

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15K159	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2021
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE		STREET ADDRESS, CITY, STATE, ZIP COD 4 W NATIONAL AVENUE BRAZIL, IN 47834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 484.102.</p> <p>Survey Dates: 2/17/21-2/19/21</p> <p>Facility: 014228</p> <p>Active Census: 281</p> <p>At this Focused Infection Control Emergency Preparedness survey, in regards to staffing and implementation of staffing, Elder's Journey Home Care was found to be in compliance with 42 CFR 484.102 Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers for Home Health Agencies.</p>	E 0000		
G 0000 Bldg. 00	<p>This visit was for a Federal/State complaint investigation in conjunction with an Infection Control focused survey.</p> <p>Complaint IN00339451: Substantiated, federal and unrelated state deficiencies cited</p> <p>A Partially extended survey was announced on 2/19/21 at 9:05 a.m.</p> <p>Survey Dates: 2/17/21-2/19/21</p> <p>Facility ID: 014228</p> <p>Unduplicated Census last 12 months: 493</p> <p>Active Census: 281</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 0484 Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State findings.</p> <p>Quality Review completed on 3/5/2021 A4</p> <p>484.50(e)(1)(ii) Document complaint and resolution (ii) Document both the existence of the complaint and the resolution of the complaint; and</p> <p>Based on record review and interview, the agency failed to ensure the existence of patient expression of dissatisfaction were documented as complaints, as required by agency policy for 1 of 1 (Patient 1) patients whose clinical record was reviewed.</p> <p>Findings include:</p> <p>An undated policy titled, "Client/Family Complaint/Grievance Policy," was provided by the Director of Clinical Services, Employee D, on 2/17/2021 at 2:00 p.m. The policy indicated, but was not limited to: "A complaint is defined as any expression of dissatisfaction by a client/family regarding care or services that can be addressed at the time of complaint by staff present. A grievance is any formal or informal written or verbal expression of dissatisfaction with care or service that is expressed by the client/family that is not solved at that time by staff present. Client complaints will be documented on a client complaint form and filed with the complaint log in an administrative file. A grievance...will be documented on the grievance form by the person receiving the complaint/grievance and forwarded as soon as possible to the appropriate director or to the management team for investigation action</p>	G 0484	<p>G484 Document complaint and resolution</p> <p>1. We will continue to follow our C381 policy, Client/Family Complaint/Grievance Policy. EXHIBIT D.</p> <p>2. Improvement actions the Agency has implemented to facilitate the investigation of all complaints includes the following steps:</p> <p>a. A second person has been added to our Performance Improvement team effective 1/4/2021.</p> <p>b. The new Performance Improvement Coordinator working with our Performance Improvement Manager to improve our performance improvement.</p> <p>c. The Agency has sent out a written in-service to the Caregivers and Home Health Aides to be sent out on 3/19/2021 with due date of 3/31/2021.</p> <p>d. The In-service addresses and details the importance of</p>	03/31/2021

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	<p>and trending. A grievance is considered resolved when the client is satisfied with the actions taken on their behalf."</p> <p>A review of the Complaint Log for 1/2020 through 12/2020 evidenced that it did not include a documented complaint for Patient 1.</p> <p>During an interview on 2/19/2021 at 11:30 a.m., Patient 1 stated she was no longer a patient with the agency due to staffing issues. Patient 1 indicated that she filed a complaint with the agency "several times," speaking with three different personnel members, as well as a personnel member from human resources. Patient 1 stated, "I was basically told [by the agency] to deal with it-I would have to deal with the aide's limited availability. I would have to take another caregiver because my normal aide was unavailable." Patient 1 stated that the agency would often send the same aide to her house that frequently had car trouble. Patient 1 contacted the agency and the agency offered to pick the aide up and bring her to Patient 1's home. "They didn't have anybody else to send." Patient 1 stated that she would be left without help "sometimes up to 4 days per week. My son didn't live with me at the time because he lived on campus at ISU. He didn't have a car and would have to find a ride to come home just to help me." Referring to the agency calling before visits and upcoming unscheduled visits, Patient 1 stated, "sometimes they would-sometimes they wouldn't. More times than not, I would have to call and ask where my aide was at because she didn't show." Patient 1 stated that aides would wear masks during visits but would show up without gloves or with an inadequate supply of gloves, and Patient 1 would send the aides back to the agency for more supplies. "They always had inadequate</p>		<p>reporting all client complaints to office. EXHIBIT E.</p> <p>e. The Agency will in-service all nursing staff at the monthly Nursing meeting on 3/24/2021 on policy C381, Client/Family Complaint/Grievance Policy. The in-service will stress the importance of reporting ALL complaints to office. EXHIBIT F.</p> <p>3. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency does not occur.</p> <p>4. The date the corrective action will be completed by is 3/31/2021.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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G 0544 Bldg. 00	<p>supplies and I never saw hand sanitizer."</p> <p>Referring to hand sanitizer use and hand washing, Patient 1 stated, "I never saw that done." Patient 1 stated, "I'm a big girl and caregivers are not trained to wash big people. The aides did not lift up my folds to thoroughly clean me and didn't clean my peri area very good. One time they sent me a lady with a cast on her wrist. You can't give me a good bath with a cast-you can't even get it wet. They sent me another lady with more ailments than me! They can't clean me!" Patient 1 reported that if she knew an aide could not adequately provide care, "I canceled them."</p> <p>During an interview on 2/19/2021 at 10:36 a.m., in reference to frequent missed visits for Patient 1, the General Manager C stated that Patient 1 was "very specific with caregivers [term used interchangeably with aide]-she sent caregivers home early nearly every day." Patient 1's caregiver was having car trouble and she did not want another caregiver. Patient 1 was hopeful the caregiver's car would be fixed and she would return to visits. The General Manager C was unsure how Patient 1's needs were met during the day when the caregiver was not in the home.</p> <p>17-12-3(c)(2)</p> <p>484.55(d)</p> <p>Update of the comprehensive assessment Standard: Update of the comprehensive assessment.</p> <p>The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but not less frequently than- Based on observation, record review, and</p>	G 0544	G544 Update of the	03/24/2021

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	<p>interview, the agency failed to ensure the comprehensive assessment reflected the patient's current status for 1 of 1 home observation visits. (Patient 2)</p> <p>Findings include:</p> <p>An undated policy titled "Comprehensive Client Assessment" was provided by the Administrator on 2/18/21 at 3:15 p.m. The policy indicated, but was not limited to, "The Comprehensive Assessment must accurately reflect the client's status ... Reassessments are conducted based on client needs, physician orders, professional judgement and /or OASIS or other regulatory requirement ... "</p> <p>During a home visit on 2/17/21 at 1:00 p.m., Employee I, a HHA (home health aide), was observed providing a shower for patient 2. Employee I assisted patient 2 into a bathtub and onto a shower chair. Patient 2 was able to wash under both underarms, under both breast and abdominal folds. Patient 2 was able to hold the shower hose and rinse off. Employee I was observed washing patient 2's hair, back, and buttocks. Employee I indicated patient 2 has been taking showers for the past few months and receives a shower on Monday, Wednesday, and Friday.</p> <p>The complete clinical record for patient 2 was reviewed on 2/17/21, start of care date 11/25/19, for the certification period 1/18/21 to 3/18/21 with orders for HHA and attendant care services. The record contained the following:</p> <p>A 1/15/21 Aide Plan of Care indicated patient 2 was to receive a shower.</p>		<p>Comprehensive assessment</p> <p>1. The RN case manager checked the wrong box in the 1/15/2021 Oasis Assessment. The Oasis was corrected.</p> <p>EXHIBIT G.</p> <p>The Aide Plan of Care was correct, and the Home Health Aide was following the correct orders for the Client. This document was presented to the surveyor.</p> <p>EXHIBIT H.</p> <p>2. The Director of Clinical Services will in-service all the RN Case Managers on Policy C145, Comprehensive Client Assessment and audit the assessment for accuracy prior to submitting the Oasis Assessment to QA. The In-service to be given at the monthly nursing meeting 3/24/2021. EXHIBIT F.</p> <p>3. The Director of Clinical Services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>4. The date of corrective action to be completed by is 3/24/2021.</p>	

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PRINTED: 03/20/2021

FORM APPROVED
OMB NO. 0938-039

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G 0800 Bldg. 00	<p>An Oasis Assessment Details dated 1/15/21 indicated "(M1830) Bathing: Ability to wash entire body ... [checked box] 4 - Unable to use the shower or tub, but able to bathe self independently with or without use of devices at the sink, in chair, or on commode." The assessment did not reflect the home visit observation.</p> <p>During an interview on 2/17/21 at 9:50 a.m. the Administrator in Training B and Director of Clinical Services D was made aware of the home visit observation and reviewed the Oasis Assessment Details record and agreed the assessment should have been changed.</p> <p>17-14-1(a)(1)(B)</p> <p>484.80(g)(2) Services provided by HH aide A home health aide provides services that are:</p> <ul style="list-style-type: none"> (i) Ordered by the physician or allowed practitioner; (ii) Included in the plan of care; (iii) Permitted to be performed under state law; and (iv) Consistent with the home health aide training. <p>Based on observation, record review, and interview, the agency failed to ensure services were provided according to the plan of care for 1 of 1 home health aide visits. (Patient 2)</p> <p>Findings include:</p> <p>An undated policy titled Home Health Aide Services was provided by the Administrator on 2/18/21 at 3:15 p.m. The policy indicated, but was not limited to, "1. a. Providing personal care</p>	G 0800	<p>G800 Services provided by Home Health Aide</p> <ul style="list-style-type: none"> · The Home Health Aide was brought into office and met with HR Manager and RN. Coaching was provided and signed by Aide, HR Manager and RN. · The Aide was provided remediation training and a review of Policy C140 Home Health Aide. <p>EXHIBIT I.</p>	03/31/2021

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	<p>services including bathing ... skin care ... as directed by the plan of care ... maintain a safe environment for the client ... The Aide will follow the care plan ..."</p> <p>A revised November 2015 Indiana State Department of Health Nurse Aide Curriculum indicated, but was not limited to, "Procedure #32 Shower/Shampoo ... 11. ... Assist as needed to wash and rinse the entire body going from head to toe. 5. Give resident towel and assist to pat dry. Ensure to thoroughly pat dry ... between toes."</p> <p>The complete clinical record for patient 2 was reviewed on 2/17/21, start of care date 11/25/19, for the certification period 1/18/21 to 3/18/21 with orders for HHA (home health aide) services 8 hours a day, 5 days a week. The plan of care included orders for the "HHA to observe ... Integumentary system ... 60 day summary ... Patient needs assistance with all Major ADLS [Activities of Daily Living] of bathing ... skin care and inspection ..."</p> <p>During a home visit on 2/17/21 at 1:00 p.m. Employee I, a HHA (home health aide), was observed during a shower with patient 2. Employee I assisted patient 2 into a bathtub and onto a shower chair. Patient 2 was able to wash under both underarms, under both breasts and abdominal folds. Patient 2 was able to hold the shower hose and rinse off. Employee I was observed washing patient 2's hair, back, and buttocks. Employee I failed to wash patient 2's feet/toes and failed to offer the patient assistance with washing feet/toes. Once patient 2's shower was completed, Employee I assisted him/her out of the shower and dried patient 2's hair, back, and buttock. Employee I failed to dry patient 2's feet and toes.</p>		<ul style="list-style-type: none"> The Human Resource Director is sending an in-service to all caregivers and Home Health Aides on 3/19/2021 to be completed by 3/31/2021. EXHIBIT E. <ul style="list-style-type: none"> A new line has been added to the Home Health Aide skills check to include foot care during the bath. This skills check will be done upon hire and annually. EXHIBIT M. <ul style="list-style-type: none"> The Director of Clinical Services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. The date of corrective action to be completed by is 3/31/2021. 	

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G 0852 Bldg. 00	<p>During an interview on 2/17/21 at 4:00 p.m. the Administrator in Training B and Director of Clinical Services D were made aware of patient 2's home visit observation. The Director of Clinical Services D indicated the home health aide should have washed patient 2's feet and dried them unless it was the patient's preference not to wash and dry feet and toes.</p> <p>17-14-1(g)</p> <p>484.100(a) Information to the state survey agency Standard: The HHA also must disclose the following information to the state survey agency at the time of the HHA's initial request for certification, for each survey, and at the time of any change in ownership or management:</p> <p>Based on record review and interview, the agency failed to notify the Indiana Department of Health, in writing, of the new service (attendant and respite care), the date the service was intended to be offered, and all supporting documentation that showed the home health agency was qualified to provide the additional services.</p> <p>Findings include:</p> <p>A 2/27/2018 letter titled "Medicaid Waiver Service Provider Certification" from the Indiana Family & Social Services Administration (FSSA) was provided by the Administrator on 2/18/2021 at 11:25 a.m.</p> <p>The agency failed to provide an approval letter from the Indiana Department of Health for agency to provide additional services of attendant and</p>	G 0852	<p>G852 Information to the state survey agency</p> <ol style="list-style-type: none"> 1. A letter to was sent to Kelly Hemmelgarn RN to add Personal Services that includes Attendant Care, Companion Care, Housekeeping and Respite Services to the services provided under our Home Health License. Attached to the letter is our FSSA Medicaid Waiver Service Provider Certification. EXHIBIT J. 2. The Administrator will notify the State survey agency of any changes in agency services or management staff of the Home Health Agency. 3. The Administrator is responsible for monitoring these corrective actions to ensure that 	02/19/2021

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N 0000 Bldg. 00	<p>respite care services.</p> <p>During an interview with the Administrator A on 2/18/2021 at 11:35 a.m., Administrator A stated based on the FSSA letter received, Administrator A was under the impression IDOH was aware of the attendant care/respite services the agency provided.</p> <p>17-10-1(1)</p> <p>This visit was for a State complaint investigation.</p> <p>Complaint IN00339451: Substantiated</p> <p>Survey Dates: 2/17/21-2/19/21</p> <p>Facility ID: 014228</p> <p>Active Census: 281</p> <p>410 IAC 17-13-3(b) Service Plan Rule 13 Sec. 3(b) The personal services agency's manager or the manager's designee shall prepare a service plan for a client before providing personal services for the client. A permanent change to the service plan requires a written change to the service plan. The service plan must:</p> <p>(1) be in writing, dated, and signed by the individual who prepared it;</p> <p>(2) list the types and schedule of services to be provided; and</p> <p>(3) state that the services to be provided to the client are subject to the client's right to:</p>	N 0000	<p>this deficiency is corrected and will not recur.</p> <p>4. The date that the corrective action was made was 2/18/2021. EXHIBIT J.</p>	
N 0534 Bldg. 00				

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	<p>(A) temporarily suspend; (B) permanently terminate; (C) temporarily add; or (D) permanently add; the provision of any service.</p> <p>Based on record review and interview, the agency failed to provide a service plan for 1 of 5 patient records (Patient 5) reviewed, with the potential to affect all non-skilled patients.</p> <p>Findings include:</p> <p>An undated policy titled "Service Agreement/Plan" was provided by Administrator A on 2/18/2021 at 3:15 p.m. The policy indicated, but was not limited to: "A Service Agreement/Plan shall be developed with all clients upon admission, before care is provided. The service agreement will identify the services to be provided, disciplines providing care, charges and expected sources of reimbursement for services. The client will be informed of their liability of payment. The designated Registered Nurse/Therapist shall present and explain the Service Agreement/Plan to the client upon admission to the agency and before care is provided. The client or financially responsible party shall sign the Service Agreement."</p> <p>A "NOTICE OF ACTION" document from the Indiana Family & Social Services Administration was provided by Director of Clinical Services D on 2/18/2021 at 10:15 a.m.</p> <p>A document titled "AIDE Plan of Care" was provided by General Manager C on 2/18/2021 at 1:30 p.m.</p> <p>During an interview with Administrator A on</p>	N 0534	<p>N 534 Service Plan</p> <ol style="list-style-type: none"> 1. All Medicaid PA clients and Skilled clients had a Plan of Care. The client that did not have a Service Plan was a non-skilled Medicaid Waiver client that had only an Aide Plan of Care and the Area on Agency's Notice of Action and their Plan of Care. 2. A new Service Plan was developed and implemented into all Medicaid Waiver, Area on Agency clients' and non-skilled clients. 3. This Service plan is a duplicate form and will be filled out upon admission and a copy left in the Client Binder at the home and the original brought to the office. 4. A copy will be given to the scheduling department. EXHIBIT K. 5. Two additional policies C581 Service Plan Policy for Personal Care Services and C582 Services Policy were created. EXHIBIT L. 6. The Director of Clinical Services will in-service all nurses on the following: <ol style="list-style-type: none"> a. The new Service Plan, b. The two additional policies C581 Service Plan Policy for Personal Care Services and C582 Services Policy, c. Review how to fill it out and 	03/24/2021

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NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE		STREET ADDRESS, CITY, STATE, ZIP COD 4 W NATIONAL AVENUE BRAZIL, IN 47834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>2/18/2021 at 3:10 p.m., Administrator A stated that "an aide plan of care is not the same thing as a plan of service."</p> <p>During an interview with Administrator A on 2/19/2021 at 10:50 a.m., Administrator A stated that "until yesterday (2/18/2021), the agency did not have service plans for non-skilled patients. The agency was reaching out to all area agencies to obtain service plans."</p>		<p>the steps to leave one copy in the client's home, and bring the original form to the office,</p> <p>d. The nurses will be instructed to provide a copy to the scheduling department and notify the scheduling department of any changes to care or client condition needs that requires a change to the Service Plan. EXHIBIT F.</p> <p>7. The Director of Clinical Services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.</p> <p>8. The date the corrective action is to be completed is 3/24/2021.</p>	