

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157688	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2019
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NAME OF PROVIDER OR SUPPLIER UNITED HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 7212 N SHADELAND AVE STE 100 INDIANAPOLIS, IN 46250
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(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
E 0000 Bldg. 00	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 494.102 Home Health Agencies.</p> <p>Survey Date: June 13, 19, 20, 24, and 26, 2019. (agency closed on Fridays; 6-14-19, and 6-21-19) Facility #: 012120</p> <p>Provider ID: 157688</p> <p>Census: 116 unduplicated admissions in last 12 months, 81 active patients, 97 discharged patients since 12-1-18</p> <p>During this Emergency Preparedness Survey, United Home Healthcare was found to be in compliance with 42 CFR 494.102 Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers.</p>	E 0000		
G 0000 Bldg. 00	<p>This visit was a Federal Recertification and State Relicensure survey with 3 complaints. This survey was partially extended on June 24, 2019</p> <p>Complaint Number: IN00260693 - Unsubstantiated Complaint Number: IN00256045 - Substantiated with deficiencies cited. Complaint Number: IN00185751 - Unsubstantiated</p> <p>Survey Date: June 13, 19, 20, 24, and 26, 2019. (agency closed on Fridays; 6-14-19, and 6-21-19)</p>	G 0000		

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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G 0436 Bldg. 00	<p>Facility #: 012120</p> <p>Provider ID: 157688</p> <p>Unduplicated admissions: 116</p> <p>Active census: 81</p> <p>Discharged in past 6 months: 97</p> <p>Active charts reviewed with home visit: 3</p> <p>Active charts reviewed without home visit: 4</p> <p>Discharged charts reviewed: 2</p> <p>Total charts reviewed: 7</p> <p>These deficiencies reflects State Findings cited in accordance with 410 IAC 17. Refer to State statement of deficiencies/ form for additional State findings.</p> <p>Quality Review completed on 7/25/19</p> <p>Based on record review and interview, the home health agency failed to ensure the patients received all services ordered in the plan of care for 3 of 7 clinical records reviewed. (patient #5, #6, and #7)</p> <p>The findings include:</p> <p>1. Review of an undated agency policy titled</p>	G 0436	<p>1. The DCS will review and update the agency policy and procedure for acceptance of qualified patients, correct documentation of frequency, placing a patient on hold, transfer and discharge of patients, and documentation of missed visits.(8/8/19)</p> <p>2. The DCS will then inservice the</p>	08/30/2019

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	<p>"Plan Of Care," policy #C-580, stated "Special Instructions: ...10. Professional staff shall promptly alert the physician to any changes that suggest a need to alter the Plan of Care."</p> <p>2. Review of an undated agency policy titled "Admission Policy," policy #C-120, stated "Policy: Clients are accepted for treatment in the home on the basis of reasonable criteria and under the expectation that the client's medical, nursing, and social needs can be met adequately by Agency in the client's place of residence. ... Special Instructions: ... 3. Services for a client receiving Skilled Nursing, ... or Home Health Aide services must follow a written Plan of Care established and periodically reviewed by a doctor ... 5. Reasonable expectation shall consider: a. Whether the agency's personnel and resources are adequate and suitable for providing the services the client requires. ... 10. Agency services must be appropriate and available to meet the specific needs and requests of the client and caregiver."</p> <p>3. Review of an undated agency policy titled "Services On Hold," policy #C-630, stated "Policy: Services will be place "hold" when clients are unable to receive services in their home due to hospitalizations, interruptions in therapy due to clinical response (infusion), or travel outside the agency service area. ... Special Instruction: ... 2. The physician will be notified of the change in condition or circumstances precipitating the change. Physician orders will be obtained if there is a change in the care or treatments to be provided." The agency failed to follow the agency policy for when to place services on hold or notify the physician of a change in condition and need for services.</p>		<p>scheduling department, Administrator, and all case managers on the agency policy and procedure for reporting missed visits and/or frequencies not met, placing a patient on hold, transfer and discharge of patients, and accepting qualified patients to ensure understanding of compliance and documentation regulations. (8/30/19)</p> <p>3. The DCS will review and revise the policy for documentation of patient complaints and will reeducate all applicable agency staff on the revised policy to ensure all patient complaints are appropriately logged and followed through to resolution. (8/30/19)</p> <p>4. The DCS will inservice all agency home health aides concerning the attendance policy, disciplinary action, frequency compliance, and reporting patient complaints. (8/30/19)</p> <p>5. The DCS/designee will audit 20% of active patient frequencies weekly until compliance is met for 4 weeks, then 10% of active patient files monthly ongoing to ensure compliance is maintained for 1 quarter, then 10% of active patient charts quarterly, ongoing, to ensure compliance is maintained. (Begin 8/5/19 and ongoing)</p>	

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	<p>4. The clinical record for patient #5, start of care date of 3-13-19; was reviewed on 6-24-19. The record contained a plan of care for the certification period of 5-12-19 to 7-18-19, and signed by the physician on 5-30-19, with orders for waiver attendant services 4-6 hours a day, 3-5 days a week, for 9 weeks and up to 14 hours a week.</p> <p>Review of the record failed to evidence hours from 5-12-19 to 5-25-19 (week #1 and # 2 of the certification period). The agency failed to ensure the personnel followed the frequency ordered on the physician signed plan of care as evidenced by the following:</p> <p>Documentation of hours for week #3 included: 5-31-19 from 2:31 PM to 9:30 PM; and 6-1-19 from 11:00 AM to 8:11 PM, for a total of 16 hours and 12 minutes for the week.</p> <p>Documentation of hours for week #4 included: 6-2-19 from 10:00 AM to 4:00 PM; 6-3-19 from 2:32 PM to 8:40 PM; and 6-5-19 from 2:30 PM to 8:34 PM, for a total of 18 hours and 12 minutes for the week.</p> <p>Documentation of hours for week #5 included: 6-10-19 from 2:30 PM to 8:30 PM; 6-12-19 from 2:32 PM to 8:35 PM; and 6-14-19 from 2:30 PM to 8:40 PM, for a total of 16 hours and 7 minutes for the week.</p> <p>During an interview on 6-24-19 at 11:55 AM, when asked to provide documentation for visits or physician notification of missed visits, employee F, Alternate Administrator and Director of Nursing, indicated there were no visits found from 5-12-19 to 5-30-19, and no "missed visit" notifications found for clinical record #5.</p>		<p>6. The DCS is responsible for ensuring this deficiency is resolved and does not recur.</p>	

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	<p>5. The clinical record for patient #6, start of care date of 5-5-16 and discharge date of 3-2-18, was reviewed on 6-24-19. The record contacted a plan of care for the certification period of 2-24-18 to 4-24-18, and signed by the physician on 2-20-18, with orders for home health aide services 2-4 hours, 1-2 times a day, 5-7 days a week for 9 week and up to 48 hours a week; and waiver attendant services 2-4 hours, 3-5 days a week for 9 weeks and up to 20 hours a week.</p> <p>Clinical record #6 evidenced agency documents titled "Patient Communication Log," which indicated individually dated notes related to the patient's care or schedule, and/ or messages, complaints, concerns, or requests called into the agency from the patient or caregivers as evidenced by the following:</p> <p>A "Patient Communication Log," dated 3-12-17, indicated the agency called the complainant for a satisfaction survey on 3-8-19 and reported the HHA is not always on time.</p> <p>A "Patient Communication Log," dated 3-16-17, indicated the agency notified the complainant that another HHA would fill in for the evening.</p> <p>A "Patient Communication Log," dated 3-21-17, indicated a home health aide that cared for patient #6, requested to be removed from the schedule, leading to a staffing need for 4 patients (including patient #6) at that time.</p> <p>A "Patient Communication Log," dated 3-24-17, indicated the agency had found staffing for the evenings on 4-1 and 4-2, but were still looking for morning staff.</p> <p>A "Patient Communication Log," dated 5-4-17,</p>			

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	<p>indicated patient #6's HHA called off. A second entry indicated the agency contacted the complainant related to scheduling problems. The complainant reported the HHA was not arriving for visits until 3 PM and the patient and complainant were not happy. The HHA were to clock in from the patient's phone for the shift.</p> <p>A "Patient Communication Log," dated 5-11-17, indicated the agency notified the complainant that the agency did not have staff to cover the patient's shift for the day and was working on trying to cover the weekend shifts.</p> <p>A "Patient Communication Log," dated 5-15-17, indicated patient #6 complained and stated "I'm tired of the HHA coming in at 4:40 PM." The agency staff stated "the HHA hours are 3:30 PM" and patient #6 stated "They come when they want to," and requested another HHA as soon as possible. The agency informed patient #6 that the agency is short of staff and patient #6 became upset, and wanted the HHA to arrive at 1 PM like the schedule was before.</p> <p>A "Patient Communication Log," dated 6-14-17, indicated the complainant called and stated "HHA is never there on time and that HHA is leaving before shift and not staying the whole shift."</p> <p>A "Patient Communication Log," dated 6-22-17, indicated patient #6 complained that the HHA had not provided assistance for a shower. Agency ensured that another HHA will provided bathing assistance.</p> <p>A "Patient Communication Log," dated 6-23-17, indicated patient #6's HHA called on sick for the 1P-4P shift. A second entry indicated the agency notified the complainant that another HHA would</p>			

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	<p>be there at 4 PM.</p> <p>The complainant asked if the aide would actually be there at 4 PM, because they never are. The complainant was directed to the Director of Nursing at the time to verbalize concerns and frustrations about the staffing situation.</p> <p>A "Patient Communication Log," dated 6-26-17, indicated patient #6's HHA called off and complainant was upset because patient #6 had not had a HHA all day. A second entry indicated a HHA had overslept and would be late. A third entry indicated the complainant and patient #6 reported staffing concerns to CICOA and were considering a transfer to another agency. A fourth entry indicated the HHA arrived late.</p> <p>A "Patient Communication Log," dated 7-14-17, indicated patient #6's HHA requested to leave shift an hour early.</p> <p>A "Patient Communication Log," dated 1-5-17, 4-5, 4-28, 5-21, 6-21, 8-1, 8-23, 12-1, 12-19, 1-23-18, 1-24, and 1-30 indicated patient #6's HHA would be late.</p> <p>A "Patient Communication Log," dated 1-11-17, 5-24, 8-21, 08-30, 1-4-18, 1-16, 1-19, 2-22, 2-23, 2-24, and 2-25 indicated patient #6's HHA had called off.</p> <p>A "Patient Communication Log," dated 8-24-17, indicated patient #6's HHA needed to leave early.</p> <p>A "Patient Communication Log," dated 8-28-17, indicated patient #6's HHA had called off. A second entry indicated patient #6 complained that the HHA did not provide bathing assistance.</p> <p>A "Patient Communication Log," dated 9-11-17,</p>			

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	<p>indicated there was no HHA scheduled for the hours needed.</p> <p>A "Patient Communication Log," dated 9-20-17, indicated patient #6 did not receive HHA services.</p> <p>A complaint entry dated 6-23-17, and submitted by the caregiver of patient #6, indicated concerns about staff arriving late and staff calling off. The document indicated there was a miscommunication between the patient, [caregiver], and staff; and stated "Currently agency is having a shortage of home health aides. The agency is working together as a team in an attempt to find staff that is able to handle this patient and the needs that he has."</p> <p>An entry made on the "patient complaint log," dated 6-26-17, indicated patient #6 complained about staffing and attendance, the caregiver/family of patient #6 complained that personal hygiene had not been provided regularly.</p> <p>6. The clinical record for patient #7, start of care date of 3-23-17 and discharge date of 1-5-18, was reviewed on 6-24-19. The record contained a plan of care for the period of 11-18-17 to 1-16-18, and signed by the physician on 11-20-19, with orders for waiver attendant services 2-4 hours a day, 1-2-days a week for 9 weeks and up to 8 hours a week for mobility assistance, personal care, errands, light housekeeping, meal preparations, and transportation.</p> <p>Clinical record #7 evidenced an "Attendant Waiver Visiting Record," that indicated employee A provided services on 12-18-17 from 1:30 PM to 5:30 PM; 12-19-17 from 2:00 PM to 7:00 PM; 12-20-17 from 12:20 PM to 2:40 PM; 12-21-17 from 2:00 PM to 7:00 PM; and reported a "missed</p>			

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G 0682 Bldg. 00	<p>visits" on 12-17-19 and 12-22-17.</p> <p>The agency complaint log was review on 6-13-19, and evidenced a complaint entry submitted by patient #7,dated 12-1-17, which indicated employee A,HHA, only provided care in the home for 1 hour on 12-18-17 and 12-19-17. Employee A admitted they arrived late and left the early. Patient #7 indicated they did not want employee A to return if they were not going to stay the whole shift. Documentation indicated employee A was the 18th HHA since patient #7's start of care on 3-23-17, and the agency did not have a new HHA for the patient at that time. Patient #7 agreed to allow employee A to return with the suggestion that employee A would have to clock in and out using the cellphone process put in place by the agency.</p> <p>During a telephone interview with patient #7 on 6-25-19 at 3:15 PM, when asked if they had concerns about the care provided by the agency prior to being discharged, patient #7 stated "I do not have anything to say about them, I'm not with them anymore."</p> <p>Based on observation, record review, and interview, the home health agency failed to ensure all employees followed standard precautions/ infection control policies and procedures in 1 of 3 employees observed. (employee H)</p> <p>The findings include:</p> <p>Review of an undated agency policy titled "Handwashing/Hand Hygiene," policy# D-330,</p>	G 0682	<p>G 682</p> <p>1. The DCS will review the policy for standard precautions/infection control to ensure it is current with best practice standards. (7/31/19)</p> <p>2. The DCS/designee will complete a 1:1 handwashing inservice with employee H to ensure understanding and compliance with standard</p>	08/15/2019

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	<p>stated "Special Instructions: ... 3. Indications for hand washing and hand antisepsis: ... d. Between tasks on the same client. ... f. After removing gloves. g. After touching objects that are potentially contaminated. ... l. Before eating, drinking, handling food or serving food. n. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in other clinical situations. ... p. Decontaminate hands after contact with clients intact skin ... q. Decontaminate hands after contact with inanimate objects including equipment in the immediate vicinity of the client. r. Decontaminate hands after removing gloves."</p> <p>Review of an undated agency policy titled "Standard Precautions For All Health Care Workers," policy #D-245, stated "3. ... Gloves should be changed after patient contact. When gloves are removed, thorough hand washing is required. Gloves do not take the place of hand washing."</p> <p>During a home visit with patient #1 on 6-20-19 at 7:58 AM, employee H, a Home Health Aide, was observed providing personal care. Patient #1 came out of the kitchen using a walker and sat in the dining room chair and Employee H followed behind the patient. Employee H donned gloves, applied lotion to the patient's legs, removed and disposed of the gloves. Employee H explained they had helped patient #1 shower and get dress this earlier that morning. Patient #1 proceeded to ambulate and walk with the walker down the hall to the bathroom to brush their teeth. Employee H followed behind the patient and applied the tooth paste onto the toothbrush and gave it to patient #1. Patient #1 asked employee H to remove the cup of tea from the microwave and place it on the dining room table. While patient #1 brushed their</p>		<p>precautions/infection control. (8/6/19)</p> <p>3. The DCS/designee will complete a hand hygiene inservice for all patient care employees to ensure best practice guidelines and competencies are met. (8/15/19)</p> <p>4. The case managers will evaluate 100% of all field employees for proper use of standard precautions/infection control measures with each "present" supervisory visit until compliance is met for 4 weeks, then 50% for 4 weeks, then 10% ongoing to ensure that compliance is maintained. (begin 8/5/19 and ongoing as described)</p> <p>5. The Administrator/designee is responsible for ensuring compliance is achieved and this deficiency does not recur.</p>	

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G 0800 Bldg. 00	<p>teeth in the bathroom, employee H went to the kitchen to get the cup of tea and put it on the table, then returned to the bathroom to help patient #1 walk back to the dining room table. Employee H obtained silverware from the kitchen for the cup of tea and gave it to patient #1, then started styling the patient's hair as they sat at the table. After employee H styled the patients hair, they returned the bottle of lotion to the bathroom and started picking up in the bathroom. Employee H stated they were new to the agency. Employee H failed to wash hands or sanitize hands before donning gloves, after removing gloves, and before and after patient contact.</p> <p>Review of the personnel record for employee H, evidenced a hired date of 3-27-19, and first patient contact date of 3-28-19. The record included orientation to the agency completed on 3-27-19, that included infection control processes and policies.</p> <p>During an interview on 6-20-19 at 8:17 AM, employee H reported he/she had only been with the agency for a couple months. When queried about the orientation, employee H indicated during the agency orientation they had completed a competency test and completed the skills checkoff with employee I, the Registered Nurse. The skills checkoff included hand hygiene.</p> <p>410 IAC 17-12-1(m)</p> <p>Based on record review and interview, the home</p>	G 0800	1. The DCS will review and update the agency policy and procedure	08/30/2019

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	<p>health agency failed to ensure the patients received all services ordered in the plan of care for 3 of 7 clinical records reviewed. (patient #5, #6, and #7)</p> <p>The findings include:</p> <p>1. Review of an undated agency policy titled "Plan Of Care," policy #C-580, stated "Special Instructions: ...10. Professional staff shall promptly alert the physician to any changes that suggest a need to alter the Plan of Care."</p> <p>2. Review of an undated agency policy titled "Admission Policy," policy #C-120, stated "Policy: Clients are accepted for treatment in the home on the basis of reasonable criteria and under the expectation that the client's medical, nursing, and social needs can be met adequately by Agency in the client's place of residence. ... Special Instructions: ... 3. Services for a client receiving Skilled Nursing, ... or Home Health Aide services must follow a written Plan of Care established and periodically reviewed by a doctor ... 5. Reasonable expectation shall consider: a. Whether the agency's personnel and resources are adequate and suitable for providing the services the client requires. ... 10. Agency services must be appropriate and available to meet the specific needs and requests of the client and caregiver."</p> <p>3. Review of an undated agency policy titled "Services On Hold," policy #C-630, stated "Policy: Services will be place "hold" when clients are unable to receive services in their home due to hospitalizations, interruptions in therapy due to clinical response (infusion), or travel outside the agency service area. ... Special Instruction: ... 2. The physician will be notified of the change in</p>		<p>for acceptance of qualified patients, correct documentation of frequency, placing a patient on hold, transfer and discharge of patients, and documentation of missed visits.(8/8/19)</p> <p>2. The DCS will then inservice the scheduling department, Administrator, and all case managers on the agency policy and procedure for reporting missed visits and/or frequencies not met, placing a patient on hold, transfer and discharge of patients, and accepting qualified patients to ensure understanding of compliance and documentation regulations. (8/30/19)</p> <p>3. The DCS will review and revise the policy for documentation of patient complaints and will reeducate all applicable agency staff on the revised policy to ensure all patient complaints are appropriately logged and followed through to resolution. (8/30/19)</p> <p>4. The DCS will inservice all agency home health aides concerning the attendance policy, disciplinary action, frequency compliance, and reporting patient complaints. (8/30/19)</p> <p>5. The DCS/designee will audit 20% of active patient frequencies weekly until compliance is met for 4 weeks, then 10% of active</p>	

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NAME OF PROVIDER OR SUPPLIER UNITED HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP COD 7212 N SHADELAND AVE STE 100 INDIANAPOLIS, IN 46250
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	<p>condition or circumstances precipitating the change. Physician orders will be obtained if there is a change in the care or treatments to be provided." The agency failed to follow the agency policy for when to place services on hold or notify the physician of a change in condition and need for services.</p> <p>4. The clinical record for patient #5, start of care date of 3-13-19; was reviewed on 6-24-19. The record contained a plan of care for the certification period of 5-12-19 to 7-18-19, and signed by the physician on 5-30-19, with orders for waiver attendant services 4-6 hours a day, 3-5 days a week, for 9 weeks and up to 14 hours a week.</p> <p>Review of the record failed to evidence hours from 5-12-19 to 5-25-19 (week #1 and # 2 of the certification period). The agency failed to ensure the personnel followed the frequency ordered on the physician signed plan of care as evidenced by the following:</p> <p>Documentation of hours for week #3 included: 5-31-19 from 2:31 PM to 9:30 PM; and 6-1-19 from 11:00 AM to 8:11 PM, for a total of 16 hours and 12 minutes for the week.</p> <p>Documentation of hours for week #4 included: 6-2-19 from 10:00 AM to 4:00 PM; 6-3-19 from 2:32 PM to 8:40 PM; and 6-5-19 from 2:30 PM to 8:34 PM, for a total of 18 hours and 12 minutes for the week.</p> <p>Documentation of hours for week #5 included: 6-10-19 from 2:30 PM to 8:30 PM; 6-12-19 from 2:32 PM to 8:35 PM; and 6-14-19 from 2:30 PM to 8:40 PM, for a total of 16 hours and 7 minutes for the week.</p>		<p>patient files monthly ongoing to ensure compliance is maintained for 1 quarter, then 10% of active patient charts quarterly, ongoing, to ensure compliance is maintained. (Begin 8/5/19 and ongoing)</p> <p>6. The DCS is responsible for ensuring this deficiency is resolved and does not recur.</p>	

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	<p>During an interview on 6-24-19 at 11:55 AM, when asked to provide documentation for visits or physician notification of missed visits, employee F, Alternate Administrator and Director of Nursing, indicated there were no visits found from 5-12-19 to 5-30-19, and no "missed visit" notifications found for clinical record #5.</p> <p>5. The clinical record for patient #6, start of care date of 5-5-16 and discharge date of 3-2-18, was reviewed on 6-24-19. The record contacted a plan of care for the certification period of 2-24-18 to 4-24-18, and signed by the physician on 2-20-18, with orders for home health aide services 2-4 hours, 1-2 times a day, 5-7 days a week for 9 week and up to 48 hours a week; and waiver attendant services 2-4 hours, 3-5 days a week for 9 weeks and up to 20 hours a week.</p> <p>Clinical record #6 evidenced agency documents titled "Patient Communication Log," which indicated individually dated notes related to the patient's care or schedule, and/ or messages, complaints, concerns, or requests called into the agency from the patient or caregivers as evidenced by the following:</p> <p>A "Patient Communication Log," dated 3-12-17, indicated the agency called the complainant for a satisfaction survey on 3-8-19 and reported the HHA is not always on time.</p> <p>A "Patient Communication Log," dated 3-16-17, indicated the agency notified the complainant that another HHA would fill in for the evening.</p> <p>A "Patient Communication Log," dated 3-21-17, indicated a home health aide that cared for patient #6, requested to be removed from the schedule, leading to a staffing need for 4 patients (including</p>			

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	<p>patient #6) at that time.</p> <p>A "Patient Communication Log," dated 3-24-17, indicated the agency had found staffing for the evenings on 4-1 and 4-2, but were still looking for morning staff.</p> <p>A "Patient Communication Log," dated 5-4-17, indicated patient #6's HHA called off. A second entry indicated the agency contacted the complainant related to scheduling problems. The complainant reported the HHA was not arriving for visits until 3 PM and the patient and complainant were not happy. The HHA were to clock in from the patient's phone for the shift.</p> <p>A "Patient Communication Log," dated 5-11-17, indicated the agency notified the complainant that the agency did not have staff to cover the patient's shift for the day and was working on trying to cover the weekend shifts.</p> <p>A "Patient Communication Log," dated 5-15-17, indicated patient #6 complained and stated "I'm tired of the HHA coming in at 4:40 PM." The agency staff stated "the HHA hours are 3:30 PM" and patient #6 stated "They come when they want to," and requested another HHA as soon as possible. The agency informed patient #6 that the agency is short of staff and patient #6 became upset, and wanted the HHA to arrive at 1 PM like the schedule was before.</p> <p>A "Patient Communication Log," dated 6-14-17, indicated the complainant called and stated "HHA is never there on time and that HHA is leaving before shift and not staying the whole shift."</p> <p>A "Patient Communication Log," dated 6-22-17, indicated patient #6 complained that the HHA had</p>			

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	<p>not provided assistance for a shower. Agency ensured that another HHA will provided bathing assistance.</p> <p>A "Patient Communication Log," dated 6-23-17, indicated patient #6's HHA called on sick for the 1P-4P shift. A second entry indicated the agency notified the complainant that another HHA would be there at 4 PM.</p> <p>The complainant asked if the aide would actually be there at 4 PM, because they never are. The complainant was directed to the Director of Nursing at the time to verbalize concerns and frustrations about the staffing situation.</p> <p>A "Patient Communication Log," dated 6-26-17, indicated patient #6's HHA called off and complainant was upset because patient #6 had not had a HHA all day. A second entry indicated a HHA had overslept and would be late. A third entry indicated the complainant and patient #6 reported staffing concerns to CICOA and were considering a transfer to another agency. A fourth entry indicated the HHA arrived late.</p> <p>A "Patient Communication Log," dated 7-14-17, indicated patient #6's HHA requested to leave shift an hour early.</p> <p>A "Patient Communication Log," dated 1-5-17, 4-5, 4-28, 5-21, 6-21, 8-1, 8-23, 12-1, 12-19, 1-23-18, 1-24, and 1-30 indicated patient #6's HHA would be late.</p> <p>A "Patient Communication Log," dated 1-11-17, 5-24, 8-21, 08-30, 1-4-18, 1-16, 1-19, 2-22, 2-23, 2-24, and 2-25 indicated patient #6's HHA had called off.</p> <p>A "Patient Communication Log," dated 8-24-17,</p>			

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	<p>indicated patient #6's HHA needed to leave early.</p> <p>A "Patient Communication Log," dated 8-28-17, indicated patient #6's HHA had called off. A second entry indicated patient #6 complained that the HHA did not provide bathing assistance.</p> <p>A "Patient Communication Log," dated 9-11-17, indicated there was no HHA scheduled for the hours needed.</p> <p>A "Patient Communication Log," dated 9-20-17, indicated patient #6 did not receive HHA services.</p> <p>A complaint entry dated 6-23-17, and submitted by the caregiver of patient #6, indicated concerns about staff arriving late and staff calling off. The document indicated there was a miscommunication between the patient, [caregiver], and staff; and stated "Currently agency is having a shortage of home health aides. The agency is working together as a team in an attempt to find staff that is able to handle this patient and the needs that he has."</p> <p>An entry made on the "patient complaint log," dated 6-26-17, indicated patient #6 complained about staffing and attendance, the caregiver/ family of patient #6 complained that personal hygiene had not been provided regularly.</p> <p>6. The clinical record for patient #7, start of care date of 3-23-17 and discharge date of 1-5-18, was reviewed on 6-24-19. The record contained a plan of care for the period of 11-18-17 to 1-16-18, and signed by the physician on 11-20-19, with orders for waiver attendant services 2-4 hours a day, 1-2-days a week for 9 weeks and up to 8 hours a week for mobility assistance, personal care, errands, light housekeeping, meal preparations,</p>			

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

PRINTED: 08/05/2019

FORM APPROVED

OMB NO. 0938-039

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G 0942 Bldg. 00	<p>and transportation.</p> <p>Clinical record #7 evidenced an "Attendant Waiver Visiting Record," that indicated employee A provided services on 12-18-17 from 1:30 PM to 5:30 PM; 12-19-17 from 2:00 PM to 7:00 PM; 12-20-17 from 12:20 PM to 2:40 PM; 12-21-17 from 2:00 PM to 7:00 PM; and reported a "missed visits" on 12-17-19 and 12-22-17.</p> <p>The agency complaint log was review on 6-13-19, and evidenced a complaint entry submitted by patient #7,dated 12-1-17, which indicated employee A,HHA, only provided care in the home for 1 hour on 12-18-17 and 12-19-17. Employee A admitted they arrived late and left the early. Patient #7 indicated they did not want employee A to return if they were not going to stay the whole shift. Documentation indicated employee A was the 18th HHA since patient #7's start of care on 3-23-17, and the agency did not have a new HHA for the patient at that time. Patient #7 agreed to allow employee A to return with the suggestion that employee A would have to clock in and out using the cellphone process put in place by the agency.</p> <p>During a telephone interview with patient #7 on 6-25-19 at 3:15 PM, when asked if they had concerns about the care provided by the agency prior to being discharged, patient #7 stated "I do not have anything to say about them, I'm not with them anymore."</p> <p>410 IAC 17-13-1(a)</p>			

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	<p>Based on record review and interview, the Governing body failed to ensure the agency maintained an effective, ongoing home health agency wide, data-driven QAPI (quality assurance and performance improvement) program for 1 of 1 agency.</p> <p>Findings include:</p> <p>Review of an undated agency policy titled "Governing Body," policy # B-100, stated Policy: The Governing Body (or designated persons so functioning) shall assume full legal authority and responsibility for the overall management and operation of [the] Agency. This includes the provision of home health services, fiscal operations, review of the agency budget and its operational plan as well as the Quality Assessment and Performance Improvement Program. ... Special Instructions: The duties and responsibilities of the Governing Body shall include: ... 4. Provide direction and leadership and be directly involved in the agency's Quality Assessment and Performance Improvement Program (QAPI)."</p> <p>Review of an undated agency policy title "Quality Assessment And Performance Improvement (QAPI)," policy #B-260, stated "Policy: Agency will develop, implement, evaluate, and maintain an effective, ongoing agency wide, data driven QAPI program. The agency will maintain documentary evidence of its QAPI program and be able to demonstrate its operations to CMS ... Special Instructions: 1. The agency's governing body must ensure that the program reflects the complexity of its organization and services, involves all services including those provided under contract, and focuses on indicators related</p>	G 0942	<p>QA and Performance Improvement</p> <ol style="list-style-type: none"> 1. The DCS reviewed and updated the agency policy for QAPI to ensure it is current and compliant with the 2018 CoPs. (8/1/19) 2. During agency reorganization the following QA plan is being established and United Home Healthcare will be monitoring the following initiatives: <p>Administrative: Pre-employment and employment compliance concerning:</p> <ol style="list-style-type: none"> a. Pre-employment TST/Chest X-ray, Annual TST/TB Questionnaire Completion, Professional License verification, CPR verification, Pre-employment Criminal Background verification. b. All qualified employees who did not have an appropriate criminal background check on file and could not show proof of follow up with ISPD were removed from the field until a compliant background check was received. (6/24/19) c. The DCS revised the agency policy on criminal background checks to ensure compliance with Indiana Statute IC 16-27-4. (7/24/19)) d. The DCS will revise agency process and provide written instructions for obtaining background checks. 7/24/19) e. The Administrator/designee 	08/05/2019

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	<p>to improved outcomes. 2. The program will address the agency performance across the spectrum of care including the prevention and reduction of medical errors. 3. The agency will maintain documentation of its QAPI program and be able to demonstrate its operation to CMS. Scope Of Program: 1. The program will be capable of showing measurable improvement in indicators that will improve health outcomes, client safety, and quality of care. 2. The agency will identify, measure, analyze, and track quality indicators that include client adverse events, and other relevant data to assess processes of care, services, and operations. 3. The frequency and detail of the data collection must be approved by the governing body. Standard Program Activities: 1. The agency's performance improvement activities will focus on high risk, high volume, or problem prone areas that are specific to this agency. 2. The program and committee will consider incidence, prevalence and severity of the problems with these areas. 3. The program activities will lead to an immediate correction of identified problems that directly or potentially threaten health and safety of clients. 4. Adverse events will be tracked and analyzed for cause and document the implementation of preventative actions. 5. The programs will establish timelines for review to measure success and establish ongoing activities to sustain the success. Performance Improvement Projects: 1. Beginning July 13, 2018, agencies must conduct performance improvement projects ... c. The governing body is responsible for ensuring the following: i. An ongoing program for quality improvement and patient safety is defines, implemented, and maintained. ii. The agency wide assessment and performance improvement efforts address priorities for improved quality of care and client safety. iii. All improvement actions will be</p>		<p>will complete an audit of 100% of employee files to ensure all qualified active employees have received a compliant background check or are removed from service until a satisfactory check is obtained. (8/6/19)</p> <p>f. The DCS will inservice all management and HR employees concerning criminal background checks and current process revisions. (7/31/19)</p> <p>g. The Administrator/designee will review all new employee files for compliance prior to the new employee beginning a field assignment. (Begin 8/15/19 and ongoing)</p> <p>h. The Administrator/designee will audit 10%, or a minimum of 5 new employee files monthly until compliance is maintained for 1 quarter, then 10% or a minimum of 5 new employee files monthly until compliance is maintained for 1 quarter, then 10% or a minimum of 15 new employee files quarterly and ongoing to ensure compliance is maintained. (Begin Aug 5, 2019)</p> <p>Clinical: Supervisory Visits</p> <p>a. Agency identified a pattern of missing or late supervisory visits</p> <p>b. The Administrator/designee will complete a 100% audit of active patients receiving hha and/or LPN services to establish a baseline for compliance. (9/6/19)</p> <p>c. All patients out of compliance will receive a</p>	

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N 0000 Bldg. 00	<p>evaluated for effectiveness. iv. Clear expectation for client safety are established, implemented and maintained. v. Any findings of fraud or waste are appropriately addressed."</p> <p>During an interview on 6-26-19 at 3:48PM, employee F, Alternate Administrator and Director of Nursing, stated "I'm unable to locate any 2019 QAPI documentation at this time." Employee F attempted to contact the employee E, Administrator and Governing body member, by phone to verify if there was documentation to provide for 2019 to review and stated "The last Director of Nursing was in an accident and since then the QAPI meetings and information have not been maintained for this year." At 4:43 PM, employee F provided documentation to evidence an active QAPI program in 2018, and stated "I have provided as much information as possible to evidence the program, but the 2019 binders are empty at this time."</p> <p>410 IAC 17-12-1(b)</p> <p>This visit was a State Relicensure survey with 3</p>	N 0000	<p>supervisory visit by 7/31/19. (7/31/19)</p> <p>d. The DCS will update the EMR supervisory tracking system to ensure compliance is achieved and maintained. (7/31/19)</p> <p>e. The DCS will inservice the Administrator and all case managers, and governing body on the 2018 CoPs for supervisory visits, (7/31/19) (Follow up inservice 8/6/19)</p> <p>f. The DCS/designee will audit 100% of active patient supervisory visits until compliance is met for 8 weeks, then 50% of active patient charts until compliance is met for 8 weeks, then 10% of active patient charts quarterly, ongoing, to ensure compliance is maintained.</p> <p>3. The Administrator/designee will review the quality initiatives monthly and report to the Governing body quarterly to ensure compliance and improvement, or to determine the necessity to revise the program to meet quality initiatives. (Begin 8/5/19 and ongoing).</p> <p>4. The Administrator is responsible for ensuring this deficiency resolved and does not recur.</p>	

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N 0458 Bldg. 00	<p>complaints:</p> <p>Complaint Number: IN00260693 - Unsubstantiated Complaint Number: IN00256045 - Substantiated with deficiencies cited. Complaint Number: IN00185751 - Unsubstantiated</p> <p>Survey Date: June 13, 19, 20, 24, and 26, 2019. (agency closed on Fridays; 6-14-19, and 6-21-19) Facility #: 012120</p> <p>Provider ID: 157688</p> <p>Unduplicated admissions: 116</p> <p>Active census: 81</p> <p>Discharged in past 6 months: 97</p> <p>Active charts reviewed with home visit: 3</p> <p>Active charts reviewed without home visit: 4</p> <p>Discharged charts reviewed: 2</p> <p>Total charts reviewed: 7</p> <p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:</p>			

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	<p>(1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations.</p> <p>Based on record review and interview, the home health agency failed to follow their policy to ensure all employees had a national criminal history background check in their personnel record in 2 of 7 personnel records reviewed. (employees A and C)</p> <p>The findings include:</p> <p>1. Review of an undated agency policy titled "Criminal Background Check," policy #B-130, stated "Policy: The selected candidate in the hiring process must satisfactorily clear a criminal background check prior to starting work. ... 4. Agency policy, incorporated with state and federal laws form the foundation for these decisions</p> <p>2. Review of the personnel record for personnel record for employee A, home health aide, on 6-24-19 evidenced a signed job description dated of 3-14-19 and indicated the start date, and a date of first patient contact on 3-18-19. The personnel record failed to evidence an extended criminal background check cleared before first the first patient contact or start of work as directed by the agency policy.</p> <p>3. Review of the personnel record for employee C, home health aide, on 6-24-19 evidenced a signed job description dated 3-27-19 and indicated the start date, and a date of first patient contact on</p>	N 0458	<p>N458</p> <p>Prior to the close of this survey (June 24, 2019) all qualified employees who did not have a national or expanded background check on file were removed from employment and immediately screened per IC 16-27-4 guidelines. (June 24, 2019) The Director of Clinical Services will revise the agency policy on criminal background checks to ensure it is current with Indiana Statute IC 16-27-4 and compliance is met. (June 24, 2019) The DCS will revise agency process and provide written instruction for obtaining and tracking pre-employment national or expanded criminal background checks to ensure compliance is met. (June 24, 2019) The Administrator/designee will complete an audit of 100% of employee files to ensure all active employees hired after July 1, 2013 who have direct patient contact in a patient's temporary or permanent residence have a received a national or expanded criminal background check, or are removed from patient care until a satisfactory background check is</p>	08/05/2019

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N 0472 Bldg. 00	<p>4-6-19. The personnel record failed to evidence an extended criminal background check cleared before first the first patient contact or start of work as directed by the agency policy.</p> <p>During a home visit for patient #3 on 6-19-19, employee C was observed providing services.</p> <p>4. During an interview on 6-24-19 at 5:04 PM, employee F, the Alternate Administrator and Director of Nursing, indicated a request for the criminal background checks for employee A was submitted on 3-14-19 and request for employee C was submitted on 3-27-19. Employee F indicated the agency has a contact person with the state police who did the criminal background checks. Employee F indicated they have attempted to reach the contact person to find out why the criminal background check were not returned to the agency. Employee F indicated employee A and employee C were removed from the working schedule on 6-21-19, and will not work until the national criminal background checks has been received.</p> <p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and</p>		<p>obtained per agency policy to ensure compliance is met. (June 24, 2019)</p> <p>The DCS will inservice all management and HR employees concerning IC 16-27-4 and agency policy and process for obtaining and tracking pre-employment national criminal background checks to ensure understanding of policy and current revision of process, and to ensure compliance is met and maintained. (June 24, 2019)</p> <p>(Follow up inservice July 30, 2019)</p> <p>The Administrator/designee will review all new employee files for compliance prior to the new employee beginning a field assignment to ensure compliance is met and maintained. (Begin July 30, 2019)</p> <p>The DCS/designee will audit 10%, or a minimum of 5 new employee files monthly until compliance is maintained for 1 quarter, then 10% or a minimum of 15 new employee files quarterly to ensure compliance is maintained. (Begin Aug 5, 2019)</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		

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	<p>evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>Based on record review and interview, the agency failed to maintain and evaluate a quality assessment and performance improvement program for the 4th quarter of 2018 and the 1st and 2nd quarter of 2019, failed to reflect the complexity of the home health organization and services, and failed to take actions that would result in improvements within the home health agency's performance across the spectrum of care for 1 of 1 agency.</p> <p>Findings include:</p> <p>Review of an undated agency policy titled "Governing Body," policy # B-100, stated Policy: The Governing Body (or designated persons so functioning) shall assume full legal authority and responsibility for the overall management and operation of [the] Agency. This includes the provision of home health services, fiscal operations, review of the agency budget and its operational plan as well as the Quality Assessment and Performance Improvement Program. ... Special Instructions: The duties and responsibilities of the Governing Body shall include: ... 4. Provide direction and leadership and be directly involved in the agency's Quality</p>	N 0472	<p>N0472 QA and Performance Improvement</p> <p>1. The DCS reviewed and updated the agency policy for QAPI to ensure it is current and compliant with the 2018 CoPs. (8/1/19)</p> <p>2. During agency reorganization the following QA plan is being established and United Home Healthcare will be monitoring the following initiatives:</p> <p>Administrative: Pre-employment and employment compliance concerning:</p> <p>a. Pre-employment TST/Chest X-ray, Annual TST/TB Questionnaire Completion, Professional License verification, CPR verification, Pre-employment Criminal Background verification.</p> <p>b. All qualified employees who did not have an appropriate criminal background check on file and could not show proof of follow up with ISPD were removed from</p>	08/06/2019	

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	<p>Assessment and Performance Improvement Program (QAPI)."</p> <p>Review of an undated agency policy title "Quality Assessment And Performance Improvement (QAPI)," policy #B-260, stated "Policy: Agency will develop, implement, evaluate, and maintain an effective, ongoing agency wide, data driven QAPI program. The agency will maintain documentary evidence of its QAPI program and be able to demonstrate its operations to CMS ... Special Instructions: 1. The agency's governing body must ensure that the program reflects the complexity of its organization and services, involves all services including those provided under contract, and focuses on indicators related to improved outcomes. 2. The program will address the agency performance across the spectrum of are including the prevention and reduction of medical errors. 3. The agency will maintain documentation of its QAPI program and be able to demonstrate its operation to CMS. Scope Of Program: 1. The program will be capable of showing measurable improvement in indicators that will improve health outcomes, client safety, and quality of care. 2. The agency will identify, measure, analyze, and track quality indicators that include client adverse events, and other relevant data to assess processes of care, services, and operations. 3. The frequency and detail of the data collection must be approved by the governing body. Standard Program Activities: 1. The agency's performance improvement activities will focus on high risk, high volume, or problem prone areas that are specific to this agency. 2. The program and committee will consider incidence, prevalence and severity of the problems with these areas. 3. The program activities will lead to an immediate correction of identified problems that directly or potentially</p>		<p>the field until a compliant background check was received.</p> <p>c. The DCS revised the agency policy on criminal background checks to ensure compliance with Indiana Statute IC 16-27-4.</p> <p>d. The DCS will revise agency process and provide written instructions for obtaining background checks.</p> <p>e. The Administrator/designee will complete an audit of 100% of employee files to ensure all qualified active employees have received a compliant background check or are removed from service until a satisfactory check is obtained.</p> <p>f. The DCS will inservice all management and HR employees concerning criminal background checks and current process revisions.</p> <p>g. The Administrator/designee will review all new employee files for compliance prior to the new employee beginning a field assignment.</p> <p>h. The Administrator/designee will audit 10%, or a minimum of 5 new employee files monthly until compliance is maintained for 1 quarter, then 10% or a minimum of 5 new employee files monthly until compliance is maintained for 1 quarter, then 10% or a minimum of 15 new employee files quarterly and ongoing to ensure compliance is maintained. (Begin Aug 5, 2019)</p>	

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	<p>threaten health and safety of clients. 4. Adverse events will be tracked and analyzed for cause and document the implementation of preventative actions. 5. The programs will establish timelines for review to measure success and establish ongoing activities to sustain the success.</p> <p>Performance Improvement Projects: 1. Beginning July 13, 2018, agencies must conduct performance improvement projects ... c. The governing body is responsible for ensuring the following: i. An ongoing program for quality improvement and patient safety is defined, implemented, and maintained. ii. The agency wide assessment and performance improvement efforts address priorities for improved quality of care and client safety. iii. All improvement actions will be evaluated for effectiveness. iv. Clear expectations for client safety are established, implemented and maintained. v. Any findings of fraud or waste are appropriately addressed."</p> <p>Employee F, Alternate Administrator and Director of Nursing, provided an untitled agency document for review on 6-24-19, and indicated it was an outline for an inservice to address timely supervisory visits, dated 6-12-19. The document indicated the agency had identified missing or late home health aide supervisory visits, goals to complete the home health aide supervisory visits no later than every 14 days for patients with skilled services, observation in the patient home no later than every 30 days for patients with non-skilled services, and observations of the aide in the home no later than every 60 days. The inservice included a plan, potential challenges, and progress towards the goal. The document indicated the inservice was provided and signed by employee F, employee G, Alternate Director of Nursing, and employee M, Registered Nurse, on 6-18-19.</p>		<p>Clinical: Supervisory Visits</p> <p>a. Agency identified a pattern of missing or late supervisory visits</p> <p>b. The Administrator/designee will complete a 100% audit of active patients receiving hha and/or LPN services to establish a baseline for compliance. (9/6/19)</p> <p>c. All patients out of compliance will receive a supervisory visit by 7/31/19. (7/31/19)</p> <p>d. The DCS will update the EMR supervisory tracking system to ensure compliance is achieved and maintained. (7/31/19)</p> <p>e. The DCS will inservice the Administrator and all case managers, and governing body on the 2018 CoPs for supervisory visits, (7/31/19) (Follow up inservice 8/6/19)</p> <p>f. The DCS/designee will audit 100% of active patient supervisory visits until compliance is met for 8 weeks, then 50% of active patient charts until compliance is met for 8 weeks, then 10% of active patient charts quarterly, ongoing, to ensure compliance is maintained.</p> <p>3. The Administrator/designee will review the quality initiatives monthly and report to the Governing body quarterly to ensure compliance and improvement, or to determine the necessity to revise the program to meet quality initiatives. (Begin</p>	

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	<p>Review of an agency document on 6-26-19, titled "Corrective Action Plan: Missed Visits, Frequency Documentation and Provision of Ordered Services/ Addition of Services," dated 6-11-19, indicated the agency had identified failure to document visits missed and/ or hours in a frequency via a missed visit note, created goals, a plan, and identified possible problems to expect during the correction. The document indicated the inservice was provided and signed by employee F, employee G, the Alternate Director of Nursing, and employee M on 6-19-19; signed by employee I, RN Case Manager, on 6-26-19, and indicated employee I was out of the office for a family emergency until that time.</p> <p>Review of an agency document titled "Summary for QA (Quality Assurance) in January 2019," indicated a summary of the agency's quality assurance measurements as of December 2018, and included a report that indicated the status of the agency's QAPI plans as of the end of the year 2018. The report included quality indicators identified in 2018 and the status of their initiated and/or ongoing performance improvement plans as of December 2018. The agency failed to provide documentation of the actions taken towards the ongoing performance improvement plans, tracking of the actions taken, or documentation to evidence the improvement or failure of the improvement plans since December 2018.</p> <p>Review of an agency provided document titled "Home Health QA/PI Indicators - Year 2018," indicated the review frequency, target percentages, data source, and monthly data, and annual average for each quality indicator for the year 2018. The agency's quality indicators</p>		8/5/19 and ongoing). 4. The Administrator is responsible for ensuring this deficiency resolved and does not recur.	

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N 0606 Bldg. 00	<p>included: patient satisfaction surveys, clinical outcomes, infection control, management of environment, customer complaints, skin integrity, hospitalizations, and deaths in 2018.</p> <p>During an interview on 6-24-19 at 4:00 PM, when asked to provide supervisory visits and missed visit notifications, employee F indicated they had identified problems with timely supervisory visits, reporting missed visits, frequency adherence, and documentation prior to the CMS survey, and stated employee I was out of the office for a family emergency and did not complete the inservices at that time.</p> <p>During an interview on 6-26-19 at 3:48PM, employee F stated "I'm unable to locate any 2019 QAPI documentation at this time." Employee F attempted to contact the employee E, the Administrator, by phone to clarify and stated "The last Director of Nursing was in an accident and since then the QAPI meetings and information has not been maintained." At 4:43 PM, employee F provided documentation to evidence an active QAPI program in 2018, and stated "I have provided as much information as possible to evidence the program, but the 2019 binders are empty at this time."</p> <p>410 IAC 17-14-1(n) Scope of Services Rule 14 Sec. 1(n) A registered nurse, or therapist in therapy only cases, shall make the initial visit to the patient's residence and make a supervisory visit at least every thirty (30) days, either when the home health aide is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met.</p>	N 0606	Clinical: Supervisory Visits	08/06/2019

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	<p>Based on record review, and interview, the RN (Registered Nurse) failed to conduct supervisory visits at least every 30 days for patients receiving home health aide services only for 1 of 5 active patients in a sample of 7 patients (Patient # 2).</p> <p>Findings include:</p> <p>Review of an undated agency policy titled "Home Health Aide Supervision," policy #B-185, stated "The Agency shall provide Home Health Aide services under the direct supervision of a Registered Nurse Professional ... when personal care services are indicated and ordered by the physician. There frequency of supervision will be in response to Medicare regulation, agency policy and other state or federal requirements ... Special Instructions: ... 3. Direct supervision of Home Health Aide services will be completed at least every sixty (60) days or per regulations. 4. Supervisory visits are to be documented in the client's chart on the Home Health Aide Supervisor Form."</p> <p>Review of an undated agency policy titled "Supervision of Staff," policy # C-315, stated "Policy: All staff providing home care services will be supervised as outlined by federal and state regulations and accepted standards of practice. ... Special Instructions: ... 2. If the clients are receiving only home health aide services and there are no skilled services provided, a Registered Nurse will make a supervisory visit while the aide is providing care, at least once every sixty (60) days, or per State/ Agency guidelines."</p> <p>Review of the clinical record for patient # 2 with a start of care of 7-9-18, included a plan of care for the certification period of 5-15-19 to 7-12-19,</p>		<ol style="list-style-type: none"> The Administrator/designee will complete a 100% audit of active patients receiving hha and/or LPN services to establish a baseline for compliance. (07/24/19) All patients out of compliance will receive a supervisory visit by 7/31/19. (7/31/19) The DCS will update the EMR supervisory tracking system to ensure compliance is achieved and maintained. (7/31/19) The DCS will inservice the Administrator and all case managers, on the 2018 CoPs for supervisory visits, (7/31/19) (Follow up inservice 8/6/19) The DCS/designee will audit 100% of active patient supervisory visits until compliance is met for 8 weeks, then 50% of active patient charts until compliance is met for 8 weeks, then 10% of active patient charts quarterly, ongoing, to ensure compliance is maintained. The Administrator is responsible for ensuring this deficiency resolved and does not recur. 	

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

PRINTED: 08/05/2019

FORM APPROVED

OMB NO. 0938-039

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	<p>signed by the physician on 5-15-19, with orders for a Home health aide to provide services 1-3 hours, 1-2 times a day, 5-7 days a week for 9 weeks up to 35 hours a week; and a waiver attendant order for 1-2 hours a day, 1-3 time a day, 5-7 days a week and up to 42 hours a week.</p> <p>Clinical record #2 evidenced an agency document titled "Home Health Aide Supervisory Visit," dated and signed by employee I, Registered Nurse, on 5-10-19 and a "Supervisory Visit Note," dated and signed by employee G, the Alternate Director of Nursing, on 6-20-19. The record failed to evidence home health visits were made at least every 30 days for a non-skilled patient..</p> <p>During an interview on 6-20-19 at 2:45 PM, employee F, Alternate Administrator and Director of Nursing, indicated they were aware of the last supervisory visit on 5-10-19 and reported employee G completed a supervisory visit during the home visit on 6-20-19 with this surveyor.</p>			