency had a written agreement between them and the other entities indicating who will be the primary agency/ whom will maintain overall responsibility of the patient, the Administrator responded that no one has spoken with the shared agencies and that there was no written agreements.</p> <p>17-12-2(d) 17-12-2(e)</p>		<p>Documentation of this coordination of services will be documented on the "Coordination of Care with Other Providers" form. This communication will be performed at time of admission at least once every 60 days.</p> <p>Issues the RN Case Managers are to discuss and address will include the following:</p> <p>Both the clinics and the home health agency will coordinate services and visit schedules with each other to accommodate the needs of the patient to ensure no overlap of visit times.</p> <p>The RN Case Manager/designee will ensure that information specific to the other healthcare providers is documented in coordination of care documentation and on the physician plan of care.</p> <p>2. How the deficiency will be prevented from recurring:</p> <p>As a component of the intake process, the Clinical Manager will evaluate all prospective clients to determine their service needs and the health service entities that are currently involved in the provision of care. Potential referrals who already have a home care provider will not be admitted for care.</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>15K165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OR SUPPLIER <b>VISITING ANGELS HOME HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>3197 S US HWY 231</b> <b>GREENCASTLE, IN 46135</b>		
(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
			<p>At the time of admission, the RN Case Manager will explain that if the patient becomes eligible for MCA home health services, Visiting Angels Home Health agency will have to discharge the MCD home health services due to regulatory and payer requirements. The patient will be eligible for readmission to Visiting Angels MCD Home Health services once the patient's goals under the MCA home health program are met.</p> <p>The agency will hold routine scheduled coordination of care meetings where the RN Case Managers will be reporting/discussing patient needs, services, goals, and progress as well as the services provided by additional providers.</p> <p>3. Who is responsible for ensuring the deficiency will be corrected: The Administrator and Clinical Manager</p> <p>4. The date the agency will have the deficiency corrected: 10/09/20</p>	