

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K130 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | (X3) DATE SURVEY COMPLETED 07/21/2021 |
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| NAME OF PROVIDER OR SUPPLIER HEAL AT HOME LLC | | STREET ADDRESS, CITY, STATE, ZIP COD 1335 SADLIER CIRCLE EAST DRIVE INDIANAPOLIS, IN 46239 | | |
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| G 0000 Bldg. 00 | <p>This visit was for a Federal Recertification and State Relicensure in conjunction with three complaints.</p> <p>IN00314605 Substantiated with findings IN00288483 Unsubstantiated. Lack of sufficient evidence IN00318994 Substantiated. No deficiencies cited</p> <p>Survey Dates: July 16, 19, 20, and 21, 2021</p> <p>Facility number 013641 Provider number 15K130</p> <p>Census: 369</p> <p>This deficiencies report reflect State findings in accordance with 410 IAC 17.</p> <p>Quality Review Completed on 08/09/2021 by Area 3</p> | G 0000 | | |
| G 0572 Bldg. 00 | <p>484.60(a)(1) Plan of care</p> <p>Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician or allowed practitioner refers a patient under a plan of care that cannot be</p> | | | |

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are 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>completed until after an evaluation visit, the physician or allowed practitioner is consulted to approve additions or modifications to the original plan.</p> <p>Based on record review, and interview, the agency failed to ensure they provided home health aide service as ordered per the plan of care for 3 (Patient's #2, 8, 9) of 7 records reviewed of patients who were to receive home health aide services and failed to ensure hours were not reduced due to the agency's inability to staff for care in 2 of 4 active records reviewed of patients receiving home health aide services. (Patients #8, 9)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. A review of agencies policy binder approved by the board in 2020 page 3-115 titled CLINICAL DECISION MAKING , contained the following information under sub-heading "Policy." : "Heal at Home will base decisions regarding acceptance or discharge of clients on identified clients needs and the agency's ability to meet those needs. Furthermore under a sections titled "SPECIAL INSTRUCTIONS" the second line states, "Referrals to the agency will be accepted based on the identified client clinical needs and the agency's ability to respond to those needs." 2. The clinical record of patient #2, start of care (SOC) 01-29-2019, contained a plan of care for the certification period of 3/24/2020 to 5/22/2020 with orders for a home health aide to provide the following cares daily; check for skin break down, clean bathroom daily, fall precautions, incontinent care/assist with each episode, light housekeeping (clean up after personal care), meal preparation, meal set up, moisturize skin, offer oral fluids, oral | G 0572 | <p>G 0572</p> <p>Administrator developed policy # 3-116 entitled "Patient/Client Intake" (attached) which was presented to, and approved by, the Governing Body. <u>The policy outlined a standard process for Heal at Home staff to follow when a client/patient has inquired or been referred to Heal at Home, to insure that each potential home health care patient is only taken as a patient, when the services, (that are written on an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed and signed by a Doctor of Medicine or allowed practitioner) can be met by Heal at Home.</u> The Administrator held a mandatory in-service with the Intake Coordinator, DON, Director of Scheduling and Lead Scheduling Staff, Schedulers and RN Case Managers to review the policy and review the necessity to maintain the frequency and duration of care as written on the Plan of Care.</p> <p><u>Weekly meeting is held with Owner/CEO, Administrator, Intake coordinator, Manager of Staffing, and Director of Staffing to discuss</u></p> | 08/31/2021 |

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| | <p>care, patient bath of choice, personal care (grooming assist) patient is competent to choose bath and direct aide to task, provide glass of water to take medications, shampoo hair, shave (electric only), transfer bed/chair, turn/reposition every 2 hours and prn (as needed). Plan of Care orders for Home Health Aide indicated were for 2 hours in a.m. and 2 hours in p.m. daily, 7 days per week.</p> <p>An interview with patient #2 was conducted on 07-19-2021 at 9:31 a.m. He/she reported that his/her home health aide was a relative of him/her and was employed by Heal at Home(Employee F). Patient #2 has difficulty with verbal communication related to his/her diagnosis and requested that questions be addressed with his/her relative(referring to Employee F).</p> <p>An interview with former employee F was conducted on 07-20-2021 at 1:40 p.m. Employee F confirmed that he/she was often called upon to work his/her day off, since the agency did not have staff to provide care for patient#2. Employee F reported on one particular occasion where he/she scheduled vacation time 6 months in advance, went on vacation, and the agency proceeded to call other relatives to provide care for patient #2 because the agency did not have staff. Employee F reported the agency's inability to cover Sunday shifts was happening with great regularity. He/she reported this concern to the agency's owner and was assured the problem would be resolved. He/she reports it was not and that he/she left the agency and patient #2 left Heal at Home as well.</p> <p>3. The clinical record of patient #8 start of care 06-10-2016 review of certification period 05-31-21 to 7-13-21 contained physician orders for a HHA(Home Health Aide) 2 hours a day for 7 days for 9</p> | | <p><u>inquires, referrals and staffing availability.</u> Meeting to be held each week to determine staffing available for any possible new referrals for following week <u>to ensure we do not admit any patient/client that we cannot provide staffing</u> per the physician or allowed practitioner's tentative request. <u>Each inquiry was/is looked at for requested care needs, requested services, requested hours/days, RNCM availability and Home Health Aide availability.</u> In the meeting, Director of Staffing verifies home health aide availability (if needed) and Administrator verifies SN availability Meeting is on schedule each consecutive Thursday going forward (day may be changed subject to needs) by CEO and Director of Staffing. If meeting is not held for any reason it is the responsibility of the Administrator or DON to meet with the Intake Coordinator to insure the staffing availability BEFORE any new referral is taken.</p> <p>06/30/2021</p> <p>Administrator <u>added the intervention</u></p> <p><u>"SN review of Patient/Client care needs, with the Administrator or DON, to ensure agencies ability to perform care that is based on patient/client care needs" and as ordered by the physician or allowed practitioner, that is to be included in all assessments and</u></p> | |

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| | <p>weeks. During the certification period beginning 05-31-21 through 7-13-2021, Heal at Home LLC was unable to provide a home health aide on weekends and handed care over to the group home patient #8 resides as evidenced by the following journal notes:</p> <p>Review of a Journal Note dated 06/03/2021 9:15 a.m. "called and spoke to GH (group home) manager about staffing for the weekend....GH will assume care."</p> <p>Review of a Journal Note dated 06/11/2021 1:34 p.m. "unable to staff 6/12 & 6/15/21 due to staffing availability. GH agreeable to care."</p> <p>Review of a Journal Note dated 06/16/2021 8:39 a.m. "unable to staff 6/19 & 6/20/21 due to staffing availability. GH will assume care"</p> <p>Review of a Journal Note dated 06/21/2021 8:39 a.m. "unable to staff due to staffing availability, GH will assume care."</p> <p>Review of a Journal Note dated 06/25/2021 3:41 p.m. "unable to staff 6/26 & 6/27/21 due to staffing availability, GH will assume care."</p> <p>Review of a Journal Note dated 07/02/2021 3:12 p.m. "unable to staff 7/3 & 7/4/21 due to staffing availability, GH will assume care."</p> <p>Review of a Journal Note dated 07/06/2021 3:50 p.m. " unable to staff 7/7/21 due to staffing availability, GH will assume care."</p> <p>The clinical record of patient #8 review of certification period 07-14-2021 through 09-11-2021 Contained Home Health Certification and Plan of care for a HHA 2 hours a day 4 days week 1 and a</p> | | <p><u>re-assessments, as an ordered intervention and intervention to be discussed with every case conference meeting and during any re-assessment, to ensure that patient care services are being provided appropriately per patient needs and physician or allowed practitioners order.</u> The RN Case Managers have been in-serviced on the new intervention and re-in-serviced on the requirement to contact the physician or allowed practitioner to approve any needed modifications to the original plan of care.</p> <p>Administrator, DON or designee will monitor 100% of charts for SN Compliance <u>with the added intervention.</u> Every plan of care (485) will be audited on a concurrent basis. If intervention has not been added and assessment for current needs is not verified as addressed with Administrator, DON or Designee, assessment will be returned to SN to address on plan of care and with the Administrator, DON, or designee. If SN continues to be non-compliant, progressive disciplinary action process up to and including termination will begin. The Director of Nursing will be responsible for monitoring compliance and will report to Administrator and in the quarterly QA meeting for 6 months. If 100% compliance is found by 6 months then will no longer report in QA but</p> | |

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| | <p>HHA 2 hours a day for 7 days per week for 8 weeks "assist with adl (activities of daily living)/iadls per HHA care plan. Patients 8's clinical record revealed the agency still not able to staff for the patients plan of care and handing care to the group home as evidence by the following journal notes:</p> <p>Review of a Journal Note dated 07/15/2021 9:21 a.m.. "unable to staff due to staffing availability, Group home assume care...aware agency still seeking permanent staffing solution..."</p> <p>Review of a Journal Note dated 07/16/2021 2:54 p.m. "unable to staff this date, group home assumed care [name of group home manager] is aware."</p> <p>Review of a Journal Note dated 07/16/2021 3:52 p.m. "unable to staff 7/17 & 7/18/21 due to staffing availability, group home will assume care. [Name of Group home Manager] aware"</p> <p>During an interview with Patient #8 on 07-20-2021 at 8:30 a.m. during a home observation, Patient #8 stated, "I have no aide on the weekends." A group home employee present at the time confirmed the agency (Heal at Home) had no staff for patient #8 for the weekends and they assume care.</p> <p>During an interview on 07-21-21 at 10:12 a.m. with patient #8's group home field manager, he/she reported the missed visits had not always been communicated. When queried about how long this has been going on he/she reported "a couple of months." When queried if the agency offered to find another agency to accommodate patient 8, the field manager reported they suggested the patient could change his hours for visits. The</p> | | <p>will continue to monitor 100%. DON, Administrator and/or designee to assess each patient at time of SOC, Case Conference, ROC, Recert, Missed Visit Notification or any other assessment, to ensure staffing, per physician or allowed practitioners order on the current plan of care, is being met and followed.</p> <p><u>Staff members that "call off" causing a missed visit more than 5 times (within a rotating yr) will start the progressive disciplinary action process that may progress up to and including termination after "10 call offs" in a rotating year.</u></p> <p>Director of HR to monitor and report to Senior Management on a weekly basis and QA Quarterly.</p> <p><u>Director of HR to re-in-service on importance of attendance and attendance policy.</u></p> <p>08/17/2021</p> <p>Meeting called with Director of Staffing to discuss strategies to ensure staffing. <u>If staffing is not available due to staffing shortages, patient and physician will be notified by DON or designee and will be given alternatives including change in staffing hours that may meet (after a reassessment has been completed) their needs or assistance in finding another home health agency that will be able to meet their needs .At no time will a current patient be</u></p> | |

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| | <p>field manager explained the patient is used to being able eliminate in the toilet early but the patient said he would try to change his/her schedule so the agency could care for him/her. The field manager further explained that the patient has had the same early schedule for over 15 years but agreed to the change. The field manager confirmed the agency was still not able to staff to meet the plan of care and the group home assumed care for those missed visits. When queried if at any time the agency stated patient 8 needs to transfer to another agency, the field manager stated once because they could not staff at 6 a.m. The field manager stated even though patient 8 changed their time for the agenyc, they still are not able to staff.</p> <p>4. A clinical record review of patient # 9 contained a fax dated June 1, 2021, 5:13 PM with the heading " Heal at Home LLC " and the agency address is titled "Face-to Face Documentation Physicians Attestation". In this fax the physician authorized the start of care (SOC) for 06-03-2021.</p> <p>A review of patient #9's clinical record contains a physician order for Home Health Certification and Plan of Care for the certification period of 6-3-21 to 8-1-21, with orders for a home health aide 6 hrs (hours) per day, 7 X per week, may be divided into 2 shifts x 9 weeks. A review of a document titled "Episode Calendar" from the agency shows that a nursing assessment - SOC (start of care) was documented by employee I on 06-03-2021. Heal at Home LLC was unable to provide a home health aide on weekends and handed care over to the group home patient #9 resides as evidenced by the following journal notes:</p> <p>No other entries occur until 06-24-21 when a visit occurs for a home health aide for 3 hours in the</p> | | <p><u>discharged due to agencies lack of ability to staff patient unless patient acuity is beyond agencies ability/scope to provide those services (such as new services we do not have).</u> In the event that Heal at Home cannot meets the needs of the patient, Heal at Home will assist the patient in finding and selecting (per the patient's choice) a Home Health Agency that can meet their needs. If Heal at Home cannot find another agency that can meet the patient's needs within a time frame of 2wks, Heal at Home will then attempt to secure appropriate contract staff, that meets regulatory requirements for HHA staffing. At such time during the discharge/transfer process Heal at Home will continue to attempt to meets the patient's needs, per the physician ordered plan of care, until the patient's transfer is completed. Process will be monitored by the DON and reported to the Administrator. Administrator will report in Senior Management Meeting each Monday (excluding holidays) Administrator or designee will audit 100% of patient charts on a weekly basis, for cause of missed visits (patient request, or no available staffing). Results will be reported in Senior Management and to Intake Coordinator on Monday mornings. If <u>missed visits (due to staffing) are greater</u></p> | |

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| | <p>morning and three hours in the evening. Employee I is on the schedule for a nursing reassessment on this date as well.</p> <p>The following dates contain a note that stated "No clinician missed visit": 06-25-21 a.m. visit , 06-27-21 a.m. visit, 06-28-21 a.m. visit, 06-29-21 a.m. visit, 06-30-21 a.m. visit, 07-03-21, 07-04-21 a.m. visit , 07-05-21 a.m. visit, 07-06-21 a.m. visit, 07-07-21 a.m. visit, 07-08-21 p.m. visit, 07-09-21 a.m. and p.m. visit, No entries for 07-09-2021 through 07-17-2021.</p> <p>A review of documents titled "Journal Notes" from Patient #9's chart has entries with information from the following dates: 06-03-2021 entered by the administrator: "Initial assessment completed...Patient appropriate for home health aide, 6 hrs (hours) per day, 7 days per week for assistance..."</p> <p>Review of a Journal Note dated 06-25-2021 6 a.m.-9 a.m. indicated "unable to staff due to no staff available, GH (group home) will assume."</p> <p>Review of a Journal Note dated 06-26-2021 6 p.m.-9 p.m. indicated "unable to staff due to no staff available, GH will assume."</p> <p>Review of a Journal Note dated 06-27-2021 6 p.m.-9 p.m. indicated "unable to staff due to no staff available, GH will assume."</p> <p>Review of a Journal Note dated 06-27-2021 indicated "change Mon-Fri 6 a.m.- 9 a.m. to 8 a.m.-11 a.m. moving forward."</p> <p>Review of a Journal Note dated 06-27-2021 indicated "change 6 a.m. - a.m. to 9:30a.m. to 12:30 p.m."</p> | | <p><u>than 5%, new referrals will not be taken unless they come with staffing, until missed visits are less than 5%. Additionally, any individual patient that has had missed visits greater than 5%, in an episode, will be offered assistance finding another Home Health Agency that can meet the patient's needs. Heal at Home will continue to try to meet the needs of the patient throughout the process according to the physician ordered plan of care, until a Home Health agency, that the patient has chosen and agreed to, has been secured and the transfer to another agency has been completed.</u></p> <p>Audits will be done weekly by Administrator for 90 days and be reported to Senior Management (Human Resources Director, Staffing Director, Owner, Office Manager, CFO and Administrator) and Intake Coordinator weekly, and to QA on a quarterly basis. If collective missed visits are above 5%, Administrator will continue to audit 100% of patient/clients on a monthly and report to QA department. If at any time monthly audits show an increase in missed visits will be done weekly by Administrator for another 90 days and be reported to Senior Management, Intake Coordinator weekly and to QA on a quarterly basis.</p> | |

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| | <p>Review of a Journal Note dated 06-28-2021 indicated the patient was agreeable to reduced visit schedule due to staffing availability, and the PA (prior authorization) was reduced by 4 hours. "Starting 06-28-2021 change Mon-Fri 6 a.m. to 9 a.m. to 8 a.m. to 11 a.m. moving forward."</p> <p>Review of a Journal Note dated 06-29-2021 note entered by agency's scheduler: "Spoke with GH manager and informed...float aide would be there today from 6 p.m.-8 p.m. and she agreed to the shortened shift. Also informed ...we did not have coverage for this a.m. GH assuming care."</p> <p>Review of a Journal Note dated 7-4-2021, 07-06-2021, 07-07-2021 "unable to staff due to no staff."</p> <p>Review of a Journal Note dated 07-09-2021 "Spoke with GH manager they would like to put PT (patient) on hold until we can get one CG (caregiver) for all shifts."</p> <p>Review of a Journal Note dated 07-21-2021 "spoke with group home manager they have agreed on 2 or 3 different caregivers to do PT's hours."</p> <p>410 IAC 17-13-1(a)</p> | | | |