

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

PRINTED: 01/14/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/18/2020
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NAME OF PROVIDER OR SUPPLIER DEACONESS HOME HEALTH, LLC	STREET ADDRESS, CITY, STATE, ZIP COD 610 EAST WALNUT STREET EVANSVILLE, IN 47713
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G 0000 Bldg. 00	<p>This survey was for a Federal post condition revisit of a home health agency.</p> <p>Survey Dates: December 17 & 18 of 2020</p> <p>Facility ID: 004372 Provider ID: 157565 Medicaid ID: 200272600</p> <p>Unduplicated Skilled Census: 582 Skilled Patients: 582 Home Health Aide Only Patients: 1 Total: 583 Total Active Patients: 461</p> <p>Records Reviewed: 5 Home Visits: 2</p> <p>During this post re-visit survey, one (1) condition of participation and nineteen (19) standard level deficiencies were found corrected and one (1) standard level deficiency was re-cited.</p> <p>Deaconess Home Health LLC continues to be precluded from conducting a home health aide training or competency evaluation program for a period of two years starting November 2, 2020 through November 1, 2022 for being out of compliance with Conditions of Participation 484.105 Organization and Administration of Services.</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17.</p> <p>Quality Review completed on 12/28/2020 A4</p>	G 0000		
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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 0942 Bldg. 00	<p>484.105(a) Governing body Standard: Governing body. A governing body (or designated persons so functioning) must assume full legal authority and responsibility for the agency's overall management and operation, the provision of all home health services, fiscal operations, review of the agency's budget and its operational plans, and its quality assessment and performance improvement program.</p> <p>Based on observation, record review, and interview, the Governing Body failed to adopt policies and procedures and job descriptions specific to the home health agency and not that of other entities.</p> <p>Findings include:</p> <p>A revised 10/2014 CMS State Operation Manual indicated but was not limited to, "Health Facility-Based HHAs (Rev. 125, Issued: 10-31-14, Effective: 10-31-14, Implementation: 10-31-14) An HHA based to a hospital, SNF, hospice, or rehabilitation facility is expected to be an integral but subordinate part of the institution. Administrative and fiscal controls may be exercised over the HHA. However, the HHA's policies, personnel files, and clinical records must be separate and identifiable.</p> <p>An 11/24/2020 policy titled Administrative Control was provided by the Administrator on 12/17/2020 at 9:50 a.m. The policy indicated, but was not limited to, "The Administrative Staff maintains administrative control and establishes lines of authority for the delegation of responsibility; and shall supersede the previous policy 31.01 Procedure: 1. [entity 1] fully owns and operates</p>	G 0942	<p>On January 14, 2021, a scheduled meeting of the Board of Managers ("the Board") of the HHA will be conducted to review and discuss for approval, the Plans of Correction.</p> <p>The Board will review the following: A revision of all policies and procedures that are specific to Deaconess Home Health LLC. and are separate and identifiable from entities 1, 2 or 3. A revision of all job descriptions that are specific to Deaconess Home Health LLC. and are separate and identifiable from entity 7.</p> <p>Education will be provided to all HHA staff by the Administrator/Director of Operations, Director of Clinical Services and/or designee by January 27, 2021 on the following: Revision of the policies and procedures reflecting that they are specific to Deaconess Home Health LLC.</p>	01/27/2021	

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	<p>[entity 6] and [entity 4], which each do business as "[entity 7]". As managing entities, [entity 6], [entity 4], and [entity 8] are each operated jointly, sharing mirror Board of Directors, the president and CEO, and policies and procedures. The policies and procedures developed by [entity 7] are intended for adoption and utilization by those affiliates which include owned, joint venture, managed, or operated by [entity 7], conditioned upon approval or modification by the Governing Body of each affiliate."</p> <p>A review of the Indiana Department of Health database indicated entities 4 and 8 as owners.</p> <p>A review of Board of Director meeting minutes dated 11/24/2020 indicated "III. Board Approvals The Policies and Procedures of Deaconess Home Health Care were submitted for approval. Upon MOTION made and seconded, the Board unanimously APPROVED the Policies and Procedures of Deaconess Home Health Care ... the Board unanimously APPROVED the Review of Board Responsibilities of Deaconess Home Health Care ... the Board unanimously APPROVED the Review of Legal Entity Distinction and Board Meeting Requirements of Deaconess Home Health Care ... [non-employee G] was introduced as replacing [non-employee Q] on the Board ..."</p> <p>The agency failed to adopt the following policies & procedures specific for Deaconess Home Health LLC, which failed to contain information specific to the home health agency and not that of entities 1, 2, or 3.</p> <p>Policy #: 33.21 Documentation in the Medical Record Policy Policy #: 33.24 Plan of Care and Physician Orders Policy #: 33.37 Home Health Aide and Homemaker</p>		<p>Revised job descriptions that are separate and identifiable as specific to Deaconess Home Health LLC.</p> <p>Staff unable to attend in-services will be provided an educational packet on the above education. Job descriptions will be reviewed and resigned by all staff in an incremental phase approach but will be complete by 1/29/21.</p> <p>This compliance process will be under the direct supervision of the Administrator/Director of Operations with oversight by the Governing Body.</p>		

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	<p>Plan of Care Policy Policy #: 33.39 Standard (Universal) Precautions Policy Policy #: 33.900 Hand Hygiene Policy #: 33.18 Medical Record Management Policy #: 33.68 Patient and Caregiver Education Policy #: 32.24 Alcohol and Drug-Free Workplace Policy #: 33.145 Pandemic Infectious Disease Policy #: 33.147 Pandemic Regulatory Guidance Policy #: 210.22 Intravenous Infusion through Peripheral Cannula Policy #: 33.01 Discharge from Services Policy #: 33.33 Emergency Management Business Continuity Plan Policy #: 33.03 Bill of Rights and Responsibilities Policy #: 33.83 Bag Technique Covid-19 Location specific Office Staffing Plan: Location Deaconess Home Health & Hospice Evansville</p> <p>The following job descriptions were provided by the Administrator on 12/17/2020 at 10:05 a.m. The job descriptions failed to be separate and identifiable from entity 7 and included entity 1 within the employees' essential key job responsibilities, which affects all employees' job descriptions and all items within the employee files:</p> <p>Job Description: Director, Operations/Administrator (80037) Job Description: Home Health Aide, Home Care (S39004 Scheduled/39004 prn) Homemaker (40000 prn) Job Description: Registered Nurse (30002) (S30002) (30007) (S30007) (S30015) (30004) (30003) (S30003) (30012) (S30013) (S30016)</p> <p>During an interview on 12/17/2020 at 2:54 p.m., the Administrator stated he/she was informed by</p>			

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	<p>non-employee N, entity 2's compliance officer, that entity 1 and 2 are brand names and are not business entities. At that time, the plan of correction was reviewed along with the Administrator. The agency failed to correct the individual policies and job descriptions and instead adopted a new policy that incorporated all policies from entities 1, 2, 3, 4, 5, 6, 7, and 8 regardless of whether the policies included hospice, infusion, home respiratory care, staffing, or transport language. The agency identified entity 1 on all job descriptions and failed to identify the owner/legal name of the agency on all job descriptions and policies. The Administrator acknowledged and understood the expectation of the agency in order to be in compliance.</p> <p>17-12-1(b)</p>				