

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012408</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/14/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHANY CARES HOME HEALTH AGENCY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3637 S SR 3</b> <b>NEW CASTLE, IN 47362</b>		
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N 442	<p>410 IAC 17-12-1(b) Home health agency administration/management</p> <p>Rule 12 Sec. 1(b) A governing body, or designated person(s) so functioning, shall assume full legal authority and responsibility for the operation of the home health agency. The governing body shall do the following:</p> <p>(1) Appoint a qualified administrator.</p> <p>(2) Adopt and periodically review written bylaws or an acceptable equivalent.</p> <p>(3) Oversee the management and fiscal affairs of the home health agency.</p> <p>This RULE is not met as evidenced by: Based on record review, the governing body failed to adopt and periodically review written bylaws or an acceptable equivalent, and oversee the management and fiscal affairs of the home health agency.</p> <p>Findings include:</p> <p>An undated agency policy received from the agency on 1/23/2020 titled, "Governing Body," Policy # B-100 stated, " ... The Governing Body shall assume full legal authority and responsibility for the operation of Agency ... Purpose To ensure lines of authority are established. To ensure clients are provided with appropriate, quality services ... The duties and responsibilities of the Governing Body shall include: ... 3. Adopt and periodically review and approve the administrative personnel policies, client care policies and procedures, bylaws as required by state licensure regulations, the annual operating budget, and capital expenditure plan ... 4. Oversee the</p>	N 442			

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

TITLE

(X6) DATE

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N 442	Continued From page 1  management and fiscal affairs of the agency. This shall include budget operations ...."  The governing body binder was reviewed on 1/14/20 at 2:10 PM. Governing body meeting minutes were contained within the binder from 3/15/19, 9/16/19, and 1/10/20. The governing body meeting minutes failed to evidence any information regarding written bylaws or an acceptable equivalent, or fiscal affairs of the home health agency.  During an interview on 1/23/20 at 2:20 PM, the administrator was asked if the governing body approved budgets, to which the administrator stated "Yes," it was the book that was previously given for review.	N 442			
N 448	410 IAC 17-12-1(c)(5) Home health agency administration/management  Rule 12 Sec. 1(c)(5) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (5) Implement a budgeting and accounting system.  This RULE is not met as evidenced by: Based on record review and interview, the administrator failed to implement a budgeting and accounting system.  Findings include:  An undated agency policy received from the	N 448			

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N 448	Continued From page 2  agency on 1/23/2020 titled, "Governing Body," Policy # B-100 stated, " ... The Governing Body shall ... 4. Oversee the management and fiscal affairs of the agency. This shall include budget operations ...."  During an interview on 1/10/20 at 1:45 PM, the administrator stated she alone assumed te role of the governing body.  The governing body binder was reviewed on 1/14/20 at 2:10 PM. Governing body meeting minutes were contained within the binder from 3/15/19, 9/16/19, and 1/10/20. The governing body meeting minutes failed to evidence any information regarding budgeting and accounting.	N 448		
N 462	410 IAC 17-12-1(h) Home health agency administration/management  Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.  This RULE is not met as evidenced by: Based on record review and interview, the agency failed to ensure that and appropriate physical examination was completed within the appropriate timeframe's with the date the employee was examined for 3 of 6 employee records reviewed (H, I, K).	N 462		

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N 462	<p>Continued From page 3</p> <p>Findings include:</p> <p>1. During the review of employee files the list of current employees included employee F, HHA, date of hire 11/20/19 and first patient contact date 12/16/19. An undated agency document (typed up physical) was reviewed and indicated "To whom it may concern, [employee F] is currently under my care. She is up to date on her health maintenance appointments. If you have concerns or questions, please feel free to call my office ...." A nurse signed the doctors name and co-signed it. The record failed to evidence a physical examination was completed prior to first patient contact (document never stated an examination was completed or the employee was free of communicable/infectious diseases) and signed by a physician.</p> <p>2. During the review of employee files the list of current employees included employee G, HHA, date of hire 11/19/19 and first patient contact date 11/22/19. A document dated 11/15/19 from a walk-in-clinic stated "I have completed a physical evaluation on this applicant/employee. He/she does not present any apparent clinical contraindications to perform the work required. The document failed to evidence documentation that the employee was free of communicable or infectious diseases.</p> <p>3. During the review of employee files the list of current employees included employee H, HHA, date of hire 6/7/19 and first patient contact date 6/25/19. A document dated 6/19/19 from a walk-in-clinic stated "I have completed a physical evaluation on this applicant/employee. He/she does not present any apparent clinical contraindications to perform the work required. The document failed to evidence documentation</p>	N 462			

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N 462	Continued From page 4  that the employee was free of communicable or infectious diseases.  4. During an interview on 1/10/20 at 2:53 PM, the administrator stated all staff should have physicals upon hire.	N 462		
N 464	410 IAC 17-12-1(i) Home health agency administration/management  Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. (3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis. (4) After baseline testing, tuberculosis screening	N 464		

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N 464	<p>Continued From page 5</p> <p>must:</p> <p>(A) be completed annually; and</p> <p>(B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on a tuberculosis evaluation may not:</p> <p>(A) work in the home health agency; or</p> <p>(B) provide direct patient contact; unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:</p> <p>(A) working for the home health agency; or</p> <p>(B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>This RULE is not met as evidenced by: Based on record review and interview, the agency failed to ensure that Mantoux tuberculin (TB) skin tests/TB annual questionnaire were completed for 5 of 6 employee records of staff hired since last survey (A, F, I, R, S).</p> <p>Findings include:</p> <p>1. An Indiana Association for Home Health and Hospice [IAHHC] document dated December 2019 received from the agency on 1/17/2020 titled, "Tuberculosis Evaluation Policy" stated, "... The agency shall ensure all persons providing care on behalf of the agency who will have direct patient contact are evaluated for tuberculosis upon hire and annually thereafter ...."</p> <p>2. During the review of employee files the list of</p>	N 464		

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N 464	<p>Continued From page 6</p> <p>current employees included employee A, home health aide (HHA), date of hire 4/30/19 and first patient contact date 5/29/19. The record revealed the only TB test completed was on 8/29/18 (previous to employment). The record failed to evidence a baseline TB was completed upon hire.</p> <p>3. During the review of employee files the list of current employees included employee F, HHA, date of hire 11/20/19 and first patient contact date 12/16/19. The record revealed the only TB test completed was on 11/12/19 (previous to employment). The record failed to evidence a baseline TB was completed upon hire.</p> <p>4. During the review of employee files the list of current employees included employee I, registered nurse (RN), date of hire 12/8/13 and first patient contact date 8/10/18. A chest x-ray was completed on 5/17/18. The employee file failed to evidence annual TB screening questionnaires.</p> <p>5. During the review of employee files the list of current employees included employee R, HHA, date of hire 8/23/19 and first patient contact date 9/18/19. The record revealed the only TB test completed was on 8/13/19 (previous to employment). The record failed to evidence a baseline TB was completed upon hire.</p> <p>6. During the review of employee files the list of current employees included employee S, HHA, date of hire 4/11/19 and first patient contact date 4/15/19. The record revealed the only TB test completed was on 11/21/18 (previous to employment). The record failed to evidence a baseline TB was completed upon hire.</p>	N 464		

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N 464	Continued From page 7  7. During an interview on 1/22/20 at 12:15 PM, the administrator stated the agency had never completed a first step TB on employees if they brought a previous TB completed from another employer.	N 464			
N 488	410 IAC 17-12-2(i) and (j) Q A and performance improvement  Rule 12 Sec. 2(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least fifteen (15) calendar days before the services are stopped.  (j) The fifteen (15) day period described in subsection (i) of this rule does not apply in the following circumstances: (1) The health, safety, and/or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency continued to provide services to the patient. (2) The patient refuses the home health agency's services. (3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home health agency informs the patient of community resources to assist the patient following discharge; or (4) The patient no longer meets applicable regulatory criteria, such as lack of physician's order, and the home health agency informs the patient of community resources to assist the patient following discharge.	N 488			



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N 488	<p>Continued From page 8</p> <p>This RULE is not met as evidenced by: Based on interview and record review the agency failed to provide a full 15 day notice of discharge prior to the discharge of the patient for 3 of 3 discharge records reviewed that required a 15 day notice (#3, 5, 15).</p> <p>Findings include:</p> <p>1. An undated agency policy received from the agency on 1/7/2020 at 1:29 PM titled, "Client Discharge Process Policy # C-500" stated, " ... 9. To avoid charges of "abandonment" at the time of discharge agency documentation will include the following: a. Evidence that the decision was not made unilaterally. The client, family and physician participated in the decision to discharge client from agency ... c. If there are unmet needs and the agency is no longer able to meet those needs, documentation will demonstrate that appropriate notice was given (verbal and written) and referrals made as indicated. D. Documentation of all communication with the client, including the rationale for discharge will be kept in the client file with copies sent to the primary physician ... Discharge Criteria ... 1. a. The client has reached defined goals and is no longer in need of home care ... b ...care has become such that I is unsafe and medically inappropriate to main the client in his / her home ... c ... client / Caregiver consistently refuses to</p>	N 488		

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N 488	<p>Continued From page 9</p> <p>cooperate in attaining treatment goals ... I ... The patient and / or family have threatened agency staff ... or the home is in some other way is an unsafe environment ... 7. ... h. Patient outcomes in meeting the goals in the plan of care ...."</p> <p>2. The clinical record of patient #3 was reviewed on 1/7/2020 and indicated a start of care date of 8/16/2019. The record contained a plan of care for the certification period of 8/16/2019 - 10/07/2019, that indicated diagnoses, but not limited to, hemiplegia.</p> <p>An agency start of care comprehensive assessment dated 8/16/2019 by employee O, stated, " ... Home safety evaluation done; No Home Safety Problems Identified ...."</p> <p>An agency document titled, "Journal Notes" provided by the agency with an entry date of 8/16/19 at 1:30 PM by employee O, RN stated, " ... Pt's [family member] states that he is going to remove carpet and replace with flooring d/t hoyer lift can be difficult to move on carpet at times. [family member] educated on getting carpet / flooring replaced as soon as possible for safety reasons ...."</p> <p>An agency document titled, "Journal Notes" provided by the agency with an entry date of 8/22/19 at 5:33 PM by employee O, RN stated, "After aide clocked in for shift, she got the pt up in hoyer lift and began moving the pt in hoyer lift to the bed when the Hoyer wheel became stuck on the carpet causing the hoyer lift to tip over with pt still in hoyer. Aide caught pt and stabilized hoyer before the pt fell. Aide was able to lower to the floor. During aide assisting t to floor the pt hit head on coffee table. Pt also received small abrasion to arm. No other injuries noted. No</p>	N 488		

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N 488	<p>Continued From page 10</p> <p>redness or swelling noted to head. Pt's son called EMT's (emergency medical technician) to have pt taken to ER to be evaluated."</p> <p>An agency document titled, "Journal Notes" provided by the agency with an entry date of 10/4/19 at 8:54 PM by employee M, RN stated, "Staff informed agency they were transferring pt per (by) hooyer lift and lift toppled over, Pt and aide fell to floor. ROM (range of motion) per usual, pt denied pain. Staff phoned paramedics. Paramedics examined pt and did not see any injury. Pt was assisted per paramedics back to bed. Will continue to monitor pt. Educated family on proper uses of hooyer lift. The note failed to evidence skilled nurse assessment of the patient after the fall to determine patient health status including injury and ROM.</p> <p>An agency document titled, "Journal Notes" provided by the agency with an entry date of 10/6/19 at 2:15 PM by employee J, ADON (assistant director of nursing) stated, "... Spoke with [family member] son of [Patient #3] and notified that agency's staff is unable to use Hoyer or transfer her until the flooring is fixed d/t (due to) unsafe environment for the patient and aide. The family must be responsible for transferring her with Hoyer until the flooring issue is fixed. Then the agency will have RN case manager assess the Hoyer and floor and can resume once living area is safe ... [family member] voiced understanding that family is responsible of transferring [patient #3] until carpet is removed."</p> <p>A document titled, "State of Incident Initial Report", provided by the agency with an entry date of 10/7/2019 by employee Y at 9:30 AM, stated, "Pt. has had 2 falls since admission d/t unsafe carpet during transfers with hooyer lift.</p>	N 488		

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N 488	<p>Continued From page 11</p> <p>Hoyer lift wheels will not move correctly due to shag carpet. Pt's [family member] stated upon admission 8/16/19 that he would be removing carpet and replacing it with new flooring. ADON [employee J] spoke with [family member] of [patient #3] on 10/6/2019 and notify him that agency's staff is unable to use hoyer until flooring issue is fixed d/t unsafe environment for pt. and aide. The family must be responsible for transferring her with hoyer until the flooring issue is fixed. The RN case manager will assess he (sic) hoyer and floor and will resume transferring when is safe. Agency is able to complete all care with patient in bed. [Family member] voiced understanding ... On 10/7/2019 [family member] called yelling and cussing at staff stating its out (sic) fault that our aides are not trained with hoyer and that he is going to sue the agency for not using hoyer lift. Plan to resolve (Immediate and Long Term) ... [Family member] states that just because I said I was going to remove the carpet sometime now your blaming the hoyer on that. ADON stated-the wheels are not moving correctly on the carpet causing harm to your mother and staff. [Family member] continued to yell, cuss and threaten to sue agency. [Family member] stated that they have had multiple agencies in the home and their aids (sic) have not been trained either. He stated they have dropped pt as well. Pt is being discharged from Bethany Cares effective immediately 10/7/2019 due to safety, son yelling cussing and threatening staff and causing unsafe environment."</p> <p>An agency document titled, "Journal Notes" provided by the agency with an entry date of 10/7/19 at 9:35 AM by employee J stated, "[family member] patient's son called yelling and cussing at staff stating its our fault that our aides are not trained with the Hoyer and he is going to sue the</p>	N 488		

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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) COMPLETE DATE
N 488	<p>Continued From page 12</p> <p>agency for not using the Hoyer. [family member] states just because I said I was going to remove the carpet sometime now you staff is blaming the Hoyer on that ... [family member] continued to yell, cuss and threatened to sue agency. [family member] stated we have had multiple agency (sic) in here and their aides have not been trained either. They have dropped her as well he stated. [family member stated its not the carpet, my family is able to do it just fine. [Employee J] stated, 'I am sorry but we cannot continue to care for your mother as conditions of the home, yelling, cussing and threatening staff are / is unsafe environment of agency staff ..."</p> <p>An agency document titled, "Journal Notes" provided by the agency with an entry date of 10/7/19 at 2:15 PM by employee J stated, "... Life Streams notified ... of all information regarding patients Hoyer and [family member] inappropriate behavior twords (sic) staff. Stated mailed three different options for other agencies to provided (sic) services."</p> <p>An agency document titled, "Journal Notes" provided by the agency with an entry date of 10/7/2019 at 3:30 PM by employee Y, RN stated, "Pt (patient) discharged from agency due to not being able to transfer with hoyer lift safely. [family member] had stated that he would replace thick shag carpet with solid flooring upon admission and has failed to do so. [family member] aware of discharge."</p> <p>An agency document titled, "Discharge Order" provided by the agency, with order date of 10/7/2019 and signed by employee Y date of 10/11/2019 at 10:57 AM stated, "Patient discharged from Bethany Cares Home Health Services on 10/7/2019 ... [family member noted to</p>	N 488			

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N 488	<p>Continued From page 13</p> <p>be verbally abusive to staff by yelling, cussing and threatening several times. D/C [discharge] patient services immediately d/t unsafe environment in home for staff and patient ...."</p> <p>An agency document titled "Discharge summary" provided by the agency on 1/11/2020 at 3:45 PM, dated and electronically signed on 10/7/2019 by employee Y, stated, " ... Reason for discharge ... Agency / Organization decision Explain: unable to lift patient with hooyer safely due to thick high pile carpet. On admission [family member] agreed that he would replace flooring but did not do so ...."</p> <p>During an interview on 1/7/2020 at 11:29 AM with a family member of patient #3 they indicated the nurse who admitted the patient was aware and visualized the carpeting the hooyer was to be used on and "they were ok with it at the time" He stated he had indicated the carpet was going to be replaced at some point, but did not provide the agency with a date or timeframe. The family member indicated they had called many times to report the aides working on the patient's case were not trained on the patient's hooyer and no nurse had visited the home to train the aides or watch a transfer using the hooyer. He indicated the family had trained several of the aides on the hooyer use. Further, after the patient had fallen twice he was angry and did recall yelling, but was adamant he did not use foul language or threaten the staff in any way. Additionally, he stated he stated no nurse came to the home to follow up and evaluate the patient at the time of the falls or the next day and they indicated to him 'because she is going to the hospital they didn't need to come out.' The family member indicated on 10/7/2019, the agency instructed the aide present in the home to leave immediately and the patient</p>	N 488		

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N 488	<p>Continued From page 14</p> <p>was immediately discharged.</p> <p>3. The clinical record of patient #5 was reviewed on 1/7/20 and indicated a start of care date of 3/2/18. The record contained a plan of care for the certification period of 10/23/19-12/21/19.</p> <p>During review of the agency journal notes from 10/14/19 at 12:00 PM, they stated "15-day terminaiton of service notice for home health aide given to step mom via phone by [alternate administrator] and verbal notice given via phone to patient by [employee L]. BCHHA [agency] is unable to meet your staffing demands. ...."</p> <p>During review of the agency journal notes from 10/28/19 at 4:00 PM, they stated "Pt [patient] discharged from [agency] today (10/28/19) d/t [due to] being unable to meet staffing needs. 15-day termination notice of HHA [home health agency] services ...."</p> <p>The patient was discharged on 10/28/19 (14 days after 15-day notice was given).</p> <p>4. The clinical record of patient #15 was reviewed on 1/22/20 and indicated a start of care date of 9/27/19. The record contained a plan of care for the certification period of 11/26/19-1/24/20.</p> <p>An agency letter dated 1/13/20 regarding discharge of services stated "Last day of scheduled HHA [home health aide] services: 01-27-2020 Last day of scheduled PSA [personal services agency]: 2-07-2020 ... This letter is to inform you this is your 15-day termination notice of service for Home Health Aide. And 30 day notice of termination of PSA services. Bethany Cares is unable to meet your staffing demands. Multiple staff have been sent to your home and</p>	N 488		

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N 488	<p>Continued From page 15</p> <p>you have turned them away for various, multiple reasons. [sic]...."</p> <p>During review of the schedule, the last HHA visit was completed on 1/18/20.</p> <p>During review of journal note completed on 1/13/20 at 11:15 AM, the administrator documented "Called pt [patient] mother and spoke to her and informed her this was her 15 day discharge from agency for HHA and her 30 day notice of discharge for PSA company as well ...."</p> <p>During review of journal note completed on 1/22/20 at 11:01 AM, employee X stated"spoke with aides mother on 1/22 stated that effective immediately we will no longer be providing services for her daughter, due to not being able to meet her mothers staffing requests ...."</p> <p>The patient was discharged on 1/22/20 (9 days after 15-day notice was given).</p> <p>5. During an interview on 1/23/20 at 2:15 PM, the administrator stated the agency gave 15 day notice of discharge and "we provide care during that 15 days."</p>	N 488		