STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
N 0000 Bldg. 00	This was a re-visit of a state-only licensure survey of a home health agency with a probationary license conducted on 12/18/2020 - 12/23/2020. Facility ID: 013400 Active Patients: 25 Records reviewed with home visits: 0 Records reviewed with no home visits: 3 Home visits with no record review: 0 Total records reviewed: 3 Total home visits: 0 Preference Health Services, Inc. entered into an "Amended Agreed Order" with the Indiana Department of Health on 11/25/2020. This "Amended Agreed Order" had an area subtitled "Stipulated Facts" which stated "... e. The Administrator, Alternate Administrator, Clinical manager and Alternate Clinical Manager shall be actively engaged in the day-to-day operations of Preference and have general knowledge of Preference's operations. ... g. Preference shall undergo an, eight (8) hour, in-person home health nursing "bootcamp" performed by the nurse consultant. ... All nurses shall be required to attend and pass the related test with a score of 80%. If nurses score less than 100% on the "bootcamp" test, Preference shall re-educate and re-train nurses on the deficiencies before assigning tasks to the nurse. ... h. Preference shall undergo a one-half day (four or five (4-5) hour) in-person home health aide "bootcamp" performed by the Nurse Consultant. All aides shall be required to attend and pass a related test with a score of 80%. If aides score less than 100%	N 0000	N000 Preference Health Services is submitting the following Plan of Correction/Plan of Removal in response to the 2567 issued by ISDH and/or CMS as it is required to do by applicable state and federal regulations. The submission of this Plan of Correction/Plan of Removal is not intended as an admission, does not constitute an admission by and should not be construed as an admission by Preference Health Services that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to patients of the Agency. Preference Health Services does not, at this time, have an avenue at which to challenge these findings and, therefore, Preference Health Services' failure to dispute or challenge the alleged deficiencies cannot be taken as an admission that the alleged facts occurred as presented in the statements. Preference Health Services has retained the services of a consultant to assist with training and monitoring for compliance. Compliance has been and will be achieved no later than the last completion date identified in the Plan of Correction. Preference Health Services	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	on the "bootcamp" test, Preference shall re-educate and re-train aides on the deficiencies before assigning tasks to the home health aide. ... j. Preference shall work with the Nurse Consultant on the following schedule: i. Four (4) hours per month until December 9, 2020 (12 months from the effective date of the original agreed order). k. The hours listed in section (i)(j) above include both onsite work and remote work, including audits, policy review and revision, and telephone conferences to provide guidance and advice. This shall also include a weekly telephone conference among the Nurse Consultant, Administrator, Clinical Supervisor, Alternate Administrator, and Alternate Clinical Supervisor for purposes of guidance, education, and ensuring necessary follow-up...." The following "Stipulated Facts" failed to be evidence as completed: During an interview on 12/21/20 at 2:54 p.m., the administrator indicated communication with the nurse consultant was conducted via email and via phone. The administrator indicated the last communication she had with the nurse consultant was during the week of 12/6/2020 and communication had stopped between the agency and nurse consultant since that part of the agreement was only for 1 year. The administrator indicated the alternate administrator was not present for communication with the nurse consultant via phone as the alternate administrator usually comes to the office once a week. There failed to be any evidence at the home health agency of weekly telephone conferences between the Nurse Consultant, Administrator, Clinical Manager and the corresponding alternate positions.		desires this Plan of Correction to be considered our Allegation of Compliance." Communication occurred between Administrator, Alternate Administrator and consultant. It was done via phone and emails. Alternate Administrator was off and in California when survey was in process. She was put on the spot to answer questions while trying to navigate thru the airport. Survey did not ask Administrator about status of the Alternate Administrator. The aides/nurse noted as having incorrectly answered questions on the boot camp test were re-instructed on the areas they got wrong. Per the agreement offer in place at that time they were not required to retake test to answer incorrect questions.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	During an interview via the telephone on 12/21/2020 at 4:37 p.m., the alternate administrator, when queried about if she was aware of the current survey in progress, indicated she was unsure. The alternate administrator indicated she did not have the contact information for the nurse consultant and had communication with the nurse consultant twice a year. The alternate administrator indicated she is unsure of the agency's current census, but was maybe 40. The alternate administrator was unsure of the focus of the agency's quality assurance and performance improvement program. During an interview on 12/18/2020 at 11:30 a.m., the administrator indicated the current patient census was 25. Record review was conducted for "Boot Camp" requirements as stipulated in the "Amended Agreed Order" The following concerns were identified: During an interview on 12/22/2020 at 11:34 a.m., the administrator indicated the correct answer for question # 6 was answer B, question #20 was B, question #23 was A, question #37 was D and question #39 was B on the Bootcamp training test for the home health aide. The administrator indicated the answer was false for question #8 on the Bootcamp training test for the nurses. Record review of agency documents titled "Home Health Aide Boot Camp Test" dated 11/6/2020 evidenced employee D, home health aide, answered D for question #23. The documents dated 11/7/2020 evidenced employees E, F and G, home health aides, answered E for question #37. The document dated 11/7/2020 evidenced employee H, home health aide, answered A for			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	question #39. The document dated 11/6/2020 indicated employee I, home health aide, answered C for question #6. The document dated 11/7/2020 indicated employee J, home health aide, answered D for question #20. The documents indicated the home health aides' scores were 100/100 but failed to evidence the home health aides were re-educated and re-trained on the deficiencies before assigning tasks to the home health aides. There failed to be any evidence at the agency the home health aides were re-educated and re-trained on the deficiencies. No other documentation was provided. Review of an agency document titled "Home Health Care Nurses Boot Camp Test" dated 11/5/2020 evidenced employee A, registered nurse, answered true for question #8. The document indicated the nurse's score was 100/100 but failed to evidence the registered nurse was re-educated and re-trained on the deficiencies. No other documentation was provided. Review of an agency document titled "Preference Health Services Published Schedule" for the week of 12/13/2020 indicated employees D, E, F, G, H, I and J, home health aides, were scheduled for patient visits. Review of an untitled agency document, the administrator identified as the nursing visit schedule for 12/14/2020-12/19/2020, indicated employee A, registered nurse, was scheduled to see patients on 12/19/2020. During an interview on 12/22/2020 at 11:34 a.m. the administrator indicated she was unclear why the answers were not marked as incorrect on the boot camp tests.			
N 0440	410 IAC 17-12-1(a) Home health agency			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
Bldg. 00	administration/management Rule 12 Sec. 1(a) Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level shall be: (1) clearly set forth in writing; and (2) readily identifiable. Based on record review and interview, the agency's administration failed to ensure the organization, services furnished and lines of authority for delegation of responsibility were clearly set forth in writing and readily identifiable. The findings include: Review on 12/23/2020 of an untitled, undated agency document the administrator identified as the job description for the position of administrator stated, "...Essential Functions ... Identifies and implements the organizational structure...." Requested from the administrator the agency's organizational chart on 12/18/2020 and was provided a document titled "ORGANIZATION CHART". Review of the document failed to include, in the organizational chart, the positions of the Alternate Administrator and Alternate Clinical Supervisor. The document titled "Organization Chart" did include, but was not limited to, Director of Finance, Director of Staffing and On Call Staffing Coordinator. The document also failed to indicate the services furnished by the home health agency. During an interview at the entrance conference on 12/18/2020 at 10:39 a.m., the administrator indicated skilled nursing services, home health aide services and physical therapy services were provided by the agency.	N 0440	N440 Administrator revised the agency organizational chart to include Administrator, Alternate Administrator and disciplines provided by agency. Administrator removed positions that agency doesn't have. (02/01/2021) Administrator will be responsible to update organizational chart if changes occur. (To be on-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	During an interview on 12/23/2020 at 12:33 p.m., the administrator indicated the positions of the Alternate Administrator and Alternate Clinical Supervisor should be included in the organizational chart and the organizational chart needed to be updated with the agency's specific positions and services. The administrator indicated the agency did not have a Director of Finance and employee B was both the Director of Staffing, and the On-Call Staffing Coordinator. When queried how employee B was both positions when the On-Call Staffing Coordinator reported to the Director of Staffing as indicated on the organizational chart, the administrator indicated the agency did not have all of the specific positions as indicated on the organizational chart and it needed to be updated.			
N 0446 Bldg. 00	410 IAC 17-12-1(c)(3) Home health agency administration/management Rule 12 410 IAC 17-12-1(c)(3) Sec. 1(c)(3) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (3) Employ qualified personnel and ensure adequate staff education and evaluations. The home health agency failed to ensure adequate staff education, as evidenced in the Amended Agreed Order, to re-train staff in deficiencies for 7 of 22 home health aides (D, E, F, G, H, I, J) and 1 of 3 registered nurses (A) reviewed. The findings include: Review of a document titled "Amended Agreed	N 0446	N446 The aides/nurse noted as having incorrectly answered questions on the boot camp test were re-instructed by consultant the areas they got wrong. Per the agreement offer in place at that time they were not required to retake test to answer incorrect questions. (02/08/2021)	02/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Order" dated 11/25/2020 and signed by employee L, agency owner and registered nurse, had an area subtitled "Stipulated Facts" which stated "... e. The Administrator, Alternate Administrator, Clinical manager and Alternate Clinical Manager shall be actively engaged in the day-to-day operations of Preference and have general knowledge of Preference's operations. ... g. Preference shall undergo an, eight (8) hour, in-person home health nursing "bootcamp" performed by the nurse consultant. ... All nurses shall be required to attend and pass the related test with a score of 80%. If nurses score less than 100% on the "bootcamp" test, Preference shall re-educate and re-train nurses on the deficiencies before assigning tasks to the nurse. ... h. Preference shall undergo a one-half day (four or five (4-5) hour) in-person home health aide "bootcamp" performed by the Nurse Consultant. All aides shall be required to attend and pass a related test with a score of 80%. If aides score less than 100% on the "bootcamp" test, Preference shall re-educate and re-train aides on the deficiencies During an interview on 12/22/2020 at 11:34 a.m., the administrator indicated the correct answer for question # 6 was answer B, question #20 was B, question #23 was A, question #37 was D and question #39 was B on the Bootcamp training test for the home health aide. The administrator indicated the answer was false for question #8 on the Bootcamp training test for the nurses. Record review of agency documents titled "Home Health Aide Boot Camp Test" dated 11/6/2020 evidenced employee D, home health aide, answered D for question #23. The documents dated 11/7/2020 evidenced employees E, F and G, home health aides, answered E for question #37.		The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	The document dated 11/7/2020 evidenced employee H, home health aide, answered A for question #39. The document dated 11/6/2020 indicated employee I, home health aide, answered C for question #6. The document dated 11/7/2020 indicated employee J, home health aide, answered D for question #20. The documents indicated the home health aides' scores were 100/100 but failed to evidence the home health aides were re-educated and re-trained on the deficiencies before assigning tasks to the home health aides. There failed to be any evidence at the agency the home health aides were re-educated and re-trained on the. No other documentation was provided. Review of an agency document titled "Home Health Care Nurses Boot Camp Test" dated 11/5/2020 evidenced employee A, registered nurse, answered true for question #8. The document indicated the nurse's score was 100/100 but failed to evidence the registered nurse was re-educated and re-trained on the deficiencies. No other documentation was provided. Review of an agency document titled "Preference Health Services Published Schedule" for the week of 12/13/2020 indicated employees D, E, F, G, H, I and J, home health aides, were scheduled for patient visits. Review of an untitled agency document, the administrator identified as the nursing visit schedule for 12/14/2020-12/19/2020, indicated employee A, registered nurse, was scheduled to see patients on 12/19/2020. During an interview on 12/22/2020 at 11:34 a.m., the administrator indicated she was unclear why the answers were not marked as incorrect on the boot camp tests.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
N 0470 Bldg. 00	410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws. Based on record review and interview, the home health agency failed to implement and follow policies and procedures for infection control surveillance as evidenced in 1 of 3 clinical records reviewed. (#1) The findings include: Review of an undated agency policy titled "Infectious Disease Reporting" stated, "... Agency will identify and report incidences of infectious diseases identified in clients ... Purpose To establish a system for reporting of infectious disease and to assure compliance in implementing and following the system. ... The Director of Nursing designee will be responsible for assuring compliance with the infectious disease reporting rules. ... Infections identified in clients after admission that will be reported include: ... Urinary tract infections requiring physician intervention. ... When community-acquired or nosocomial infections (an infection acquired at a health care facility) are identified by the agency staff, they will be reported to the Director of Nursing and recorded on the Infection Control Log form. ... When infections are identified and reported on the Infection Control Log, an investigation is conducted to determine possible causes. ... Immediate actions are taken to prevent the transmission of infection, such as isolation procedures, family/client education, etc...."	N 0470	N470 Director of Nursing in-serviced nurses on requirement to complete an infection control sheet when patient is placed on an antibiotic. (02/01/2021) Director of Nursing/designee will ensure all patients with a known infection or on an antibiotic have an infection control sheet completed and are placed on the infection control log. (On-going) Director of Nursing/designee will audit 100% of visit notes and MD orders to ensure any patient with a documented infection or use of an antibiotic has an infection control sheet completed. Once 100% compliance is achieved 10% of visit notes and MD orders will audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Clinical record review for patient #1, on 12/21/2020, start of care 11/1/16, evidenced an agency document titled "Skilled Nurse Visit" dated and digitally signed by the registered nurse on 12/17/2020, which indicated the patient had been treated at the emergency room and was diagnosed with a urinary tract infection and was prescribed antibiotics. This document stated, "... Patient went to ER [emergency room] ... received prescriptions for 3 new meds [medications] ... Patient with order for Levofloxacin [antibiotic] 750 mg [milligram] tablet, one tab [times] 5 days ... urine culture with UTI [urinary tract infection] identified ... Patient with DX [diagnosis] UTI [urinary tract infection] ...." The aide plan of care dated 10/11/20 to 12/9/20, indicated the patient had a foley catheter and the aide was to perform pericare when soiled and catheter care at each visit. Review of documents from entity A dated 12/12/2020, evidenced the patient was seen in the emergency room of entity A on 12/12/2020 and was diagnosed with a urinary tract infection and prescribed Levofloxacin. The urine culture indicated escherichia coli (gram-negative bacteria found in feces) was the organism identified in the urine. Review of the agency's infection control binder on 12/18/2020, 12/22/2020 and 12/23/2020 failed to evidence a report or investigation of the patient's urinary tract infection and no immediate actions by the agency to prevent the transmission of infection were evidenced . During an interview on 12/23/2020 at 11:17 a.m., the administrator indicated the urinary infection was not on the infection control log, but it should			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	be.			
N 0484 Bldg. 00	410 IAC 17-12-2(g) Q A and performance improvement Rule 12 Sec. 2(g) All personnel providing services shall maintain effective communications to assure that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences. Based on record review and interview, the home health agency failed to ensure agency personnel effectively communicated with each other to support patient care in 1 of 3 clinical records reviewed (#1). The findings include: Review of an undated agency policy titled "Coordination of Client Services" stated, "... The agency will integrate services, whether they are provided directly or under contract, to assure the identification of client needs and factors that could affect client safety and the effectiveness of treatment. The coordination of care is provided by all disciplines and included communication with physicians. .... Coordination of care means assuring that the client needs are continually assessed, addressed in the Plan of Care, that care is delivered in a timely manner, and that goals are achieved. ... Documentation must address the coordination activities and any training and education provided to the client and caregivers...." Clinical record review for patient #1 on 12/21/2020, evidenced an untitled agency document, the administrator identified as the re-certification	N 0484	N484 Director of Nursing in-serviced aides and nurses to ask patient when their last bowel movement was and document it on the visit note. 2/08/2021 Director of Nursing in-serviced aides on notifying nurse/Director of Nursing if patient has not had a bowel movement in 3 days. Nurses have been in-serviced on need to notify MD if patient has not had a bowel movement in 3 days. 2/08/2021 Director of Nursing/designee will audit 100% of nurse and aide notes weekly. If there is no indication of when patient's last bowel movement on documentation Director of Nursing/designee will contact employee to remind them they must ask patient about last bowel movement and document. If there is documentation patient has not had a bowel movement in 3 days there must be documentation MD was notified. If no documentation	02/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	comprehensive assessment, digitally signed and dated by the registered nurse on 12/5/2020. This document evidenced the patient's last bowel movement was on 12/2/2020. The patient failed to have a bowel movement for 3 days. Review of an agency document titled "Aide Care Plan" signed and dated by the registered nurse on 10/11/2020, indicated the home health aide was to record the patient's bowel movements at every visit. Review of agency documents titled "HHA [home health aide] Visit" digitally signed by the home health aide and dated 12/3/2020, evidenced the patient's last bowel movement was 12/3/2020. The document dated 12/4/2020 evidenced the patient's last bowel movement was 12/4/2020. The document dated 12/5/2020 evidenced the patient's last bowel movement was 12/5/2020. The clinical record failed to evidence the registered nurse communicated with the home health aide about the differing patient reports related to the patient's bowel movements, as evidenced by the home health aide's documentation of the patient's report of daily bowel movements from 12/3/2020 - 12/5/2020 and the registered nurse's documentation of the patient's report of no bowel movement since 12/2/2020. Review of documents from entity A dated 12/12/2020, evidenced the patient was seen in the emergency room of entity A on 12/12/2020 and was diagnosed with constipation. Patient #1's chief complaint for the emergency room visit was bloating for the past 2 weeks. Review of an agency document titled "Aide Care Plan" digitally signed and dated by the registered nurse on 12/10/2020 evidenced the home health aide was to notify the supervisor for no bowel movement in 3 days.		MD was notified nurse will be instructed to notify MD and document conversation and any new orders. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced nurses on calling the hospital to obtain documentation of a patient's visit to the emergency room and document in patient's chart the call and what information they were able to obtain. (02/01/2021) Director of Nursing will review 100% of nursing visits/communication notes submitted weekly to ensure if there is documentation patient was seen in the emergency room there is documentation nurse called the hospital in attempt to obtain information regarding patient's emergency room visit. Once 100% compliance is obtained 10% will be audited quarterly to ensure compliance is maintained. (On-going) (Regarding patient #1 cited in survey agency called hospital and was unable to obtain any information. Surveyor went to the hospital to request records from the hospital regarding the patient's ER visits. It appears that the surveyor went to the hospital and obtained the entire hospital record for both ER visits. The surveyor	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Review of an agency document titled "HHA Visit" digitally signed by employee C, home health aide, and dated 12/20/2020 evidenced the patient's last bowel movement was 12/17/2020. The clinical record failed to evidence the home health aide communicated to the supervising nurse the patient did not have a bowel movement in 3 days. During an interview on 12/23/2020 at 11:33 a.m., the administrator indicated there was no documentation of communication from the home health aide to the supervising nurse related to no bowel movements or complaints of constipation. During an interview on 12/22/2020 at 10:27 a.m., employee C, HHA, indicated patient #1 had complained for a while regarding complaints of constipation. Employee C indicated the patient informed him that he went to the emergency room on 12/21/2020 for complaints of no bowel movement in 8 days. Employee C indicated patient #1 was given Magnesium Citrate (a medication to treat constipation) and Miralax (a medication to treat constipation). Review of documents on 12/23/2020 titled "12/21/2020 - ED in [entity A] Emergency Department" from entity A dated 12/21/2020 stated, "... Patient reported that he [sic] for constipation, belly pain. Symptoms began 3 weeks ago. Chronic and progressive. ... States he feels more distended over last few days ...." The abdominal assessment evidenced the patient had abdominal distention and tenderness. The document stated, "... CT [diagnostic test] with large fecal stasis [feces in immobile stage leading to fecal impaction] ... Seen here 8 days ago for same and was given [docusate sodium] with no relief...." The document evidenced the patient		then utilized this in her assessment of the agency's performance. Agency would not have been provided this much information. The agency received information about the ER visit from the PCP on December 17 when they spoke to the physician. The Agency did receive a discharge summary, but not the complete ER record.) Director of Nursing in-serviced aides on notifying nurse/Director of Nursing of any change in patient condition which includes emergency room visits2/08/2021 Director of Nursing/designee will audit 100% of aide visit notes weekly to ensure there is documentation nurse was notified if there was a change in patient condition. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. <u>IDR</u> Patient #1 is a 63year old African-American male. He suffers from partial paralysis on his left side due to a prior stroke, neuromuscular dysfunction of his bladder, heart failure, hypertension and sleep apnea. He also continues to suffer the after effects	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	was instructed to take one dose of Magnesium Citrate and to take Miralax daily for constipation relief and educated on the importance of following up with primary physician. Clinical record review on 12/23/2020 failed to evidence any communication from the home health aide to the supervising registered nurse regarding the patient's complaint of constipation and that the patient had been treated at the emergency room and was provided with new medications. During an interview on 12/23/2020 at 11:08 a.m., the administrator indicated she could not locate communication between the registered nurse and the home health aide regarding the patient's bowel movements. The administrator indicated the skilled nurse and home health aide should coordinate care at the time of re-certification, at the supervisory visit and with a change in patient condition. During an interview on 12/23/2020 at 11:33 a.m., the administrator indicated constipation and an emergency room visit would be considered a change in status and the home health aide should report this to the registered nurse. The administrator indicated the clinical record did not evidence any communication between the home health aide and the registered nurse regarding constipation and a visit to the emergency room.		from a gunshot wound in his past. He is alert, oriented, competent and generally independent. Patient #1 is competent and makes his own health care decisions. Patient #1 also suffers from constipation. According to the Mayo Clinic, “Constipation is infrequent bowel movements or difficult passage of stools that persists for several weeks or longer. Constipation is generally described as having fewer than three bowel movements a week. Though occasional constipation is very common, some people experience chronic constipation that can interfere with their ability to go about their daily tasks. Constipation may also cause people to strain excessively in order to have a bowel movement. Treatment for chronic constipation depends in part on the underlying cause. However, in some cases, a cause is never found.” Patient #1 has suffered from chronic constipation for many years. Patient #1 receives home health care to provide him with assistance with activities of daily living, which is necessary due to his left side weakness caused by his prior stroke. As such, Preference provides Patient #1 with a 4 hour home health aide visit each day, seven days a week to assist and support Patient #1 so that he can remain in his home. This support includes	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			assisting him with meal preparation, personal hygiene and other activities of daily living. His care includes a skilled nursing visit every two weeks for medication planner setup, but that is the only skilled nursing service on his plan of care. Although he needs assistance, he can leaves his home when he desires. He receives home health care through Indiana's Medicaid home health benefit. Because he is a Medicaid patient, he is not required to be "homebound." This is an important fact, because Patient #1 is able to leave his home. Patient #1 is both very private and very independent. He views dependence on others for care somewhat negatively. Patient #1's independence and desire for privacy lead him to not always be forthcoming about certain issues. Because Patient #1 is competent, alert, oriented, etc., he addresses as much of his care himself as he can. Preference fills his medication planner every two weeks, but Patient #1 takes his medication. Patient #1 takes Miralax on occasion, but Miralax is a powder that cannot be pre-mixed. Patient #1 handles mixing and taking his Miralax on his own, if and when he chooses to take it. However, Patient #1 does not use Miralax as frequently as it was recommended.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			Patient #1, as part of his effort to maintain his independence, utilizes the emergency room as a “primary care physician.” He generally chooses to go to the ER and does not communicate this to the agency. He also does not communicate Preference’s involvement in his care to the ER, as noted on the attached ER documentation. Because the ER does not know about Preference, if Patient #1 does not communicate the ER trip to the agency, the agency may not learn of the ER trip, because the ER will not communicate to the HHA. The issue that this can create is demonstrated by Patient #1’s December 12, 2020 ER visit. Patient #1 visited the ER, on his own, on December 12. The patient did not inform the home health aide of this visit during the home health aide’s visits on December 13, 14, 15 or 16. On December 17, the RN visited the patient’s home for a regularly scheduled skilled nursing visit. It was during this visit that Patient #1 first informed the agency of his 12/12 visit to the Emergency Room. Prior to this visit, the agency had no indication that the patient was having any issue that required additional attention. The ER Physician’s notes from the encounter show that the patient reported being bloated for the past two weeks. However,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			during the RN assessment on December 5, 2020, the patient did not report feeling bloated. The patient also did not report feeling bloated to the aide during any visit prior to the December 12, 2020 ER trip. The ER performed both a CT Scan and an x-ray. The CT report showed no bowel obstruction or pathology. See, December 12, 2020 ER Note, p. 21. The ER physician appears to have concluded that the patient's primary issue was a urinary tract infection. There were no medications or orders provided related to constipation. Upon learning of the December 12 ER visit, the nurse contacted the patient's physician to schedule an appointment. The nurse also gathered information form the physician regarding the patient's ER visit, which is noted in the comments section of the visit note. Although the ER note indicated the patient should schedule a follow up visit with his PCP within two days, when contacted by Preference's nurse, the PCP scheduled the patient for a December 30 telehealth visit. The physician's scheduling choice, especially considering the use of telehealth for the encounter, is a strong indication that the physician did not consider Mr. Harris to have an urgent need to see his physician. During this call, the physician also did not provide	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			any additional orders to the agency. The surveyor's concern regarding Patient #1's care appears to be that Preference failed to properly monitor Patient #1's constipation and that this led to the ER trips. When assessing this issue, it is important to note that constipation is "described as having fewer than three bowel movements in a week." See, Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/constipation/symptoms-causes/syc-20354253. This means that the agency has to assess the patient overtime to identify this issue. This is why the aide and RN both document the patient's movements. As part of the care provided, the aide is present to assist Patient #1 with his bowel movements. However, due to Patient #1's desire for independence and privacy, Patient #1 requests very little assistance, until he is finished. When Patient #1 needs to have a bowel movement, Patient #1 will place a disposable incontinence underpad, commonly referred to as Chux, on the bed with a plastic bag. Patient #1 will then roll onto his side and defecate onto the underpad. He then cleans himself up and puts everything into a plastic trash bag. He then notifies the home health aide, who has been outside of Patient #1's room, that he is	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			finished. The aide will then come into the room, gather the trash bag and place it into the trash. This means that the home health aide is very aware of Patient #1's bowel movements. In the attached affidavit, David Martinez, Patient #1's Home Health Aide, states that he physically took a bag to the trash every day that he charted Patient #1 had a bowel movement. On the days that he charted no BM those were the days that he did not take a bag to the trash. This demonstrates that Mr. Martinez was accurately documenting Patient #1's bowel movements. When asked about the apparent discrepancy between the aide's notes and what Patient #1 may have said to the ER physician, Mr. Martinez stated that, due to his anxiety, Patient #1 sometimes exaggerates the situation. On December 18, Patient #1 reported he had not had a bowel movement since December 17. On December 19, Patient #1 reported that he had not had a bowel movement since December 17. Then again, on December 20, Patient #1 reported that he had not had a bowel movement since December 17. With the December 20 report, Patient #1 had reported 4 bowel movements in the prior 7 days. According to the Mayo Clinic definition, 4 bowel movements in 7 days does not	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			constitute constipation. Had Patient #1 reported no bowel movement on December 21, then he would have had 3 bowel movements in the week. This is still not “fewer than 3” bowel movements in a week as defined by the Mayo Clinic. At this time, there were no conditions identified that would indicate a need to follow up with the physician. It is also important to note that during this time, the home health aide did not document that Patient #1 exhibited any loss of appetite or nausea. Patient #1 also expressed no-discomfort or pain. These would both be indicators of a problem requiring follow-up. In light of what Patient #1 reported and the lack of exhibited symptoms, there was nothing to suggest any action needed to be taken regarding Patient #1’s digestive issues. There was nothing in the record, based upon what the patient told the patient or based upon what the aide observed of the patient that suggested a patient in distress. Despite this lack of reported signs or symptoms and scheduled appointments with his PCP and gastroenterologist, Patient #1 decided, unilaterally, to visit the emergency room on December 21. This is likely due to his anxiety about the size of his bowel movements. However, it does not reflect that Preference’s staff failed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			to act properly. The results of Patient #1's ER visit show that Preference was correctly handling this case. During this trip to the ER, the physician again ordered an X-ray and CT Scan. The result of the CT Scan noted a "moderate to large amount of retained fecal residue in the colon", but did not note any bowel distension. See, ER Visit Note, December 21, 2020, p. 4. The radiologist's impression from the x-ray was that the patient had "moderate constipation" and "no small bowel dilation." Id. Based upon these tests, the ER physician did not order any immediate follow-up, but rather noted that Patient #1 should follow-up with his physician, "as needed, if symptoms worsen." Id. at p. 1. The ER did not consider there to be an urgent or emergent issue in his care. This shows that, again, Patient #1's constipation had not progressed to an impaction or created other complications. At no point during the period from December 12 to December 20 does the record show a patient with an urgent or emergent bowel issue. They show a patient with anxiety over his bowel movements going to the ER and the ER concluding that there was not a medical issue for them to address. It also shows the PCP determining a physician encounter could wait until the end of the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			month. Preference's care to Patient #1 was not deficient and Patient #1 was never at risk. This surveyor went to the hospital to request records from the hospital regarding the patient's ER visits. It appears that the surveyor went to the hospital and obtained the entire hospital record for both ER visits. The surveyor then utilized this in her assessment of the agency's performance. This is unfair to the agency, because the agency would not have been provided this much information. The agency received information about the ER visit from the PCP on December 17 when they spoke to the physician. The Agency did receive a discharge summary, but not the complete ER record.	
N 0486 Bldg. 00	410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient. Based on record review and interview, the home health agency failed to coordinate its services with other health care providers serving the patient in 2 of 3 clinical records reviewed. (#2, #3) The findings include: 1. Review of an undated agency policy titled "Coordination of Client Services" states, "... The agency will integrate services, whether they are provided directly or under contract, to assure the	N 0486	N486 Director of Nursing in-serviced nurses on coordinating care with other entities providing care to patient. Coordination of care must be documented in patient chart. Things to be coordinated would include issues regarding COVID exposure and placing services on hold. (02/01/2021) Director of Nursing/designee will	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	identification of client needs and factors that could affect client safety and the effectiveness of treatment. The coordination of care is provided by all disciplines and included communication with physicians. .... Coordination of care means assuring that the client needs are continually assessed, addressed in the Plan of Care, that care is delivered in a timely manner, and that goals are achieved. ... The agency will coordinate the nursing, therapy, aide and social work services. Agency will coordinate care with other medical providers involved in the patient's care. (I.e. -wound clinic, dialysis center, other home health care agencies, personal service agencies, etc) ... Documentation must address the coordination activities and any training and education provided to the client and caregivers...." 2. Clinical record review for patient #2 on 12/21/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/27/2020 - 1/25/2020. This document stated, "... Patient receives services from [entity D-homemaker home health provider] and [entity G-skilled service home health provider] ...." Review of an agency document titled "Patient Communication", digitally signed and dated by the registered nurse on 12/1/2020, stated, "... Called and spoke to patient regarding COVID exposure, explained that HHA [home health aide] would not be able to return until testing occurred with a negative result ... [entity G] aware of COVID exposure ...." The clinical record failed to evidence the registered nurse coordinated care with entity D regarding the patient's COVID exposure and the agency not providing services until a negative result was obtained.		audit 100% of nursing visit notes and communication notes to ensure there is coordination of care with other entities providing care to patient regarding issues that affect the care provided by those entities including COVID issues and patient services placed on hold. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	During an interview on 12/23/2020 at 11:51 a.m., the administrator indicated she could not locate coordination of care between the registered nurse and entity D regarding the COVID exposure. No other documents were provided. 3. Clinical record review for patient #3 on 12/22/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/12/2020 - 1/10/2021, which indicated entity H provided skilled nursing services once a week, entity I was providing attendant services and entity J was providing homemaker services. Review of an agency document titled "Patient Communication" dated and digitally signed on 12/16/2020, by employee B, stated, "... Received a call from [patient's daughter] that she will like to put services on hold due to COVID-19 numbers spiking. She does not feel comfortable with anyone in the home at this time...." Review of an agency document titled "Physician Order" dated and digitally signed by the registered nurse on 12/16/2020, indicated the patient's services were on hold per daughter's request. The clinical record failed to evidence documentation the agency coordinated care with entity H, entity I and entity J regarding the agency's services which were placed on hold. During an interview on 12/23/2020 at 12:22 p.m., the administrator indicated she could not locate care coordination in the clinical record with the other agencies providing care, regarding their agency's services being placed on hold.			
N 0514 Bldg. 00	410 IAC 17-12-3(c) Patient Rights Rule 12 Sec. 3(c)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	(c) The home health agency shall do the following: (1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following: (A) Treatment or care that is (or fails to be) furnished. (B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency. (2) Document both the existence of the complaint and the resolution of the complaint. Based on record review and interview, the home health agency failed to ensure complaints made by the patient about agency services were investigated and failed to have a documented resolution in 1 of 1 clinical records evidenced with a complaint, in a total sample of 3 clinical records reviewed. (#2) The findings include: Review of an undated agency policy titled "Client/Family Complaint/Grievance Policy" stated, '... All clients admitted to the Agency will be informed of their right to voice grievances to the agency without fear of retaliation. ... 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. ... Grievance will be reviewed and Administrator will forward on to the person who	N 0514	N514 Administrator in-serviced staff on requirement to complete a complaint form when patient voices a complaint. (12/28/2020) Administrator will be responsible to ensure complaint is logged and to investigate complaint or delegate it to some to investigate complaint and document findings. Administrator will be responsible to notify complainant of the findings and outcome of investigation. Administrator will review patient chart to ensure there is documentation of communication with patient regarding complaint. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	12/28/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	will be responsible to investigate it. ... Grievances will be addressed and response made to the complainant within seven (7) calendar days of receipt. ... All persons with a grievance will receive a written notice of the investigators [sic] review which will include the name of the contact person, steps taken to investigate the grievance, the result of the process and the date of completion...." Clinical record review for patient #2 on 12/21/2020, evidenced agency documents titled "Patient Communication". The document digitally signed and dated by employee B on 12/11/2020, evidenced care coordination between the agency and entity D, regarding the responsibility of the patient's laundry. The document stated, "... our home health aide with [sic] help with laundry as well when the homemaker is not there...." The document digitally signed and dated by employee B on 12/14/2020, stated, "... Received a call from HHA [home health aide] that [patient] has asked her to wash laundry today. ... [HHA] stated that she did not have time to wash the laundry because she had to help [patient] with personal care. ... [Patient] says if she has to get a new homemaker then she wants a new Home Health Agency. Administrator notified. Administrator will be calling patient, patient's son, and case manager about this issue...." The clinical record failed to evidence an investigation or communication from the administrator to include a resolution. Review of an agency document titled "Home Health Certification and Plan of Care" for certification period 11/27/2020 - 1/25/2021 stated, "... HHA: Up to 6 hours/day [times] 7 days/week [times] 9 weeks ... Home Health Aide duties may include but are not limited to: ... light housekeeping...."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Review of the agency's complaint binder on 12/18/2020 and 12/23/2020, failed to evidence a complaint report for the patient's complaint regarding her laundry. During an interview on 12/22/2020 at 6:19 p.m., the patient indicated the home health aide does assist with patient's laundry and does not perform tasks satisfactorily due to frequently being on her cell phone. The patient indicated she has expressed her complaints to the administrator, and the administrator defends the home health aide with no resolution. The patient indicated the administrator informed the patient she has no other home health aide to provide to her. The patient indicated she fears if she reports more of her concerns, the administrator will discharge her from the agency. During an interview on 12/23/2020 at 11:44 a.m., the administrator confirmed there was not a complaint report completed for the patient's complaint and no communication was documented in the clinical record regarding communication between the administrator and the patient regarding the patient's complaint.			
N 0520 Bldg. 00	410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Patients shall be accepted for care on the basis of a reasonable expectation that the patient's health needs can be adequately met by the home health agency in the patient's place of residence. Based on record review and interview, the home health agency failed to ensure they could meet the patients healthcare needs in 2 of 3 clinical records reviewed. (#1, #2) The findings include:	N 0520	N520 Patient #1 wanted agency nurse to his emergency contact as he had no available family and he had known nurse for years. Agency nurse was not notified by patient	02/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	1. The undated agency policy C-140, titled "Client Admission Process" stated "... Special Instructions 1. Admission criteria are standards by which a client can be deemed appropriate for admission. These standards include: ... b. The client/caregiver's ability and willingness to provide interim care, when necessary. ... d. The client's needs can safely and adequately be met at home. This includes the ongoing availability of personnel and equipment and a plan to meet medical emergencies. ... 2. Agency will not admit client or continue to provide services in the following situations: ... c. The client's life situation/caregiver support system does not provide for his/her maintenance/supervision...." Review of an undated agency policy titled "Client Reassessment/Update of Comprehensive Assessment" stated, "... The Comprehensive Assessment will be updated and revised as often as the client's condition warrants due to major decline or improvement in health status. ... Clients are reassessed when significant changes occur in their condition. ... Clients are reassessed when significant changes occur in their diagnosis...." 2. Clinical record review on 12/21/20, for patient #1, start of care 11/01/16, primary diagnosis of cerebral infarction, evidenced an agency document, the administrator identified as the comprehensive assessment for re-certification, dated and digitally signed by employee K on 12/5/2020. This document indicated the patient's emergency contact name was employee K and her relationship to the patient was listed as caregiver. This document had an Oasis-D Addendum Page with a subsection titled "Orders for Discipline and		or emergency room when patient went to the ER. Agency employee was not associated with the house where patient lives. He does not live in a group home. He rents a room in the house where he lives. Director of Nursing in-serviced nurses on requirement to revise patient goals and inventions when there is a change in patient's condition or orders. (02/01/2021) Director of Nursing/designee will review 100% of nursing visit notes weekly to ensure there is documentation regarding any new interventions or goals. Will also review all new MD orders weekly to ensure there is documentation in nursing visit notes of any new interventions and/or goals. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing/designee will review 100% of nursing visit notes and MD orders received each week to ensure if there is a medication change that the medication profile has been updated. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced aides on notifying nurse/Director of Nursing of any change in patient condition which includes emergency room visits. (2/08/2021)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Treatments..." which stated, "... Estimated time patient expected to require home health services: Indefinitely until a reliable caregiver is willing and available to provide care...." The document indicated the patient had good nutritional status and his meals were prepared by the home health aide and caregiver. The document indicated, under digestive, he had diarrhea, bowel incontinence, normal bowel sounds and dated his last bowl movement as 12/02/2020, that it was within normal limits and patient has occasional constipation. This document also indicated the patient lives in a home where he rents a room, roommates are not responsible for the patient's activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The document indicated the patient is dependent on the home health aide for daily care. Record review of documents received from Entity A dated 12/12/20, indicated patient #1 went to the emergency room for a distended abdomen and had been seen about a month ago for constipation. The patient's history of present illness from Entity A stated, "... Patient presents to the ER [emergency room] today with abdominal bloating. Patient states been going on for approximately 2 weeks. Patient states as has happened to him before. Patient states he has had decreased bowel movements...." Entity A documents indicated the patient had a moderate to large amount of retained fecal residue in the colon and a urinary tract infection. Entity A documents indicated for the patient to schedule an appointment as soon as possible for a visit in 2 days and listed 2 physician names. Entity A documents indicated on 12/12/20 at 12:20 p.m. they spoke with employee K, group home representative. Patient was then transported home via ambulance.		Director of Nursing/designee will audit 100% of aide visit notes weekly to ensure there is documentation nurse was notified if there was a change in patient condition. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced aides and nurses to ask patient when their last bowel movement was and document it on the visit note. (2/08/2021) Director of Nursing in-serviced aides on notifying nurse/Director of Nursing if patient has not had a bowel movement in 3 days. Nurses have been in-serviced on need to notify MD if patient has not had a bowel movement in 3 days. (2/08/2021) Director of Nursing/designee will audit 100% of nurse and aide notes weekly. If there is no indication of when patient's last bowel movement on documentation Director of Nursing/designee will contact employee to remind them they must ask patient about last bowel movement and document. If there is documentation patient has not had a bowel movement in 3 days there must be documentation MD was notified. If no documentation MD was notified nurse will be instructed to notify MD and document conversation and any new orders. Once 100%	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Clinical record review evidenced an agency document title "Skilled Nurse Visit" dated 12/17/20 and signed by employee K. This document indicated the patient went to the ER for problems with constipation and received prescriptions for 3 new medications. The document indicated the patient had bowel incontinence, his bowel sounds were normal and his last bowel movement was 12/15/2020. This nursing document had an area subtitled "Treatment Goals and Plan Audits Comments" which stated "Comments: Patient with c/o [complaint of] not having a BM [bowel movement] in over a week, said abdomen had become distended. Upon current assessment abdomen is distended with bowel sounds present in all 4 quads [quadrants], ... To follow up with Primary MD [physician name] and to see [another physician name] - Gastroenterologist. Dr. [physician's last name]office called and 3 pm appointment for 12/30/2020. [Gastroenterologist name] office called to receive return call for appointment." The skilled nurse visit document indicated the patient stated he would be more compliant with his Low sodium diet by making better food choices. There was no evidence during this skilled nurse visit of any newly established goals or nursing interventions in relation to patient's constipation. Record review failed to evidence the patient's plan of care was revised to include the patient's change in condition or patient's new medications added to the patient's medication list. During an interview on 12/22/2020 at 10:27 a.m., employee C, HHA, indicated patient #1 had complained for a while regarding complaints of constipation. Employee C indicated the patient		compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing will work with scheduler to ensure patient visits are done as ordered by MD. Director of Nursing in-serviced scheduler/designee on need to submit missed visit reports to MD and place fax confirmation in patient chart.(12/28/2020) Director of Nursing/designee will audit 100% of visit notes weekly to ensure ordered frequency is met whether by visit note or missed visit report. If services are to be placed in hold will ensure there is an order to place on hold as well as documentation in patient chart stating services are placed on hold. Will also ensure there is a note documented in patient chart that MD was notified of missed visit. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. **IDR** Patient #1 is a 63year old African-American male. He suffers from partial paralysis on his left side due to a prior stroke, neuromuscular dysfunction of his	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	informed him that he went to the emergency room on 12/21/2020 for complaints of no bowel movement in 8 days. Employee C indicated patient #1 was given Magnesium Citrate (a medication to treat constipation) and Miralax (a medication to treat constipation). Record review failed to evidence the home health aide communicated the patient's change in condition and emergency room visit to the supervising nurse. Record review of documents retrieved from Entity A dated 12/21/20 indicated the patient was from a group home and has had constipation for 8 days and that he was seen at Entity A 8 days ago and was given medication with no relief. Tests were ran at Entity A and indicated the patient still had a moderate to large amount of retained fecal residue in the colon. Patient was discharged the same day, educated on the importance of a follow-up and educated on new medications prescribed for his constipation. During an interview on 12/22/2020 at 10:27 a.m., patient #1 indicated he was at the emergency room the day prior due to not having a bowel movement in 8 days. Patient #1 stated the emergency room provided him with and instructed him to take Miralax daily which he had not been taking since July 2020, when he ran out. During an interview on 12/23/2020 at 11:08 a.m., the administrator indicated the nursing interventions for assessing a patient who had no bowel movement in 3 days included informing the physician. During an interview on 12/23/2020 at 11:28 a.m., the administrator indicated the plan of care had not been updated. The administrator indicated the skilled nursing interventions for constipation		bladder, heart failure, hypertension and sleep apnea. He also continues to suffer the after effects from a gunshot wound in his past. He is alert, oriented, competent and generally independent. Patient #1 is competent and makes his own health care decisions. Patient #1 also suffers from constipation. According to the Mayo Clinic, “Constipation is infrequent bowel movements or difficult passage of stools that persists for several weeks or longer. Constipation is generally described as having fewer than three bowel movements a week. Though occasional constipation is very common, some people experience chronic constipation that can interfere with their ability to go about their daily tasks. Constipation may also cause people to strain excessively in order to have a bowel movement. Treatment for chronic constipation depends in part on the underlying cause. However, in some cases, a cause is never found.” Patient #1 has suffered from chronic constipation for many years. Patient #1 receives home health care to provide him with assistance with activities of daily living, which is necessary due to his left side weakness caused by his prior stroke. As such, Preference provides Patient #1 with a 4 hour home health aide visit each day, seven days a week	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	include, but are not limited to, assessing when was patient's last bowel movement, educating the patient on the signs and symptoms of constipation and the medications used to treat constipation. Clinical record review failed to evidence all the patient's healthcare needs were met. On 12/5/20 the skilled nurse indicated the patient's last bowel movement was 12/2/20, there failed to be evidence the physician was contacted or any nursing intervention or education was put in place to help with his constipation. On 12/12/20 the patient goes to the ER for relief from his constipation and bloating. On 12/17/20 the skilled nurse documents the patient's abdomen was still distended and his last bowel movement was 12/15/20. The skilled nurse document continued to not include any new goals or nursing interventions / education for the patient's change in condition. On 12/21/20 the patient returns to Entity A and indicated he had not had a bowel movement for 8 days and was prescribed a different medication. The home health agency failed to ensure the patient's gastrointestinal needs were met by the supervising skilled nurse assigned to his case [employee K]. 3. Clinical record review for patient #2 on 12/21/2020, start of care 11/27/2020, primary diagnosis of unspecified osteoarthritis, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/27/2020 - 1/25/2021, digitally signed by employee A, which stated, "... Orders and Treatments ... HHA [home health aide]: Up to 6 hours/day x 7 days/week x 9 weeks ... Home health aide duties may include but are not limited to: personal hygiene care, bathing/showering, assisting with ambulation, assisting with		to assist and support Patient #1 so that he can remain in his home. This support includes assisting him with meal preparation, personal hygiene and other activities of daily living. His care includes a skilled nursing visit every two weeks for medication planner setup, but that is the only skilled nursing service on his plan of care. Although he needs assistance, he can leaves his home when he desires. He receives home health care through Indiana's Medicaid home health benefit. Because he is a Medicaid patient, he is not required to be "homebound." This is an important fact, because Patient #1 is able to leave his home. Patient #1 is both very private and very independent. He views dependence on others for care somewhat negatively. Patient #1's independence and desire for privacy lead him to not always be forthcoming about certain issues. Because Patient #1 is competent, alert, oriented, etc., he addresses as much of his care himself as he can. Preference fills his medication planner every two weeks, but Patient #1 takes his medication. Patient #1 takes Miralax on occasion, but Miralax is a powder that cannot be pre-mixed. Patient #1 handles mixing and taking his Miralax on his own, if and when he chooses to take it. However,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	transfers, turning/positioning, assistance with wound prevention, incontinent care, checking integumentary status, medication assistance and reminders, meal preparations, and light housekeeping...." Clinical record review failed to evidence seven (7) home health aide visits the week of 11/29/20 - 12/05/20, due to possible Covid-19 exposure. The home health agency failed to ensure the medical plan of care was followed. Clinical record review evidenced an agency document, the administrator described as the comprehensive assessment for recertification, dated 11/27/2020 and digitally signed by employee A. This document had an area subtitled as "Skilled Intervention" which stated, "Assessment / Instruction / Performance: Patient is an 86 year female living in her home. Her son and son's girlfriend also live in the home but do not participate in any of her daily care...." Clinical record review evidenced an agency document titled "Aide Care Plan" for the certification period of 11/27/2020 - 01/25/2021, dated and digitally signed by employee A on 11/27/2020. This document indicated the home health aide was to provide incontinent care, record bowel movement, assist in ambulation, change linen, light housekeeping, make bed, assist to dress, back rub/massage, check pressure areas, nail care, oral hygiene/denture care, partial sponge bath (per evening visit), pericare, shampoo hair, skin care, tub/shower (per morning visit) and universal precautions. This patient failed to receive these services on 12/02/2020 and 12/03/2020. Clinical record review evidenced an agency document titled "Missed Visit Form (HHA Visit)"		Patient #1 does not use Miralax as frequently as it was recommended. Patient #1, as part of his effort to maintain his independence, utilizes the emergency room as a “primary care physician.” He generally chooses to go to the ER and does not communicate this to the agency. He also does not communicate Preference’s involvement in his care to the ER, as noted on the attached ER documentation. Because the ER does not know about Preference, if Patient #1 does not communicate the ER trip to the agency, the agency may not learn of the ER trip, because the ER will not communicate to the HHA. The issue that this can create is demonstrated by Patient #1’s December 12, 2020 ER visit. Patient #1 visited the ER, on his own, on December 12. The patient did not inform the home health aide of this visit during the home health aide’s visits on December 13, 14, 15 or 16. On December 17, the RN visited the patient’s home for a regularly scheduled skilled nursing visit. It was during this visit that Patient #1 first informed the agency of his 12/12 visit to the Emergency Room. Prior to this visit, the agency had no indication that the patient was having any issue that required additional attention. The ER Physician’s notes from	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	dated 12/02/2020, and digitally signed by employee B (office manager). This document had an area subtitled "Comments:" which stated, "Patient exposed to COVID-19. Patient getting tested today 12/02/2020. Patient's son will be assisting with patient's care for the day." Clinical record review evidenced an agency document titled "Missed Visit Form (HHA Visit)" dated 12/03/2020, and digitally signed by employee B. This document had an area subtitled "Comments:" which stated, "Patient exposed to COVID-19. Patient was tested yesterday 12/02/2020. Patient's results came back negative. Patient's son will be assisting with patient's care for the day. Services will resume 12/04/2020." During an interview on 12/22/2020 at 9:30 a.m., patient #2 indicated a friend was tested Covid positive. The patient told her home health aide, who in turn called the home health agency office. Patient #2 then indicated someone at the agency office told the home health aide (per the home health aide), that the office doesn't want the aide to provide services until patient #2 had a negative Covid 19 test. Patient #2 indicated she would have like to have had her home health aide for those 2 days, but the aide couldn't come. Patient #2 indicated she resided with her son and daughter-in-law who are able to assist with her care, but indicated they are unable to assist in the same manner and degree as the aide. During an interview on 12/23/2020 at 11:44 a.m., the administrator indicated the patient's home health aide care was put on hold due to a possible Covid 19 exposure, because they wanted to minimize exposure to others. During an interview on 12/22/2020 at 10:06 a.m.,		the encounter show that the patient reported being bloated for the past two weeks. However, during the RN assessment on December 5, 2020, the patient did not report feeling bloated. The patient also did not report feeling bloated to the aide during any visit prior to the December 12, 2020 ER trip. The ER performed both a CT Scan and an x-ray. The CT report showed no bowel obstruction or pathology. See, December 12, 2020 ER Note, p. 21. The ER physician appears to have concluded that the patient's primary issue was a urinary tract infection. There were no medications or orders provided related to constipation. Upon learning of the December 12 ER visit, the nurse contacted the patient's physician to schedule an appointment. The nurse also gathered information form the physician regarding the patient's ER visit, which is noted in the comments section of the visit note. Although the ER note indicated the patient should schedule a follow up visit with his PCP within two days, when contacted by Preference's nurse, the PCP scheduled the patient for a December 30 telehealth visit. The physician's scheduling choice, especially considering the use of telehealth for the encounter, is a strong indication that the physician did not consider Mr.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	person E, office manager at the office of the patient's primary care physician, indicated the patient's record at the physician's office did not contain communication from the agency regarding the patient's exposure to and symptoms of COVID-19. Person E indicated the last communication from the agency was in November 2020, when they received the plan of care. The primary care physician was not aware home health aide services had been put on hold for 2 days. During an interview on 12/23/2020 at 11:52 a.m., the administrator indicated the agency called the primary care physician to let him know the patient was placed on hold, but indicated she didn't see an order for placing the patient on hold. The home health agency failed to meet the patient's needs the week of 11/29/2020 - 12/05/2020, by not providing a home health aide to assist / perform her personal care and activities of daily living as directed on the medical plan of care and aide care plan.		Harris to have an urgent need to see his physician. During this call, the physician also did not provide any additional orders to the agency. The surveyor's concern regarding Patient #1's care appears to be that Preference failed to properly monitor Patient #1's constipation and that this led to the ER trips. When assessing this issue, it is important to note that constipation is "described as having fewer than three bowel movements in a week." See, Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/constipation/symptoms-causes/syc-20354253. This means that the agency has to assess the patient overtime to identify this issue. This is why the aide and RN both document the patient's movements. As part of the care provided, the aide is present to assist Patient #1 with his bowel movements. However, due to Patient #1's desire for independence and privacy, Patient #1 requests very little assistance, until he is finished. When Patient #1 needs to have a bowel movement, Patient #1 will place a disposable incontinence underpad, commonly referred to as Chux, on the bed with a plastic bag. Patient #1 will then roll onto his side and defecate onto the underpad. He then cleans himself up and puts everything into a plastic trash bag.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			He then notifies the home health aide, who has been outside of Patient #1's room, that he is finished. The aide will then come into the room, gather the trash bag and place it into the trash. This means that the home health aide is very aware of Patient #1's bowel movements. In the attached affidavit, David Martinez, Patient #1's Home Health Aide, states that he physically took a bag to the trash every day that he charted Patient #1 had a bowel movement. On the days that he charted no BM those were the days that he did not take a bag to the trash. This demonstrates that Mr. Martinez was accurately documenting Patient #1's bowel movements. When asked about the apparent discrepancy between the aide's notes and what Patient #1 may have said to the ER physician, Mr. Martinez stated that, due to his anxiety, Patient #1 sometimes exaggerates the situation. On December 18, Patient #1 reported he had not had a bowel movement since December 17. On December 19, Patient #1 reported that he had not had a bowel movement since December 17. Then again, on December 20, Patient #1 reported that he had not had a bowel movement since December 17. With the December 20 report, Patient #1 had reported 4 bowel movements in the prior 7	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			days. According to the Mayo Clinic definition, 4 bowel movements in 7 days does not constitute constipation. Had Patient #1 reported no bowel movement on December 21, then he would have had 3 bowel movements in the week. This is still not “fewer than 3” bowel movements in a week as defined by the Mayo Clinic. At this time, there were no conditions identified that would indicate a need to follow up with the physician. It is also important to note that during this time, the home health aide did not document that Patient #1 exhibited any loss of appetite or nausea. Patient #1 also expressed no-discomfort or pain. These would both be indicators of a problem requiring follow-up. In light of what Patient #1 reported and the lack of exhibited symptoms, there was nothing to suggest any action needed to be taken regarding Patient #1’s digestive issues. There was nothing in the record, based upon what the patient told the patient or based upon what the aide observed of the patient that suggested a patient in distress. Despite this lack of reported signs or symptoms and scheduled appointments with his PCP and gastroenterologist, Patient #1 decided, unilaterally, to visit the emergency room on December 21. This is likely due to his anxiety	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			about the size of his bowel movements. However, it does not reflect that Preference's staff failed to act properly. The results of Patient #1's ER visit show that Preference was correctly handling this case. During this trip to the ER, the physician again ordered an X-ray and CT Scan. The result of the CT Scan noted a "moderate to large amount of retained fecal residue in the colon", but did not note any bowel distension. See, ER Visit Note, December 21, 2020, p. 4. The radiologist's impression from the x-ray was that the patient had "moderate constipation" and "no small bowel dilation." Id. Based upon these tests, the ER physician did not order any immediate follow-up, but rather noted that Patient #1 should follow-up with his physician, "as needed, if symptoms worsen." Id. at p. 1. The ER did not consider there to be an urgent or emergent issue in his care. This shows that, again, Patient #1's constipation had not progressed to an impaction or created other complications. At no point during the period from December 12 to December 20 does the record show a patient with an urgent or emergent bowel issue. They show a patient with anxiety over his bowel movements going to the ER and the ER concluding that there was not a medical issue for them	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			to address. It also shows the PCP determining a physician encounter could wait until the end of the month. Preference's care to Patient #1 was not deficient and Patient #1 was never at risk. This surveyor went to the hospital to request records from the hospital regarding the patient's ER visits. It appears that the surveyor went to the hospital and obtained the entire hospital record for both ER visits. The surveyor then utilized this in her assessment of the agency's performance. This is unfair to the agency, because the agency would not have been provided this much information. The agency received information about the ER visit from the PCP on December 17 when they spoke to the physician. The Agency did receive a discharge summary, but not the complete ER record.	
N 0522 Bldg. 00	410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:	N 0522	N522 Director of Nursing in-serviced nurses on need to complete the comprehensive assessment in its entirety. That includes vital signs and date of last bowel movement. (02/01/2021)	02/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Based on record review and interview, the agency failed to follow a written plan of care in 3 of 3 clinical records reviewed. (#1, #2, #3) The findings include: 1. Review of an undated agency policy titled "Plan of Care" stated, "... Purpose ... To provide guidelines for agency staff to develop a plan of care individualized to meet specific identified needs ... An individualized Plan of Care signed by a physician shall be required for each client receiving home health and personal services. ... The Plan of Care shall be completed in full to include: ... Type, frequency, and duration of all visits/services ...." 2. Clinical record review for patient #1 on 12/21/2020, evidenced agency document titled "Home Health Certification and Plan of Care" for certification period 10/11/2020 - 12/9/2020, signed and dated by the physician on 10/23/2020, and certification period 12/10/2020 - 2/7/2021, which evidenced the patient's diagnoses included, but were not limited to, cerebral infarction (stroke) and hypertension (high blood pressure), which stated, "... SN [skilled nurse] to complete comprehensive head to toe assessments and monitor vital signs bi-weekly ... Educate/Instruct/Monitor medication and diet compliance and management ... refill pill box bi-weekly ... instruct the patient to keep a diet log ...." These documents also evidenced the patient's medications included, but were not		Director of Nursing/designee will audit 100% of comprehensive assessments done each week to ensure they are completed in their entirety including vital signs and date of last bowel movement. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced nurses on need to document all tasks ordered by MD and provided and medications are reviewed each visit. That includes keeping a diet log if part of the plan of care. (02/01/2021) Director of Nursing/designee will audit 100% of nurses visit notes and comprehensive assessments each week to ensure the tasks ordered by MD on the plan of care are provided and documented and that medications are reviewed each visit. That includes keeping a diet log if part of the plan of care. Once 100% compliance is achieved 10% will audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced aides to follow the aide plan of care and document whether or not ordered tasks were performed. (2/08/2021) Director of Nursing/designee will audit 100% of aide notes weekly to ensure the aide plan of care is being followed. Once 100%	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	limited to, Miralax (a medication to treat constipation) daily. Review of an agency document titled "Skilled Nurse Visit" dated and digitally signed by the registered nurse on 11/5/2020, failed to evidence the patient's comprehensive assessment included the patient's respiration rate and blood pressure. Review of agency documents titled "Skilled Nurse Visit" dated and digitally signed by the registered nurse on 11/19/2020 and 12/17/2020, failed to evidence the skilled nurse instructed the patient to keep a diet log as directed in the plan of care. The document dated 11/19/2020, also evidenced the patient had chronic constipation and reported use of laxatives and/or enemas, but failed to evidence the nurse included in the comprehensive assessment the date of the patient's last bowel movement. Review of an untitled agency document, the administrator identified as the re-certification comprehensive assessment, dated and digitally signed by the registered nurse on 12/5/2020, failed to evidence the skilled nurse refilled the patient's pill box and instructed the patient to keep a diet log as directed in the plan of care. Review of documents from entity A dated 12/21/2020 indicated the patient arrived to the emergency room with complaints of constipation and abdominal pain and indicated symptoms began 3 weeks ago. The documents revealed the patient experienced increased abdominal distention over the last few days, and the abdominal assessment evidenced the patient had abdominal distention and tenderness. The document stated, "... CT [diagnostic test] with large fecal stasis [feces in immobile stage leading		compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing/designee will audit 100% of visit notes weekly to ensure ordered frequency is met whether by visit note or missed visit report. If services are to be placed in hold will ensure there is an order to place on hold as well as documentation in patient chart stating services are placed on hold. Will also ensure there is a note documented in patient chart that MD was notified of missed visit. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. **IDR** Patient #1 is a 63year old African-American male. He suffers from partial paralysis on his left side due to a prior stroke, neuromuscular dysfunction of his bladder, heart failure, hypertension and sleep apnea. He also continues to suffer the after effects from a gunshot wound in his past. He is alert, oriented, competent and generally independent. Patient #1 is competent and makes his own health care decisions.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	to fecal impaction] ... Seen here 8 days ago for same and was given [docusate sodium] with no relief...." The document evidenced the patient was prescribed Miralax daily for treatment of constipation. During an interview on 12/22/2020 at 10:27 a.m., patient #1 indicated he was at the emergency room the day prior due to not having a bowel movement in 8 days. Patient #1 states the emergency room provided him with and instructed him to take Miralax daily which he had not been taking since July 2020 when he ran out. During an interview on 12/23/2020 at 11:24 a.m., the administrator indicated the medications should be reviewed at each skilled nursing visit and any discrepancies should be reported to the physician for clarification. Clinical record review failed to evidence the skilled nurse addressed the patient's medication compliance regarding the depletion of the patient's supply of Miralax. During an interview on 12/23/2020 at 10:45 a.m., the administrator indicated the skilled nurse should assess the patient's vital signs to include, but not limited to, respiration rate, blood pressure and last bowel movement as part of the comprehensive assessment. The administrator indicated the skilled nurse should refill the patient's pill box and instruct the patient to keep a diet log as directed in the plan of care. Review of agency documents titled "Home Health Certification and Plan of Care" for certification period 10/11/2020 - 12/9/2020, signed and dated by the physician on 10/23/2020, and certification period 12/10/2020 - 2/7/2021 stated, "... Home		Patient #1 also suffers from constipation. According to the Mayo Clinic, “Constipation is infrequent bowel movements or difficult passage of stools that persists for several weeks or longer. Constipation is generally described as having fewer than three bowel movements a week. Though occasional constipation is very common, some people experience chronic constipation that can interfere with their ability to go about their daily tasks. Constipation may also cause people to strain excessively in order to have a bowel movement. Treatment for chronic constipation depends in part on the underlying cause. However, in some cases, a cause is never found.” Patient #1 has suffered from chronic constipation for many years. Patient #1 receives home health care to provide him with assistance with activities of daily living, which is necessary due to his left side weakness caused by his prior stroke. As such, Preference provides Patient #1 with a 4 hour home health aide visit each day, seven days a week to assist and support Patient #1 so that he can remain in his home. This support includes assisting him with meal preparation, personal hygiene and other activities of daily living. His care includes a skilled nursing visit every two weeks for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	health aide duties may include but are not limited to: ... medication assistance and reminders, meal preparations ...." Review of agency documents titled "HHA [home health aide] Visit" digitally signed by the home health aide and dated 10/30/2020, 10/31/2020, 11/1/2020, 11/2/2020, 11/3/2020, 11/4/2020, 11/5/2020, 11/6/2020, 11/7/2020, 11/8/2020, 11/9/2020, 11/10/2020, 11/11/2020, 11/12/2020 11/13/2020, 11/14/2020, 11/15/2020, 11/16/2020, 11/17/2020, 11/18/2020, 11/19/2020, 11/20/2020, 11/21/2020, 11/22/2020, 11/23/2020, 11/24/2020, 11/25/2020, 11/27/2020, 11/28/2020, 11/29/2020, 11/30/2020, 12/1/2020, 12/2/2020, 12/3/2020, 12/4/2020, 12/5/2020, 12/6/2020, 12/7/2020, 12/8/2020, 12/9/2020, 12/10/2020, 12/11/2020, 12/12/2020, 12/13/2020, 12/14/2020, 12/15/2020, 12/16/2020, 12/17/2020, 12/18/2020 and 12/20/2020, failed to evidence the home health aide provided medication assistance, medication reminders and meal preparations as directed in the plan of care. During an interview on 12/23/2020 at 10:56 a.m., the administrator indicated the home health aide was not directed to provide medication assistance, medication reminders and meal preparation, because the agency's electronic medical record software did not have an option for meal preparation and medication assistance to be included on the home health aide care plan. 3. Clinical record review for patient #2 on 12/21/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/27/2020 - 1/25/2021, which stated, "... HHA: Up to 6 hours/day [times] 7 days/week [times] 9 weeks ... Home health aide duties may include but are not limited to: ... medication assistance and reminders, meal		medication planner setup, but that is the only skilled nursing service on his plan of care. Although he needs assistance, he can leaves his home when he desires. He receives home health care through Indiana's Medicaid home health benefit. Because he is a Medicaid patient, he is not required to be "homebound." This is an important fact, because Patient #1 is able to leave his home. Patient #1 is both very private and very independent. He views dependence on others for care somewhat negatively. Patient #1's independence and desire for privacy lead him to not always be forthcoming about certain issues. Because Patient #1 is competent, alert, oriented, etc., he addresses as much of his care himself as he can. Preference fills his medication planner every two weeks, but Patient #1 takes his medication. Patient #1 takes Miralax on occasion, but Miralax is a powder that cannot be pre-mixed. Patient #1 handles mixing and taking his Miralax on his own, if and when he chooses to take it. However, Patient #1 does not use Miralax as frequently as it was recommended. Patient #1, as part of his effort to maintain his independence, utilizes the emergency room as a "primary care physician." He generally chooses to go to the ER	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	preparations ...." The clinical record failed to evidence home health aide services were provided 7 days a week during the week of 11/29/2020, as directed in the plan of care. Review of agency documents titled "Patient Communication" digitally signed and dated by the registered nurse on 12/1/2020, stated, "... spoke to patient regarding COVID exposure, explained that HHA would not be able to return until testing occurred with a negative result...." The document digitally signed and dated by the registered nurse on 12/3/2020, stated, "... Received final result for COVID testing, patient with negative results. ... services will resume on 12/4/2020...." These documents failed to evidence communication with the physician regarding home health aide services not provided as ordered on the plan of care. Review of agency documents titled "HHA Visit" digitally signed by the home health aide and dated 11/27/2020, 11/28/2020, 11/29/2020, 11/30/2020, 12/1/2020, 12/4/2020, 12/5/2020, 12/6/2020, 12/7/2020, 12/8/2020, 12/9/2020, 12/10/2020, 12/11/2020, 12/12/2020, 12/13/2020, 12/14/2020, 12/15/2020, 12/16/2020,12/17/2020, 12/18/2020, 12/19/2020, 12/20/2020 and 12/21/2020, failed to evidence the home health aide provided medication assistance, medication reminders and meal preparations as directed in the plan of care. During an interview on 12/22/2020 at 10:06 a.m., person E, office manager at the office of person F, indicated the patient's record at the office of person F did not contain communication from the agency regarding the patient's exposure to and symptoms of COVID-19, and failed to evidence communication the home health agency would not be providing home health aide services while awaiting the patient's COVID test results. Person		and does not communicate this to the agency. He also does not communicate Preference's involvement in his care to the ER, as noted on the attached ER documentation. Because the ER does not know about Preference, if Patient #1 does not communicate the ER trip to the agency, the agency may not learn of the ER trip, because the ER will not communicate to the HHA. The issue that this can create is demonstrated by Patient #1's December 12, 2020 ER visit. Patient #1 visited the ER, on his own, on December 12. The patient did not inform the home health aide of this visit during the home health aide's visits on December 13, 14, 15 or 16. On December 17, the RN visited the patient's home for a regularly scheduled skilled nursing visit. It was during this visit that Patient #1 first informed the agency of his 12/12 visit to the Emergency Room. Prior to this visit, the agency had no indication that the patient was having any issue that required additional attention. The ER Physician's notes from the encounter show that the patient reported being bloated for the past two weeks. However, during the RN assessment on December 5, 2020, the patient did not report feeling bloated. The patient also did not report feeling bloated to the aide during any visit	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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 indicated the last communication from the agency was in November 2020, when person F received the plan of care. During an interview on 12/23/2020 at 11:52 a.m., the administrator indicated she could not locate in the clinical record a physician's order to hold patient's home health aide services on 12/2/2020 and 12/3/2020. The administrator indicated there was no documentation the home health aides provided medication assistance, medication reminders and meal preparation as ordered on the plan of care. No further documents were provided. 4. Clinical record review for patient #3 on 12/22/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/12/2020 - 1/10/2021, signed and dated by the physician on 11/20/2020, which stated, "... Home health aide duties may include but are not limited to: ... medication assistance and reminders, meal preparations ...." Review of agency documents titled "HHA Visit" digitally signed by the home health aide and dated 11/13/2020, 11/16/2020, 11/17/2020, 11/18/2020, 11/19/2020, 11/21/2020, 11/22/2020, 11/25/2020, 11/27/2020, and 11/30/2020, failed to evidence the home health aide provided medication assistance and reminders as directed in the plan of care. The aide visit document dated 11/27/2020, failed to evidence the home health aide provided meal preparations as directed in the plan of care. During an interview on 12/23/2020 at 12:19 p.m., the administrator indicated there isn't consistency with documentation since some days the home health aide documented medication assistance, reminders and meal preparations were documented and some days they were not. The		prior to the December 12, 2020 ER trip. The ER performed both a CT Scan and an x-ray. The CT report showed no bowel obstruction or pathology. See, December 12, 2020 ER Note, p. 21. The ER physician appears to have concluded that the patient's primary issue was a urinary tract infection. There were no medications or orders provided related to constipation. Upon learning of the December 12 ER visit, the nurse contacted the patient's physician to schedule an appointment. The nurse also gathered information form the physician regarding the patient's ER visit, which is noted in the comments section of the visit note. Although the ER note indicated the patient should schedule a follow up visit with his PCP within two days, when contacted by Preference's nurse, the PCP scheduled the patient for a December 30 telehealth visit. The physician's scheduling choice, especially considering the use of telehealth for the encounter, is a strong indication that the physician did not consider Mr. Harris to have an urgent need to see his physician. During this call, the physician also did not provide any additional orders to the agency. The surveyor's concern regarding Patient #1's care appears to be that Preference failed to properly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	administrator indicated the home health aide should be able to document everything and the agency needed to work on the electronic medical record software.		monitor Patient #1's constipation and that this led to the ER trips. When assessing this issue, it is important to note that constipation is "described as having fewer than three bowel movements in a week." See, Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/constipation/symptoms-causes/syc-20354253. This means that the agency has to assess the patient overtime to identify this issue. This is why the aide and RN both document the patient's movements. As part of the care provided, the aide is present to assist Patient #1 with his bowel movements. However, due to Patient #1's desire for independence and privacy, Patient #1 requests very little assistance, until he is finished. When Patient #1 needs to have a bowel movement, Patient #1 will place a disposable incontinence underpad, commonly referred to as Chux, on the bed with a plastic bag. Patient #1 will then roll onto his side and defecate onto the underpad. He then cleans himself up and puts everything into a plastic trash bag. He then notifies the home health aide, who has been outside of Patient #1's room, that he is finished. The aide will then come into the room, gather the trash bag and place it into the trash. This means that the home health aide is very aware of Patient #1's	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			bowel movements. In the attached affidavit, David Martinez, Patient #1's Home Health Aide, states that he physically took a bag to the trash every day that he charted Patient #1 had a bowel movement. On the days that he charted no BM those were the days that he did not take a bag to the trash. This demonstrates that Mr. Martinez was accurately documenting Patient #1's bowel movements. When asked about the apparent discrepancy between the aide's notes and what Patient #1 may have said to the ER physician, Mr. Martinez stated that, due to his anxiety, Patient #1 sometimes exaggerates the situation. On December 18, Patient #1 reported he had not had a bowel movement since December 17. On December 19, Patient #1 reported that he had not had a bowel movement since December 17. Then again, on December 20, Patient #1 reported that he had not had a bowel movement since December 17. With the December 20 report, Patient #1 had reported 4 bowel movements in the prior 7 days. According to the Mayo Clinic definition, 4 bowel movements in 7 days does not constitute constipation. Had Patient #1 reported no bowel movement on December 21, then he would have had 3 bowel movements in the week. This is	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			still not “fewer than 3” bowel movements in a week as defined by the Mayo Clinic. At this time, there were no conditions identified that would indicate a need to follow up with the physician. It is also important to note that during this time, the home health aide did not document that Patient #1 exhibited any loss of appetite or nausea. Patient #1 also expressed no-discomfort or pain. These would both be indicators of a problem requiring follow-up. In light of what Patient #1 reported and the lack of exhibited symptoms, there was nothing to suggest any action needed to be taken regarding Patient #1’s digestive issues. There was nothing in the record, based upon what the patient told the patient or based upon what the aide observed of the patient that suggested a patient in distress. Despite this lack of reported signs or symptoms and scheduled appointments with his PCP and gastroenterologist, Patient #1 decided, unilaterally, to visit the emergency room on December 21. This is likely due to his anxiety about the size of his bowel movements. However, it does not reflect that Preference’s staff failed to act properly. The results of Patient #1’s ER visit show that Preference was correctly handling this case. During this trip to the ER, the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			physician again ordered an X-ray and CT Scan. The result of the CT Scan noted a “moderate to large amount of retained fecal residue in the colon”, but did not note any bowel distension. See, ER Visit Note, December 21, 2020, p. 4. The radiologist’s impression from the x-ray was that the patient had “moderate constipation” and “no small bowel dilation.” Id. Based upon these tests, the ER physician did not order any immediate follow-up, but rather noted that Patient #1 should follow-up with his physician, “as needed, if symptoms worsen.” Id. at p. 1. The ER did not consider there to be an urgent or emergent issue in his care. This shows that, again, Patient #1’s constipation had not progressed to an impaction or created other complications. At no point during the period from December 12 to December 20 does the record show a patient with an urgent or emergent bowel issue. They show a patient with anxiety over his bowel movements going to the ER and the ER concluding that there was not a medical issue for them to address. It also shows the PCP determining a physician encounter could wait until the end of the month. Preference’s care to Patient #1 was not deficient and Patient #1 was never at risk. This surveyor went to the hospital to request records from the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			hospital regarding the patient's ER visits. It appears that the surveyor went to the hospital and obtained the entire hospital record for both ER visits. The surveyor then utilized this in her assessment of the agency's performance. This is unfair to the agency, because the agency would not have been provided this much information. The agency received information about the ER visit from the PCP on December 17 when they spoke to the physician. The Agency did receive a discharge summary, but not the complete ER record.	
N 0524 Bldg. 00	410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	(xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. Based on record review and interview, the plan of care failed to be individualized to the specific tasks to be completed by the patient based on specific patient need in 3 of 3 records reviewed with home health aide services (#1, #2, #3) and failed to include indications for use for medications in 2 of 3 clinical records reviewed. (#1, #3) The findings include: 1. Review of an undated agency policy titled "Plan of Care" stated, "... An individualized Plan of Care signed by a physician shall be required for each client receiving home health and personal services. ... The Plan of Care shall be completed in full to include: ... Medications, treatments, and procedures ... Instructions to client/caregiver, as applicable ...." 2. Review of an undated agency policy titled "Medication Management" stated, "... A complete medication order must include: ... Parameters for using PRN [as needed] medications including amount and frequency and any other time limitations as well as reason for taking...." 3. Clinical record review for patient #1 on 12/21/2020 evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 10/11/2020 - 12/9/2020 and for certification period 12/10/2020 - 2/7/2021 which stated, "Meclizine HCl [a medication used to prevent and treat nausea, vomiting and dizziness] Oral 12.5 MG [milligrams] 1 Tab(s) by mouth three	N 0524	N524 Director of Nursing in-serviced nurses on requirement for all prn (as needed meds) list the indications for when that med is to be taken. (02/01/2021) Director of Nursing/designee will audit 100% of medication profiles, plans of care and verbal orders done each week to ensure any meds listed as “prn” list the reason(s) for which that med is to be taken. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained (On-going) Director of Nursing in-serviced nurses on need to indicate on the plan of care the specific tasks aides to provide and not to put “duties may include..”. (02/01/2021) Director of Nursing/designee will audit 100% of plans of care submitted each week to ensure if there is an aide ordered the specific aide tasks are listed. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	times daily as needed. (Can have up to 3 tablets daily) .... Home health aide duties may include but are not limited to: personal hygiene care, bathing/showering, assisting with ambulation, assisting with transfers, turning/positioning, assistance with wound prevention, incontinent care, checking integumentary status, medication assistance and reminders, meal preparations, and light housekeeping ...." The plan of care failed to evidence indications for use as needed for Meclizine. The plan of care also failed to indicate all of the specific tasks the home health aide was to provide but rather indicated the tasks were not limited to the ones listed in the plan of care. During an interview on 12/23/2020 at 10:44 a.m., the administrator indicated Meclizine was to be used for nausea but the indication for use was not included on the plan of care. 4. Clinical record review for patient #2 on 12/21/2020 evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/27/2020 - 1/25/2021 which stated, " ... Home health aide duties may include but are not limited to: personal hygiene care, bathing/showering, assisting with ambulation, assisting with transfers, turning/positioning, assistance with wound prevention, incontinent care, checking integumentary status, medication assistance and reminders, meal preparations, and light housekeeping ...." The plan of care failed to indicate all of the specific tasks the home health aide was to provide but rather indicated the tasks were not limited to the ones listed in the plan of care. 5. Clinical record review for patient #3 on 12/22/2020 evidenced an agency document titled "Home Health Certification and Plan of Care" for		will not recur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	certification period 11/12/2020 - 1/20/2021 which stated, "... PEG 3350 [polyethylene glycol, a medication to treat constipation] Oral 17 GM [grams] 1 Packet(s) by mouth daily prn .... Home health aide duties may include but are not limited to: personal hygiene care, bathing/showering, assisting with ambulation, assisting with transfers, turning/positioning, assistance with wound prevention, incontinent care, checking integumentary status, medication assistance and reminders, meal preparations, and light housekeeping ...." The plan of care failed to evidence indications for use as needed for PEG. The plan of care also failed to indicate all of the specific tasks the home health aide was to provide but rather indicated the tasks were not limited to the ones listed in the plan of care. During an interview on 12/23/2020 at 12:16 p.m., the administrator indicated the indications for use were not listed on the plan of care and was unsure for what PEG was used. 6. During an interview on 12/23/2020 at 10:56 a.m., the administrator indicated the plan of care included the general tasks for the home health aide but the skilled nurse would delegate the home health aide to the specific tasks the aide was to complete on the home health aide care plan.			
N 0527 Bldg. 00	410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1.(a)(2) The health care professional staff of the home health agency shall promptly alert the person responsible for the medical component of the patient's care to any changes that suggest a need to alter the medical plan of care. Based on record review and interview, the home care agency failed to ensure the health care	N 0527	N527 Director of Nursing in-serviced	02/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	professional contacted the primary physician for a change in the patient's condition in 2 of 3 clinical records reviewed. (#1, #2) The findings include: 1. Review of an undated agency policy titled "Medical Supervision" stated, "... Physician will be contacted when any of the following occurs: ... Condition changes .... Expected response to treatment or medication changes .... Any change in client condition or agency services ...." 2. Clinical record review for patient #1 on 12/21/2020, evidenced an untitled agency document, the administrator identified as the re-certification comprehensive assessment, digitally signed and dated by the registered nurse on 12/5/2020. This document evidenced the patient's last bowel movement was on 12/2/2020. The clinical record failed to evidence the registered nurse contacted the physician for the change in patient's condition related to no bowel movement in 3 days. Review of documents from entity A dated 12/12/2020, evidenced the patient was seen in the emergency room of entity A on 12/12/2020 and was diagnosed with constipation. Patient #1's chief complaint for the emergency room visit was bloating which had been ongoing for the previous 2 weeks. During an interview on 12/23/2020 at 11:08 a.m., the administrator indicated the nursing interventions for assessing a patient who had no bowel movement in 3 days included informing the physician. During an interview on 12/22/2020 at 10:27 a.m.,		aides and nurses to ask patient when their last bowel movement was and document it on the visit note (2/08/2021 Director of Nursing in-serviced aides on notifying nurse/Director of Nursing if patient has not had a bowel movement in 3 days. Nurses have been in-serviced on need to notify MD if patient has not had a bowel movement in 3 days. (2/08/2021 Director of Nursing/designee will audit 100% of nurse and aide notes weekly. If there is no indication of when patient's last bowel movement on documentation Director of Nursing/designee will contact employee to remind them they must ask patient about last bowel movement and document. If there is documentation patient has not had a bowel movement in 3 days there must be documentation MD was notified. If no documentation MD was notified nurse will be instructed to notify MD and document conversation and any new orders. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced nurses on need to contact MD of any change in patient condition including any emergency room/hospital visits and document in patient chart. (02/01/2021)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	employee C, home health aide, indicated patient #1 had complained for a while regarding complaints of constipation. Employee C indicated the patient informed him that he went to the emergency room on 12/21/2020 for complaints of no bowel movement in 8 days. Employee C indicated patient #1 was given Magnesium Citrate (a medication to treat constipation) and Miralax (a medication to treat constipation). Review of documents on 12/23/2020 titled "12/21/2020 - ED in [entity A] Emergency Department" from entity A dated 12/21/2020 stated, "... Patient reported that he [sic] for constipation, belly pain. Symptoms began 3 weeks ago. Chronic and progressive. ... States he feels more distended over last few days ...." The abdominal assessment evidenced the patient had abdominal distention and tenderness. The document stated, "... CT [diagnostic test] with large fecal stasis [feces in immobile stage leading to fecal impaction] ... Seen here 8 days ago for same and was given [docusate sodium] with no relief...." The document evidenced the patient was instructed to take one dose of Magnesium Citrate and to take Miralax daily for constipation relief and educated on the importance of following up with the primary physician. The clinical record failed to evidence the agency's health care professional contacted the physician related to the patient's change in condition related to the patient's emergency room treatment for constipation. During an interview on 12/23/2020 at 11:08 a.m., the administrator indicated the nursing interventions for assessing a patient to have had no bowel movement in 3 days included informing the physician.		Director of Nursing/designee will audit 100% of aide notes weekly to ensure if aide noted a change in patient condition that there is documentation aide notified nurse. Will audit 100% of nurse visit notes weekly to ensure if there is documentation of a change in patient condition there is documentation nurse notified MD of change. Will also look for documentation that if nurse was notified of change by aide there is documentation nurse notified MD. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. **IDR** Patient #1 is a 63year old African-American male. He suffers from partial paralysis on his left side due to a prior stroke, neuromuscular dysfunction of his bladder, heart failure, hypertension and sleep apnea. He also continues to suffer the after effects from a gunshot wound in his past. He is alert, oriented, competent and generally independent. Patient #1 is competent and makes his own health care decisions. Patient #1 also suffers from constipation. According to the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	During an interview on 12/23/2020 at 11:36 a.m., the administrator indicated a patient's visit to the emergency room could be considered a change in the patient's condition and should be reported to the physician. Review of an agency document titled "Aide Care Plan" digitally signed and dated by the registered nurse on 12/10/2020 evidenced the home health aide was to notify the supervisor for no bowel movement in 3 days. Review of an agency document titled "HHA Visit" digitally signed by employee C, home health aide, and dated 12/20/2020 evidenced the patient's last bowel movement was 12/17/2020. The clinical record failed to evidence the physician was notified the patient did not have a bowel movement in 3 days. 3. Clinical record review for patient #2 on 12/21/2020, evidenced an agency document titled "Patient Communication" digitally signed and dated on 12/1/2020, by employee B, which stated, "... Received a call this evening from HHA [home health aide] that client has been exposed to COVID-19. HHA states that patient has a cough and diarrhea. ... MD's [medical doctor] office notified...." The document failed to evidence the physician was notified of changes in the patient's condition by a registered nurse. Review of an undated agency document titled "Company Directory" evidenced employee B was the office manager. During an interview on 12/22/2020 at 10:06 a.m., person E, office manager at the office primary physician, indicated the patient's record at the office the primary physician did not contain		Mayo Clinic, “Constipation is infrequent bowel movements or difficult passage of stools that persists for several weeks or longer. Constipation is generally described as having fewer than three bowel movements a week. Though occasional constipation is very common, some people experience chronic constipation that can interfere with their ability to go about their daily tasks. Constipation may also cause people to strain excessively in order to have a bowel movement. Treatment for chronic constipation depends in part on the underlying cause. However, in some cases, a cause is never found.” Patient #1 has suffered from chronic constipation for many years. Patient #1 receives home health care to provide him with assistance with activities of daily living, which is necessary due to his left side weakness caused by his prior stroke. As such, Preference provides Patient #1 with a 4 hour home health aide visit each day, seven days a week to assist and support Patient #1 so that he can remain in his home. This support includes assisting him with meal preparation, personal hygiene and other activities of daily living. His care includes a skilled nursing visit every two weeks for medication planner setup, but that is the only skilled nursing service	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	communication from the agency regarding the patient's exposure to and symptoms of COVID-19. Person E indicated the last communication from the agency was in November 2020 when they received the plan of care. During an interview on 12/23/2020 at 11:58 a.m., the administrator indicated employee B was not a registered nurse or a medical professional.		on his plan of care. Although he needs assistance, he can leaves his home when he desires. He receives home health care through Indiana's Medicaid home health benefit. Because he is a Medicaid patient, he is not required to be "homebound." This is an important fact, because Patient #1 is able to leave his home. Patient #1 is both very private and very independent. He views dependence on others for care somewhat negatively. Patient #1's independence and desire for privacy lead him to not always be forthcoming about certain issues. Because Patient #1 is competent, alert, oriented, etc., he addresses as much of his care himself as he can. Preference fills his medication planner every two weeks, but Patient #1 takes his medication. Patient #1 takes Miralax on occasion, but Miralax is a powder that cannot be pre-mixed. Patient #1 handles mixing and taking his Miralax on his own, if and when he chooses to take it. However, Patient #1 does not use Miralax as frequently as it was recommended. Patient #1, as part of his effort to maintain his independence, utilizes the emergency room as a "primary care physician." He generally chooses to go to the ER and does not communicate this to the agency. He also does not	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			communicate Preference's involvement in his care to the ER, as noted on the attached ER documentation. Because the ER does not know about Preference, if Patient #1 does not communicate the ER trip to the agency, the agency may not learn of the ER trip, because the ER will not communicate to the HHA. The issue that this can create is demonstrated by Patient #1's December 12, 2020 ER visit. Patient #1 visited the ER, on his own, on December 12. The patient did not inform the home health aide of this visit during the home health aide's visits on December 13, 14, 15 or 16. On December 17, the RN visited the patient's home for a regularly scheduled skilled nursing visit. It was during this visit that Patient #1 first informed the agency of his 12/12 visit to the Emergency Room. Prior to this visit, the agency had no indication that the patient was having any issue that required additional attention. The ER Physician's notes from the encounter show that the patient reported being bloated for the past two weeks. However, during the RN assessment on December 5, 2020, the patient did not report feeling bloated. The patient also did not report feeling bloated to the aide during any visit prior to the December 12, 2020 ER trip. The ER performed both a	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			CT Scan and an x-ray. The CT report showed no bowel obstruction or pathology. See, December 12, 2020 ER Note, p. 21. The ER physician appears to have concluded that the patient's primary issue was a urinary tract infection. There were no medications or orders provided related to constipation. Upon learning of the December 12 ER visit, the nurse contacted the patient's physician to schedule an appointment. The nurse also gathered information form the physician regarding the patient's ER visit, which is noted in the comments section of the visit note. Although the ER note indicated the patient should schedule a follow up visit with his PCP within two days, when contacted by Preference's nurse, the PCP scheduled the patient for a December 30 telehealth visit. The physician's scheduling choice, especially considering the use of telehealth for the encounter, is a strong indication that the physician did not consider Mr. Harris to have an urgent need to see his physician. During this call, the physician also did not provide any additional orders to the agency. The surveyor's concern regarding Patient #1's care appears to be that Preference failed to properly monitor Patient #1's constipation and that this led to the ER trips.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			When assessing this issue, it is important to note that constipation is “described as having fewer than three bowel movements in a week.” See, Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/constipation/symptoms-causes/syc-20354253. This means that the agency has to assess the patient overtime to identify this issue. This is why the aide and RN both document the patient’s movements. As part of the care provided, the aide is present to assist Patient #1 with his bowel movements. However, due to Patient #1’s desire for independence and privacy, Patient #1 requests very little assistance, until he is finished. When Patient #1 needs to have a bowel movement, Patient #1 will place a disposable incontinence underpad, commonly referred to as Chux, on the bed with a plastic bag. Patient #1 will then roll onto his side and defecate onto the underpad. He then cleans himself up and puts everything into a plastic trash bag. He then notifies the home health aide, who has been outside of Patient #1’s room, that he is finished. The aide will then come into the room, gather the trash bag and place it into the trash. This means that the home health aide is very aware of Patient #1’s bowel movements. In the attached affidavit, David Martinez, Patient	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			#1's Home Health Aide, states that he physically took a bag to the trash every day that he charted Patient #1 had a bowel movement. On the days that he charted no BM those were the days that he did not take a bag to the trash. This demonstrates that Mr. Martinez was accurately documenting Patient #1's bowel movements. When asked about the apparent discrepancy between the aide's notes and what Patient #1 may have said to the ER physician, Mr. Martinez stated that, due to his anxiety, Patient #1 sometimes exaggerates the situation. On December 18, Patient #1 reported he had not had a bowel movement since December 17. On December 19, Patient #1 reported that he had not had a bowel movement since December 17. Then again, on December 20, Patient #1 reported that he had not had a bowel movement since December 17. With the December 20 report, Patient #1 had reported 4 bowel movements in the prior 7 days. According to the Mayo Clinic definition, 4 bowel movements in 7 days does not constitute constipation. Had Patient #1 reported no bowel movement on December 21, then he would have had 3 bowel movements in the week. This is still not "fewer than 3" bowel movements in a week as defined	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			by the Mayo Clinic. At this time, there were no conditions identified that would indicate a need to follow up with the physician. It is also important to note that during this time, the home health aide did not document that Patient #1 exhibited any loss of appetite or nausea. Patient #1 also expressed no-discomfort or pain. These would both be indicators of a problem requiring follow-up. In light of what Patient #1 reported and the lack of exhibited symptoms, there was nothing to suggest any action needed to be taken regarding Patient #1's digestive issues. There was nothing in the record, based upon what the patient told the patient or based upon what the aide observed of the patient that suggested a patient in distress. Despite this lack of reported signs or symptoms and scheduled appointments with his PCP and gastroenterologist, Patient #1 decided, unilaterally, to visit the emergency room on December 21. This is likely due to his anxiety about the size of his bowel movements. However, it does not reflect that Preference's staff failed to act properly. The results of Patient #1's ER visit show that Preference was correctly handling this case. During this trip to the ER, the physician again ordered an X-ray and CT Scan. The result of the CT	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			Scan noted a “moderate to large amount of retained fecal residue in the colon”, but did not note any bowel distension. See, ER Visit Note, December 21, 2020, p. 4. The radiologist’s impression from the x-ray was that the patient had “moderate constipation” and “no small bowel dilation.” Id. Based upon these tests, the ER physician did not order any immediate follow-up, but rather noted that Patient #1 should follow-up with his physician, “as needed, if symptoms worsen.” Id. at p. 1. The ER did not consider there to be an urgent or emergent issue in his care. This shows that, again, Patient #1’s constipation had not progressed to an impaction or created other complications. At no point during the period from December 12 to December 20 does the record show a patient with an urgent or emergent bowel issue. They show a patient with anxiety over his bowel movements going to the ER and the ER concluding that there was not a medical issue for them to address. It also shows the PCP determining a physician encounter could wait until the end of the month. Preference’s care to Patient #1 was not deficient and Patient #1 was never at risk. This surveyor went to the hospital to request records from the hospital regarding the patient’s ER visits. It appears that the surveyor	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			went to the hospital and obtained the entire hospital record for both ER visits. The surveyor then utilized this in her assessment of the agency's performance. This is unfair to the agency, because the agency would not have been provided this much information. The agency received information about the ER visit from the PCP on December 17 when they spoke to the physician. The Agency did receive a discharge summary, but not the complete ER record.	
N 0533 Bldg. 00	410 IAC 17-13-2 Nursing Plan of Care Rule 13 Sec. 2(a) A nursing plan of care must be developed by a registered nurse for the purpose of delegating nursing directed patient care provided through the home health agency for patients receiving only home health aide services in the absence of a skilled service. (b) The nursing plan of care must contain the following: (1) A plan of care and appropriate patient identifying information. (2) The name of the patient's physician. (3) Services to be provided. (4) The frequency and duration of visits. (5) Medications, diet, and activities. (6) Signed and dated clinical notes from all personnel providing services. (7) Supervisory visits. (8) Sixty (60) day summaries. (9) The discharge note. (10) The signature of the registered nurse			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	who developed the plan. Based on record review and interview, the registered nurse failed to include in the nursing plan of care the nursing-directed patient care and services which were to be provided to patients receiving home health aide services in 3 of 3 clinical records reviewed. (#1, #2, #3) The findings include: 1. Review of an undated agency policy titled "Home Health Aide Care Plan" stated, "... A complete and appropriate Care Plan, identifying duties to be performed by the Home Health Aide, shall be developed by a Registered Nurse or Therapist. All home health aide staff will follow the identified plan. ... a written plan identifying personal care and supportive care services are prepared by a Registered Nurse ... The Care Plan shall be developed in plain, non-technical lay terms and identify the duties to be performed such as, but not limited to: ... Personal Care ... Household services essential to health care at home ... Medication reminders ... Meal planning and preparation when supportive of health maintenance and promotion. ... The Home Health Aide Care Plan shall be reviewed and updated by the Registered Nurse minimally every sixty (60) days...." 2. Clinical record review for patient #1 on 12/21/2020, evidenced agency documents titled "Home Health Certification and Plan of Care" for certification period 10/11/2020 - 12/9/2020, which was signed and dated by the physician on 10/23/2020, and for certification period 12/10/2020 - 2/7/2021 which stated, "... Home health aide duties may include but are not limited to: ... medication assistance and reminders, meal preparations ...."	N 0533	N533 Director of Nursing in-serviced nurses on need to indicate on the plan of care the specific tasks aides to provide and not to put "duties may include.." Instructed need to list the diet patient is to follow. (02/01/2021) Director of Nursing/designee will audit 100% of plans of care submitted each week to ensure if there is an aide ordered the specific aide tasks are listed and that the diet patient is to follow is listed. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Review of agency documents titled "Aide Care Plan" digitally signed and dated by the registered nurse on 10/11/2020 and 12/10/2020, failed to evidence the registered nurse delegated the nursing-directed patient care and services which were to be provided by the home health aide to include medication assistance, medication reminders and meal preparations. 3. Clinical record for patient #2 on 12/21/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/27/2020 - 1/25/2021 which stated, "... Home health aide duties may include but are not limited to: ... medication assistance and reminders, meal preparations ...." Review of an agency document titled "Aide Care Plan" digitally signed and dated by the registered nurse on 11/27/2020, failed to evidence the registered nurse delegated the nursing-directed patient care and services which were to be provided by the home health aide to include medication assistance, medication reminders and meal preparations. 4. Clinical record review for patient #3 on 12/22/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/12/2020 - 1/10/2021, signed and dated by the physician on 11/20/2020, which evidenced the patient's diagnoses included, but were not limited to, Diabetes [a disease that affects how the body uses blood sugar] and the patient's diet was 1800 Calorie ADA [American Diabetes Association] diet. The document stated, "... Home health aide duties may include but are not limited to: ... meal preparations ...."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Review of an agency document titled "Aide Care Plan" digitally signed and dated by the registered nurse on 11/12/2020, stated, "... Home Health Aides may also assist in preparing patient's breakfast, lunch, dinner, and/or snack ... Diet - Regular **NO PORK ...." The clinical record failed to evidence the registered nurse included the patient's diet as ordered by the physician to delegate the nursing-directed patient care and services which were to be provided by the home health aide. During an interview on 12/23/2020 at 12:14 p.m., the administrator indicated the registered nurse should have included the patient's 1800 calorie ADA diet on the nursing-directed plan of care for the home health aide as ordered by the physician. During an interview on 12/23/2020 at 10:56 a.m., the administrator indicated the registered nurse did not include medication assistance, medication reminders and meal preparation as tasks to be delegated to the home health aide because the agency's electronic medical record software did not have an option for meal preparation and medication assistance. The administrator also indicated the registered nurse completes the home health aide care plan for all patients receiving home health aide services to delegate the tasks the home health aide is to provide for the patient. The administrator indicated the home health aide visit note template in the electronic medical record is developed from the home health aide care plan indicating the tasks and frequency which are to be completed by the home health aide.			
N 0540 Bldg. 00	410 IAC 17-14-1(a)(1)(A) Scope of Services Rule 14 Sec. 1(a) (1)(A) Except where services are limited to therapy only, for			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	purposes of practice in the home health setting, the registered nurse shall do the following: (A) Make the initial evaluation visit. Based on record review and interview, the registered nurse failed to complete a comprehensive initial evaluation for 1 of 1 clinical records reviewed with a start of care date in 2020, in a total sample of 3 clinical records reviewed. (#2) The findings include: Review of an undated agency policy titled "Comprehensive Client Assessment" stated, "... The initial assessment visit must be held either within 48 hours of referral or within 48 hours of the client's return home, or on the physician ordered start of care date. ... A thorough, well-organized, comprehensive and accurate assessment, consistent with the client's immediate needs will be completed for all clients in a timely manner, but no later than five (5) calendar days after start of care. ... The Comprehensive Assessment must accurately reflect the client's status, and must include at a minimum, the following information: The client's current health, psychosocial, functional, and cognitive status...." Clinical record review for patient #2 on 12/21/2020, evidenced an agency document titled "Home Care Certification and Plan of Care" for certification period 11/27/2020 - 1/25/2021 which stated, "... SN [skilled nurse] to provide 3 PRN [as needed] comprehensive head to toe assessments ... Patient with a history of GERD [a disease where the liquid contents of the stomach back up into the esophagus or the tube that connects the stomach to the throat] ...." This document also indicated the patient's medications included, but were not	N 0540	N540 Director of Nursing in-serviced nurses on requirement to complete comprehensive assessment in its entirety and must be completed within five (5) days of start of care. (02/01/2021) Director of Nursing/designee will audit 100% of comprehensive assessments done each week to ensure they are completed in their entirety and completed within five (5) days of start of care. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	limited to, Pantoprazole (a medication to decrease the amount of acid produced in the stomach). The patient's start of care was 11/27/20. Review of an untitled agency document, the administrator identified as the comprehensive assessment for the patient's start of care, digitally signed and dated by the registered nurse on 11/27/2020, failed to evidence the registered nurse assessed the patient's digestive system within 5 days of start of care. During an interview on 12/23/2020 at 11:42 a.m., the administrator indicated the digestive assessment was blank but should have been completed.			
N 0541 Bldg. 00	410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs. Based on record review and interview, the registered nurse failed to re-evaluate the patient's nursing needs in 1 of 1 records reviewed where the patient received treatment at an emergency room in a total sample of 3 clinical records reviewed. (#1) The findings include: Review of an undated agency policy titled "Client Reassessment/Update of Comprehensive Assessment" stated, "... The Comprehensive Assessment will be updated and revised as often as the client's condition warrants due to major	N 0541	N541 Director of Nursing in-serviced nurses on making a prn (as needed) visit when there is a change in patient condition that requires nurse to reassess patient. That would include after an emergency room visit. (02/01/2021) Director of Nursing/designee will audit 100% of aide notes weekly to ensure if aide noted a change in patient condition that there is documentation aide notified nurse.	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	decline or improvement in health status. ... Clients are reassessed when significant changes occur in their condition. ... Clients are reassessed when significant changes occur in their diagnosis...." Clinical record review for patient #1 on 12/21/2020, evidenced agency documents titled "Home Health Certification and Plan of Care" for certification period 10/11/2020 - 12/9/2020 and for certification period 12/10/2020 - 2/7/2021, which stated, "... SN [skilled nurse] may provide 2 PRN [as needed] visits for medication management, pill box refill, safety instruction, pain assessments and disease process teaching/interventions ...." Review of documents from entity A on 12/23/2020, titled "12/12/2020 - ED [emergency department] in [entity A] Emergency Department" dated 12/12/2020, evidenced the patient was seen in the emergency room of entity A and was diagnosed with constipation, urinary tract infection and hepatomegaly and prescribed new medications; Docusate Sodium, Levofloxacin and Probiotic Acidophilus. The document evidenced the patient was positive for abdominal distention and stated, "... Discussed in detail red flags return to the ER ... To follow up with GI outpatient...." The clinical record failed to evidence the registered nurse re-evaluated the patient's needs regarding the constipation and urinary tract infection and review of and education to the new medications from the emergency room before 12/17/2020. The clinical record failed to evidence the skilled nurse utilized a PRN visit as ordered in the plan of care to re-evaluate the patient's needs regarding the disease process teaching and interventions for the new diagnoses of constipation and urinary tract infection and for the medication management of and pill box refill for the new medications from		Will audit 100% of nurse visit notes weekly to ensure if there is documentation of a change in patient condition there is documentation nurse notified MD of change. Will also look for documentation that if nurse was notified of change by aide there is documentation nurse notified MD. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced nurses on need to educate patient on any medication or disease process changes and document. (02/01/2021) Director of Nursing/designee will audit 100% of nursing documentation weekly to ensure if there are med changes or changes in condition there is documentation patient was educated and verbalized understanding. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. **IDR** Agency was not aware patient had been to the emergency room 12/12/2020 as patient did not	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	the emergency room before 12/17/2020. During an interview on 12/22/2020 at 10:27 a.m., employee C, HHA [home health aide], indicated the patient had complained for a while regarding constipation and informed Employee C he went to the emergency room on 12/21/2020, for complaints of no bowel movement in 8 days. Employee C indicated patient #1 was given Magnesium Citrate (a medication to treat constipation) and Miralax (a medication to treat constipation). Review of documents on 12/23/2020, titled "12/21/2020 - ED in [entity A] Emergency Department" from entity A dated 12/21/2020 stated, "... Patient reported that he [sic] for constipation, belly pain. Symptoms began 3 weeks ago. Chronic and progressive. ... States he feels more distended over last few days ...." The abdominal assessment evidenced the patient had abdominal distention and tenderness. The document stated, "... CT [diagnostic test] with large fecal stasis [feces in immobile stage leading to fecal impaction] ... Seen here 8 days ago for same and was given [docusate sodium] with no relief...." The document evidenced the patient was instructed to take one dose of Magnesium Citrate and to take Miralax daily for constipation relief and educated on the importance of following up with primary physician. Clinical record review on 12/23/2020, failed to evidence the skilled nurse utilized a PRN visit as ordered in the plan of care to re-evaluate the patient's needs regarding the disease process teaching and interventions for the constipation since the emergency room before 12/21/2020. During an interview on 12/23/2020 at 10:56 a.m., the administrator indicated the PRN visits for skilled nursing services were used if the patient		notify agency or aide he had gone nor did the hospital emergency room contact the agency. It wasn't until nurse made scheduled visit on 12/17/2020 that patient reported he had been to the emergency room 12/12/2020. Nurse could not have reassessed patient's condition prior to 12/17/2020 as he wasn't due for a nurse visit until then and patient never reported to anyone he had been to the emergency room.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	had any changes or the home health aide reported concerns with the patient for which the skilled nurse needed to assess. At 11:33 a.m., the administrator indicated constipation, urinary tract infection and an emergency room visit would be considered a change in status. No other skilled nursing assessments were provided.			
N 0542 Bldg. 00	410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions. Based on record review and interview, the registered nurse failed to make necessary revisions to the plan of care in 1 of 1 records reviewed where the patient received treatment at the emergency room, in a total sample of 3 clinical records reviewed. (#1) The findings include: 1. Review of an undated agency policy titled "Plan of Care" stated, "... The Plan of Care is based on a comprehensive assessment and information provided by the client/family and health team members. ... The plan will be consistently reviewed to ensure that client needs are met, and will be updated as necessary ... The Plan of Care shall be completed in full to include: ... All pertinent diagnosis(es) ... Medications, treatments, and procedures ...." 2. Clinical record review for patient #1 on 12/21/2020, evidenced an agency document titled "Skilled Nurse Visit" dated and digitally signed by	N 0542	N542 Director of Nursing in-serviced nurses on need to update the plan of care when there is a medication change, new diagnoses, new interventions and new goals. This is to be done via a verbal order and then changed on the plan of care at recert time. (02/01/2021) Director of Nursing/designee will audit all nursing documentation to ensure if there is documentation of a med changes, a new diagnosis, new intervention or goal there is a verbal order to add it to the plan of care. Will audit 100% of plans of care done weekly to ensure if there have been verbal orders during last cert period those changes are made to the new plan of care for the new cert period. Once 100% compliance is achieved 10% will be audited	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	the registered nurse on 12/17/2020, which stated, "... Patient went to ER [emergency room] with constipation received prescriptions for 3 new meds [medications] ... Patient with order for Docusate sodium [medication to treat constipation] 100 mg [milligrams] capsule BID [twice a day] [times] 10 days, Levofloxacin [antibiotic] 750 mg tablet, one tab [times] 5 days, and Probiotic Acidophilus [supplement] tabs one daily ... Patient with c/o [complaint of] not having a BM [bowel movement] in over a week, said abdomen had become distended. Upon current assessment abdomen is distended ... urine culture with UTI [urinary tract infection] identified ... Patient with DX [diagnosis] UTI, Hepatomegaly [enlarged liver], and Constipation ...." Review of documents on 12/23/2020, titled "12/12/2020 - ED [emergency department] in [entity A] Emergency Department" from entity A dated 12/12/2020, evidenced the patient was seen in the emergency room of entity A and was diagnosed with constipation, urinary tract infection and hepatomegaly and prescribed new medications Docusate Sodium, Levofloxacin and Probiotic Acidophilus. The document evidenced the patient was positive for abdominal distention and stated, "... Discussed in detail red flags return to the ER ... To follow up with GI outpatient...." Review of an agency document titled "Home Health Certification and Plan of Care" for certification period 12/10/2020 - 2/7/2021, failed to evidence a revision to include the diagnoses of hepatomegaly, constipation and urinary tract infection. The plan of care failed to evidence a revision to include the medications Docusate Sodium, Levofloxacin and Probiotic Acidophilus. The plan of care also failed to evidence interventions and goals related to the patient's		quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	change in condition in regards to constipation. During an interview on 12/23/2020 at 11:28 a.m., the administrator indicated the plan of care had not been updated. The administrator indicated the skilled nursing interventions for constipation include, but are not limited to, assessing when was patient's last bowel movement, educating the patient on the signs and symptoms of constipation and the medications used to treat constipation.			
N 0543 Bldg. 00	410 IAC 17-14-1(a)(1)(D) Scope of Services Rule 14 Sec. 1(a) (1)(D) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (D) Initiate appropriate preventive and rehabilitative nursing procedures. Based on record review and interview, the registered nurse failed to initiate appropriate preventative and rehabilitative nursing procedures for constipation resulting in the patient seeking treatment at the emergency room in 1 of 1 clinical records with constipation (#1), out of a total sample of 3 clinical records reviewed and failed to initiate preventative nursing procedures by reviewing medications for drug interactions and reporting to the physician potential medication interactions in 3 of 3 clinical records reviewed. (#1, #2, #3) The findings include: 1. Review of an undated agency policy titled "Medication Profile" stated, "... The Registered Nurse or Therapist will complete a medication profile for each client at the time of admission. The	N 0543	N543 Director of Nursing in-serviced nurses to ask patient when their last bowel movement was and document it on the visit note. (02/01/2021) Nurses have been in-serviced by the Director of Nursing on need to notify MD if patient has not had a bowel movement in 3 days. ((02/01/2021) Director of Nursing/designee will audit 100% of nurse notes weekly. If there is no indication of when patient's last bowel movement on documentation Director of Nursing/designee will contact employee to remind them they must ask patient about last bowel	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	medication profile shall include all prescription and nonprescription drugs, including regularly scheduled medications and those taken intermittently or as needed. The profile will be reviewed, at least every sixty (60) days, and updated as needed to reflect current medications the client is taking. ... At the time of admission, the admission professional shall check all medications a client may be taking to identify possible ineffective drug therapy or adverse reactions, significant side effects, drug allergies, and contraindicated medication. Drug interactions will be run, at admission and anytime a new medication is added, and sent to MD [medical doctor] by end of the next calendar day. The clinical shall promptly report any identified problems to the physician. ... 2. Review of an agency document titled "Job Description" which an area subtitled "Position Title: Registered Nurse (RN)" stated "... The Registered Nurse (RN) plans, organizes and directs home care services and is experienced in nursing with emphasis on community health education and experience ... He/She completes an initial home health assessment of patient and family to determine home care needs ... He/She provides health care instructions to the patient as appropriate per assessment and plan of care. The RN prepares communicates with the Director of Nursing (DON) regarding the patients' needs and reports any changes in the clients' condition; obtains/receives physician's orders as required ...." 3. Clinical record review for patient #1 on 12/21/2020, evidenced agency documents titled "Home Health Certification and Plan of Care" for certification period 10/11/2020 - 12/9/2020 and		movement and document. If there is documentation patient has not had a bowel movement in 3 days there must be documentation MD was notified. If no documentation MD was notified nurse will be instructed to notify MD and document conversation and any new orders. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced nurses on need to educate patient on diet modifications that could help with their diagnoses and document whether patient verbalized understanding. Nurses are to include interventions and goals that are appropriate for patient's condition/situation. (02/01/2021) Director of Nursing/designee will audit all nursing documentation weekly to ensure there is documentation of teaching on diagnoses, diet, meds and anything on plan of care. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced nurses on requirement to run drug interactions anytime patient is given a new medication. Nurse must send any drug interactions to MD and document in patient chart results sent to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	certification period 12/10/2020 - 2/7/2021. These documents evidenced the patient's medications included Norco (a narcotic pain medication which can increase the risk of constipation) and Miralax (a medication to treat constipation). The patient's diagnoses included, but were not limited to: cerebral infarction and hemiplegia. The patient used a wheelchair. Review of an agency document titled "Skilled Nurse Visit" dated and digitally signed by the registered nurse on 11/19/2020, evidenced the patient had chronic constipation and failed to indicate the patient's last bowel movement. The document failed to evidence the skilled nurse initiated appropriate preventative nursing interventions such as educating the patient on diet modifications which can improve constipation and the importance of taking medications as ordered to prevent constipation. Review of an untitled agency document, the administrator identified as the comprehensive assessment for re-certification, dated and digitally signed by the registered nurse on 12/5/2020, evidenced the patient had occasional constipation and used Miralax (a medication for treatment of constipation). This document evidenced the patient had not had a bowel movement since 12/2/2020, which was 3 days prior to the assessment. The document failed to evidence the skilled nurse initiated appropriate preventative nursing interventions such as educating the patient on diet modifications which can improve constipation and the importance of taking medications as ordered to prevent constipation. Review of documents titled "12/12/2020 - ED [emergency department] in [entity A] Emergency Department" from entity A dated 12/12/2020,		MD. (02/01/2021) Director of Nursing in-serviced nurses on need to update medication profile anytime they are aware of a medication change. Nurses are to review medications at each home visit and document. If nurse is aware of medication issue they are to contact MD and document. (02/01/2021) Director of Nursing/designee will audit 100% of nursing notes, MD orders each week to ensure if there are medication changes noted the medication profile has been revised. If a new medication has been added will ensure drug interactions have been run and MD notified. If nurse documents a medication issue there is documentation MD was notified. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	stated, "... Patient presents to ER [emergency room] today with abdominal bloating. Patient states been going on for approximately 2 weeks...." The document evidenced the patient was diagnosed with constipation, urinary tract infection and hepatomegaly and prescribed new medications Docusate Sodium (medication to treat constipation), Levofloxacin (antibiotic) and Probiotic Acidophilus (supplement). The document evidenced the patient was positive for abdominal distention and stated, "... Discussed in detail red flags return to the ER ... To follow up with GI outpatient ... Pt [patient] was seen at [entity B] about a month ago for constipation...." Review of an agency document titled "Skilled Nurse Visit" dated and digitally signed by the registered nurse on 12/17/2020, stated, "... Patient went to ER with constipation received prescriptions for 3 new meds [medications] ... Patient with order for Docusate sodium [medication to treat constipation] 100 mg [milligrams] capsule BID [twice a day] [times] 10 days, Levofloxacin [antibiotic] 750 mg tablet, one tab [times] 5 days, and Probiotic Acidophilus [supplement] tabs one daily ... Patient with c/o [complaint of] not having a BM [bowel movement] in over a week, said abdomen had become distended. Upon current assessment abdomen is distended ...." The document evidenced the patient's last bowel movement was on 12/15/2020, which was 2 days prior to the assessment. The document failed to evidence the skilled nurse initiated appropriate preventative nursing interventions such as educating the patient on diet modifications which can improve constipation and the importance of taking medications as ordered to prevent constipation. The clinical record failed to evidence the registered nurse reviewed the new medications prescribed at the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	emergency room for adverse reactions and drug interactions. Review of documents titled "12/21/2020 - ED in [entity A] Emergency Department" from entity A dated 12/21/2020 stated, "... Patient reported that he [sic] for constipation, belly pain. Symptoms began 3 weeks ago. Chronic and progressive. ... States he feels more distended over last few days ...." The abdominal assessment evidenced the patient had abdominal distention and tenderness. The document stated, "... CT [diagnostic test] with large fecal stasis [feces in immobile stage leading to fecal impaction] ... Seen here 8 days ago for same and was given [docusate sodium] with no relief...." The document evidenced the patient was educated on the importance of following up with primary physician and educated on medications for constipation relief. During an interview on 12/22/2020 at 10:27 a.m., patient #1 indicated he was at the emergency room the day prior due to not having a bowel movement in 8 days. Patient #1 stated the emergency room provided him with and instructed him to take Miralax daily which he had not been taking since July 2020, when he ran out. During an interview on 12/23/2020 at 11:29 a.m., the administrator indicated the skilled nursing interventions the registered nurse should review with the patient for constipation include, but are not limited to, assessing when was patient's last bowel movement, educating the patient on the signs and symptoms of constipation and the medications used to treat constipation. The administrator also indicated the registered nurse had not yet reviewed the new medications for adverse side effects and drug interactions because the medication profile had not been			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	updated. Review of an agency document titled "Medication Interactions" generated on 12/23/2020, indicated 5 potential drug interactions with the patient's medications between Aspirin (a medication to reduce pain and swelling) and Furosemide (medication used to reduce extra fluid in the body), Aspirin and Coreg (a medication used to treat high blood pressure and heart failure), Hydralazine HCl (a medication used to treat high blood pressure) and Coreg, Norco (a narcotic pain medication) and Valium (a medication used to treat anxiety and seizures) and Norco and Oxybutynin Chloride (a medication used to treat an overactive bladder). Review of agency documents titled "Patient Medication Record" digitally signed and dated by the registered nurse on 12/5/2020 and 12/10/2020 evidenced the patient's medications included Hydralazine HCl, Valium, Norco, Coreg, Aspirin, Oxybutynin and Furosemide. The document failed to indicate the registered nurse identified the potential medication interactions and informed the physician of the identified potential drug interactions. 4. Clinical record review for patient #2 on 12/23/2020, evidenced an agency document titled "Medication Interactions" which evidenced 4 potential interactions with the patient's medications between Ondansetron HCL (a medication used to treat nausea and vomiting) and Sertraline HCl (a medication used to treat depression), Sertraline and Aripiprazole (a medication used to treat certain mental/mood disorders such as schizophrenia and bipolar disorder), Pantoprazole (a medication used to decrease the amount of acid produced in the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	stomach) and Ferrous Sulfate (iron supplement) and Simvastatin (a medication used to lower cholesterol) and Atenolol (a medication used to treat high blood pressure). Review of an agency document titled "Patient Medication Record" digitally signed and dated by the registered nurse on 11/27/2020, evidenced the patient's medications included Ondansetron HCl, Sertraline HCl, Simvastatin, Ferrous Sulfate, Aripiprazole, Atenolol and Pantoprazole. The document failed to indicate the registered nurse identified the potential medication interactions and informed the physician of the identified potential drug interactions. During an interview on 12/23/2020 at 11:59 a.m., the administrator indicated the physician was not informed of any potential medication interaction. 5. Clinical record review for patient #3 on 12/23/2020, evidenced an agency document titled "Medication Interactions" which evidenced 5 potential interactions with the patient's medications between Aspirin and Lasix (medication used to reduce extra fluid in the body), Aspirin and Aldactone (a medication used to treat high blood pressure and heart failure), Aspirin and Lisinopril (a medication used to treat high blood pressure), Aspirin and Carvedilol (a medication used to treat high blood pressure and heart failure) and Lasix and Lisinopril. Review of an agency document titled "Patient Medication Record" digitally signed by the registered nurse and dated 11/12/2020, evidenced the patient's medications included Aspirin, Lisinopril, Carvedilol, Lasix and Aldactone. The document failed to indicate the registered nurse identified the potential medication interactions			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	and informed the physician of the identified potential drug interactions. During an interview on 12/23/2020 at 12:29 p.m., the administrator indicated she was unsure of what the risks were for the identified potential medication interactions, when queried. The administrator indicated the electronic medical record software only provided the basics and the physician was not informed of any potential medication interaction. 6. During an interview on 12/23/2020 at 11:27 a.m., the administrator indicated the the registered nurse reviews the patient's medications by entering the medications into the agency's electronic medical record software which checks for interactions and provides a medication interaction list. The administrator indicated the potential interaction risk, as identified on the medication interaction list, suggested a review of the medications and this should be communicated to the physician.			
N 0545 Bldg. 00	410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services. Based on record review and interview, the registered nurse failed to coordinate services in 3 of 3 clinical records reviewed. (#1, #2, #3) The findings include: 1. Review of an undated agency policy titled "Coordination of Client Services" states, "... The	N 0545	N545 Patient #1 told nurse on 12/5 his last bowel movement was 12/2. Patient has a long history of chronic constipation and handles it himself as he is a very private person. He reported to aide he had a daily bowel movement so aide	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	agency will integrate services, whether they are provided directly or under contract, to assure the identification of client needs and factors that could affect client safety and the effectiveness of treatment. The coordination of care is provided by all disciplines and included communication with physicians. .... Coordination of care means assuring that the client needs are continually assessed, addressed in the Plan of Care, that care is delivered in a timely manner, and that goals are achieved. ... The agency will coordinate the nursing, therapy, aide and social worker services. Agency will coordinate care with other medical providers involved in patient's care. ... Documentation must address the coordination activities and any training and education provided to the client and caregivers...." 2. Clinical record review for patient #1 on 12/21/2020, evidenced an untitled agency document, the administrator identified as the re-certification comprehensive assessment, digitally signed and dated by the registered nurse on 12/5/2020. This document evidenced the patient's last bowel movement was on 12/2/2020. Review of an agency document titled "Aide Care Plan" signed and dated by the registered nurse on 10/11/2020, indicated the home health aide was to record the patient's bowel movements at every visit. Review of agency documents titled "HHA [home health aide] Visit" digitally signed by the home health aide and dated 12/3/2020, evidenced the patient's last bowel movement was 12/3/2020. The document dated 12/4/2020, evidenced the patient's last bowel movement was 12/4/2020. The document dated 12/5/2020 evidenced the patient's last bowel movement was 12/5/2020. The clinical record failed to evidence the registered nurse communicated with the home health aide about		documented patient's response. Aide documentation is not reviewed by nurse/designee on a daily basis therefore it may be a few days. Director of Nursing in-serviced nurses on coordinating care with other entities providing care to patient. Coordination of care must be documented in patient chart. Things to be coordinated would include issues regarding COVID exposure and placing services on hold. (02/01/2021) Director of Nursing/designee will audit 100% of nursing visit notes and communication notes to ensure there is coordination of care with other entities providing care to patient regarding issues that affect the care provided by those entities including COVID issues and patient services placed on hold. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. **IDR** Patient #1 is a 63year old African-American male. He suffers from partial paralysis on his left side due to a prior stroke, neuromuscular dysfunction of his bladder, heart failure, hypertension	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	the differing patient reports related to the patient's bowel movements, as evidenced by the home health aide's documentation of the patient's report of daily bowel movements from 12/3/2020 - 12/5/2020 and the registered nurse's documentation of the patient's report of no bowel movement since 12/2/2020. Review of documents from entity A dated 12/12/2020, evidenced the patient was seen in the emergency room of entity A on 12/12/2020 and was diagnosed with constipation. Patient #1's chief complaint for the emergency room visit was bloating for the past 2 weeks. During an interview on 12/23/2020 at 11:08 a.m., the administrator indicated she could not locate communication between the registered nurse and the home health aide regarding the patient's bowel movements. The administrator indicated the skilled nurse and home health aide should coordinate care at the time of re-certification, at the supervisory visit and with a change in patient condition. 3. Clinical record review for patient #2 on 12/21/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/27/2020 - 1/25/2020. This document stated, "... Patient receives services from [entity D] and [entity G] ...." Review of an agency document titled "Patient Communication" digitally signed and dated by the registered nurse on 12/1/2020, stated, "... Called and spoke to patient regarding COVID exposure, explained that HHA [home health aide] would not be able to return until testing occurred with a negative result ... [entity G] aware of COVID exposure ...." The clinical record failed to evidence		and sleep apnea. He also continues to suffer the after effects from a gunshot wound in his past. He is alert, oriented, competent and generally independent. Patient #1 is competent and makes his own health care decisions. Patient #1 also suffers from constipation. According to the Mayo Clinic, “Constipation is infrequent bowel movements or difficult passage of stools that persists for several weeks or longer. Constipation is generally described as having fewer than three bowel movements a week. Though occasional constipation is very common, some people experience chronic constipation that can interfere with their ability to go about their daily tasks. Constipation may also cause people to strain excessively in order to have a bowel movement. Treatment for chronic constipation depends in part on the underlying cause. However, in some cases, a cause is never found.” Patient #1 has suffered from chronic constipation for many years. Patient #1 receives home health care to provide him with assistance with activities of daily living, which is necessary due to his left side weakness caused by his prior stroke. As such, Preference provides Patient #1 with a 4 hour home health aide visit each day, seven days a week to assist and support Patient #1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	the registered nurse coordinated care with entity D regarding the patient's COVID exposure and the agency not providing services until a negative result was obtained. During an interview on 12/23/2020 at 11:51 a.m., the administrator indicated she could not locate coordination of care between the registered nurse and entity D regarding the COVID exposure. No other documents were provided. 4. Clinical record review for patient #3 on 12/22/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/12/2020 - 1/10/2021, which indicated entity H provided skilled nursing services once a week, entity I was providing attendant services and entity J was providing homemaker services. Review of an agency document titled "Patient Communication" dated and digitally signed on 12/16/2020, by employee B stated, "... Received a call from [patient's daughter] that she will like to put services on hold due to COVID-19 numbers spiking. She does not feel comfortable with anyone in the home at this time...." Review of an agency document titled "Physician Order" dated and digitally signed by the registered nurse on 12/16/2020, indicated the patient's services were on hold per daughter's request. The clinical record failed to evidence the agency coordinated care with entity H, entity I and entity J regarding the agency's services being placed on hold. During an interview on 12/23/2020 at 12:22 p.m., the administrator indicated she could not locate care coordination in the clinical record with the other agencies providing care, regarding the agency's services placed on hold.		so that he can remain in his home. This support includes assisting him with meal preparation, personal hygiene and other activities of daily living. His care includes a skilled nursing visit every two weeks for medication planner setup, but that is the only skilled nursing service on his plan of care. Although he needs assistance, he can leaves his home when he desires. He receives home health care through Indiana's Medicaid home health benefit. Because he is a Medicaid patient, he is not required to be "homebound." This is an important fact, because Patient #1 is able to leave his home. Patient #1 is both very private and very independent. He views dependence on others for care somewhat negatively. Patient #1's independence and desire for privacy lead him to not always be forthcoming about certain issues. Because Patient #1 is competent, alert, oriented, etc., he addresses as much of his care himself as he can. Preference fills his medication planner every two weeks, but Patient #1 takes his medication. Patient #1 takes Miralax on occasion, but Miralax is a powder that cannot be pre-mixed. Patient #1 handles mixing and taking his Miralax on his own, if and when he chooses to take it. However, Patient #1 does not use Miralax	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			as frequently as it was recommended. Patient #1, as part of his effort to maintain his independence, utilizes the emergency room as a “primary care physician.” He generally chooses to go to the ER and does not communicate this to the agency. He also does not communicate Preference’s involvement in his care to the ER, as noted on the attached ER documentation. Because the ER does not know about Preference, if Patient #1 does not communicate the ER trip to the agency, the agency may not learn of the ER trip, because the ER will not communicate to the HHA. The issue that this can create is demonstrated by Patient #1’s December 12, 2020 ER visit. Patient #1 visited the ER, on his own, on December 12. The patient did not inform the home health aide of this visit during the home health aide’s visits on December 13, 14, 15 or 16. On December 17, the RN visited the patient’s home for a regularly scheduled skilled nursing visit. It was during this visit that Patient #1 first informed the agency of his 12/12 visit to the Emergency Room. Prior to this visit, the agency had no indication that the patient was having any issue that required additional attention. The ER Physician’s notes from the encounter show that the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			patient reported being bloated for the past two weeks. However, during the RN assessment on December 5, 2020, the patient did not report feeling bloated. The patient also did not report feeling bloated to the aide during any visit prior to the December 12, 2020 ER trip. The ER performed both a CT Scan and an x-ray. The CT report showed no bowel obstruction or pathology. See, December 12, 2020 ER Note, p. 21. The ER physician appears to have concluded that the patient's primary issue was a urinary tract infection. There were no medications or orders provided related to constipation. Upon learning of the December 12 ER visit, the nurse contacted the patient's physician to schedule an appointment. The nurse also gathered information form the physician regarding the patient's ER visit, which is noted in the comments section of the visit note. Although the ER note indicated the patient should schedule a follow up visit with his PCP within two days, when contacted by Preference's nurse, the PCP scheduled the patient for a December 30 telehealth visit. The physician's scheduling choice, especially considering the use of telehealth for the encounter, is a strong indication that the physician did not consider Mr. Harris to have an urgent need to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			see his physician. During this call, the physician also did not provide any additional orders to the agency. The surveyor's concern regarding Patient #1's care appears to be that Preference failed to properly monitor Patient #1's constipation and that this led to the ER trips. When assessing this issue, it is important to note that constipation is "described as having fewer than three bowel movements in a week." See, Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/constipation/symptoms-causes/syc-20354253. This means that the agency has to assess the patient overtime to identify this issue. This is why the aide and RN both document the patient's movements. As part of the care provided, the aide is present to assist Patient #1 with his bowel movements. However, due to Patient #1's desire for independence and privacy, Patient #1 requests very little assistance, until he is finished. When Patient #1 needs to have a bowel movement, Patient #1 will place a disposable incontinence underpad, commonly referred to as Chux, on the bed with a plastic bag. Patient #1 will then roll onto his side and defecate onto the underpad. He then cleans himself up and puts everything into a plastic trash bag. He then notifies the home health	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			aide, who has been outside of Patient #1's room, that he is finished. The aide will then come into the room, gather the trash bag and place it into the trash. This means that the home health aide is very aware of Patient #1's bowel movements. In the attached affidavit, David Martinez, Patient #1's Home Health Aide, states that he physically took a bag to the trash every day that he charted Patient #1 had a bowel movement. On the days that he charted no BM those were the days that he did not take a bag to the trash. This demonstrates that Mr. Martinez was accurately documenting Patient #1's bowel movements. When asked about the apparent discrepancy between the aide's notes and what Patient #1 may have said to the ER physician, Mr. Martinez stated that, due to his anxiety, Patient #1 sometimes exaggerates the situation. On December 18, Patient #1 reported he had not had a bowel movement since December 17. On December 19, Patient #1 reported that he had not had a bowel movement since December 17. Then again, on December 20, Patient #1 reported that he had not had a bowel movement since December 17. With the December 20 report, Patient #1 had reported 4 bowel movements in the prior 7 days. According to the Mayo	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			Clinic definition, 4 bowel movements in 7 days does not constitute constipation. Had Patient #1 reported no bowel movement on December 21, then he would have had 3 bowel movements in the week. This is still not “fewer than 3” bowel movements in a week as defined by the Mayo Clinic. At this time, there were no conditions identified that would indicate a need to follow up with the physician. It is also important to note that during this time, the home health aide did not document that Patient #1 exhibited any loss of appetite or nausea. Patient #1 also expressed no-discomfort or pain. These would both be indicators of a problem requiring follow-up. In light of what Patient #1 reported and the lack of exhibited symptoms, there was nothing to suggest any action needed to be taken regarding Patient #1’s digestive issues. There was nothing in the record, based upon what the patient told the patient or based upon what the aide observed of the patient that suggested a patient in distress. Despite this lack of reported signs or symptoms and scheduled appointments with his PCP and gastroenterologist, Patient #1 decided, unilaterally, to visit the emergency room on December 21. This is likely due to his anxiety about the size of his bowel	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			movements. However, it does not reflect that Preference's staff failed to act properly. The results of Patient #1's ER visit show that Preference was correctly handling this case. During this trip to the ER, the physician again ordered an X-ray and CT Scan. The result of the CT Scan noted a "moderate to large amount of retained fecal residue in the colon", but did not note any bowel distension. See, ER Visit Note, December 21, 2020, p. 4. The radiologist's impression from the x-ray was that the patient had "moderate constipation" and "no small bowel dilation." Id. Based upon these tests, the ER physician did not order any immediate follow-up, but rather noted that Patient #1 should follow-up with his physician, "as needed, if symptoms worsen." Id. at p. 1. The ER did not consider there to be an urgent or emergent issue in his care. This shows that, again, Patient #1's constipation had not progressed to an impaction or created other complications. At no point during the period from December 12 to December 20 does the record show a patient with an urgent or emergent bowel issue. They show a patient with anxiety over his bowel movements going to the ER and the ER concluding that there was not a medical issue for them to address. It also shows the PCP	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			determining a physician encounter could wait until the end of the month. Preference's care to Patient #1 was not deficient and Patient #1 was never at risk. This surveyor went to the hospital to request records from the hospital regarding the patient's ER visits. It appears that the surveyor went to the hospital and obtained the entire hospital record for both ER visits. The surveyor then utilized this in her assessment of the agency's performance. This is unfair to the agency, because the agency would not have been provided this much information. The agency received information about the ER visit from the PCP on December 17 when they spoke to the physician. The Agency did receive a discharge summary, but not the complete ER record.	
N 0546 Bldg. 00	410 IAC 17-14-1(a)(1)(G) Scope of Services Rule 14 Sec. 1(a) (1)(G) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (G) Inform the physician and other appropriate medical personnel of changes in the patient's condition and needs, counsel the patient and family in meeting nursing and related needs, participate in inservice programs, and supervise and teach other nursing personnel. Based on record review and interview, the	N 0546	N546	02/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	registered nurse failed to inform the physician of changes in the patient's condition and needs and counsel the patient and family in meeting nursing and related needs in 2 of 3 clinical records reviewed. (#1, #2) The findings include: 1. Review of an undated agency policy titled "Coordination of Client Services" stated, "... The agency will integrate services, whether they are provided directly or under contract, to assure the identification of client needs and factors that could affect client safety and the effectiveness of treatment. The coordination of care is provided by all disciplines and included communication with physicians. .... Coordination of care means assuring that the client needs are continually assessed, addressed in the Plan of Care, that care is delivered in a timely manner, and that goals are achieved. ... The agency will coordinate the nursing, therapy, aide and social worker services. Agency will coordinate care with other medical providers involved in patient's care. ... Agency will communicate will [sic] ALL physicians who are writing orders regarding the plan of care. ... Documentation must address the coordination activities and any training and education provided to the client and caregivers...." 2. Review of an undated agency policy titled "Medication Profile" stated, "... The Nurse/Therapist shall review all medications with the client and/or caregiver to ensure he/she understands how the drugs are to be stored, administered, and is aware of side effects that could be experienced following administration...." 3. Clinical review for patient #1 on 12/21/2020, evidenced an untitled agency document the		Nurses have been in-serviced on need to notify MD if patient has not had a bowel movement in 3 days. (02/01/2021) Director of Nursing/designee will audit 100% of nurse notes weekly. If there is no indication of when patient's last bowel movement on documentation Director of Nursing/designee will contact employee to remind them they must ask patient about last bowel movement and document. If there is documentation patient has not had a bowel movement in 3 days there must be documentation MD was notified. If no documentation MD was notified nurse will be instructed to notify MD and document conversation and any new orders. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced nurses on need to educate patient on diet modifications that could help with their diagnoses and document whether patient verbalized understanding. Nurses are to include interventions and goals that are appropriate for patient's condition/situation. (02/01/2021) Director of Nursing/designee will audit all nursing documentation weekly to ensure there is documentation of teaching on diagnoses, diet, meds and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	administrator identified as the re-certification comprehensive assessment digitally signed and dated by the registered nurse on 12/5/2020. This document evidenced the patient's last bowel movement was on 12/2/2020. The clinical record failed to evidence the registered nurse contacted the physician for the change in patient's condition related to no bowel movement in 3 days. During an interview on 12/23/2020 at 11:08 a.m., the administrator indicated the nursing interventions for assessing a patient to have had no bowel movement in 3 days included informing the physician. Clinical review for patient #1 on 12/21/2020, evidenced documents titled "12/12/2020 - ED [emergency department] in [entity A] Emergency Department" from entity A dated 12/12/2020 which stated, "... Patient presents to ER [emergency room] today with abdominal bloating. Patient states been going on for approximately 2 weeks...." The document evidenced the patient was diagnosed with constipation, urinary tract infection and hepatomegaly and prescribed new medications Docusate Sodium (medication to treat constipation), Levofloxacin (antibiotic) and Probiotic Acidophilus (supplement) by person C, emergency room physician at entity A. The document evidenced the patient was positive for abdominal distention and stated, "... Discussed in detail red flags return to the ER ... To follow up with GI outpatient ... Pt [patient] was seen at [entity B] about a month ago for constipation...." Review of an agency document titled "Skilled Nurse Visit" dated and digitally signed by the registered nurse on 12/17/2020, stated, "... Patient went to ER with constipation received prescriptions for 3 new meds [medications] ...		anything on plan of care. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. **IDR** Patient #1 is a 63year old African-American male. He suffers from partial paralysis on his left side due to a prior stroke, neuromuscular dysfunction of his bladder, heart failure, hypertension and sleep apnea. He also continues to suffer the after effects from a gunshot wound in his past. He is alert, oriented, competent and generally independent. Patient #1 is competent and makes his own health care decisions. Patient #1 also suffers from constipation. According to the Mayo Clinic, “Constipation is infrequent bowel movements or difficult passage of stools that persists for several weeks or longer. Constipation is generally described as having fewer than three bowel movements a week. Though occasional constipation is very common, some people experience chronic constipation that can interfere with their ability to go about their daily tasks. Constipation may also cause	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Patient with c/o [complaint of] not having a BM [bowel movement] in over a week, said abdomen had become distended. Upon current assessment abdomen is distended ...." This document failed to evidence the registered nurse counseled the patient in the preventative treatment measures for constipation, the importance of taking the medication prescribed for treatment of constipation and urinary tract infection, and the potential side effects of the new medication prescribed at the emergency room. During an interview on 12/23/2020 at 11:19 a.m., the administrator indicated the registered nurse does not specifically document the patient education for the new medication. The administrator indicated the skilled nursing interventions the registered nurse should review with the patient for constipation include, but are not limited to, assessing when was patient's last bowel movement, educating the patient on the signs and symptoms of constipation and the medications used to treat constipation. 4. Clinical record review for patient #2 on 12/21/2020, evidenced an agency document titled "Patient Communication" digitally signed and dated on 12/1/2020, by employee B which stated, "... Received a call this evening from HHA [home health aide] that client has been exposed to COVID-19. HHA states that patient has a cough and diarrhea. ... MD's [medical doctor] office notified...." The document failed to evidence the physician was notified of changes in the patient's condition by a registered nurse. Review of an undated agency document titled "Company Directory" evidenced employee B was the office manager.		people to strain excessively in order to have a bowel movement. Treatment for chronic constipation depends in part on the underlying cause. However, in some cases, a cause is never found." Patient #1 has suffered from chronic constipation for many years. Patient #1 receives home health care to provide him with assistance with activities of daily living, which is necessary due to his left side weakness caused by his prior stroke. As such, Preference provides Patient #1 with a 4 hour home health aide visit each day, seven days a week to assist and support Patient #1 so that he can remain in his home. This support includes assisting him with meal preparation, personal hygiene and other activities of daily living. His care includes a skilled nursing visit every two weeks for medication planner setup, but that is the only skilled nursing service on his plan of care. Although he needs assistance, he can leaves his home when he desires. He receives home health care through Indiana's Medicaid home health benefit. Because he is a Medicaid patient, he is not required to be "homebound." This is an important fact, because Patient #1 is able to leave his home. Patient #1 is both very private and very independent. He views dependence on others for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	During an interview on 12/22/2020 at 10:06 a.m., person E, office manager at the office of person F, indicated the patient's record at the office of person F did not contain communication from the agency regarding the patient's exposure to and symptoms of COVID-19. Person E indicated the last communication from the agency was in November 2020, when they received the plan of care. During an interview on 12/23/2020 at 11:58 a.m., the administrator indicated employee B was not a registered nurse or a medical professional.		care somewhat negatively. Patient #1's independence and desire for privacy lead him to not always be forthcoming about certain issues. Because Patient #1 is competent, alert, oriented, etc., he addresses as much of his care himself as he can. Preference fills his medication planner every two weeks, but Patient #1 takes his medication. Patient #1 takes Miralax on occasion, but Miralax is a powder that cannot be pre-mixed. Patient #1 handles mixing and taking his Miralax on his own, if and when he chooses to take it. However, Patient #1 does not use Miralax as frequently as it was recommended. Patient #1, as part of his effort to maintain his independence, utilizes the emergency room as a "primary care physician." He generally chooses to go to the ER and does not communicate this to the agency. He also does not communicate Preference's involvement in his care to the ER, as noted on the attached ER documentation. Because the ER does not know about Preference, if Patient #1 does not communicate the ER trip to the agency, the agency may not learn of the ER trip, because the ER will not communicate to the HHA. The issue that this can create is demonstrated by Patient #1's December 12, 2020 ER visit.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			Patient #1 visited the ER, on his own, on December 12. The patient did not inform the home health aide of this visit during the home health aide's visits on December 13, 14, 15 or 16. On December 17, the RN visited the patient's home for a regularly scheduled skilled nursing visit. It was during this visit that Patient #1 first informed the agency of his 12/12 visit to the Emergency Room. Prior to this visit, the agency had no indication that the patient was having any issue that required additional attention. The ER Physician's notes from the encounter show that the patient reported being bloated for the past two weeks. However, during the RN assessment on December 5, 2020, the patient did not report feeling bloated. The patient also did not report feeling bloated to the aide during any visit prior to the December 12, 2020 ER trip. The ER performed both a CT Scan and an x-ray. The CT report showed no bowel obstruction or pathology. See, December 12, 2020 ER Note, p. 21. The ER physician appears to have concluded that the patient's primary issue was a urinary tract infection. There were no medications or orders provided related to constipation. Upon learning of the December 12 ER visit, the nurse contacted the patient's physician to schedule an	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			appointment. The nurse also gathered information form the physician regarding the patient's ER visit, which is noted in the comments section of the visit note. Although the ER note indicated the patient should schedule a follow up visit with his PCP within two days, when contacted by Preference's nurse, the PCP scheduled the patient for a December 30 telehealth visit. The physician's scheduling choice, especially considering the use of telehealth for the encounter, is a strong indication that the physician did not consider Mr. Harris to have an urgent need to see his physician. During this call, the physician also did not provide any additional orders to the agency. The surveyor's concern regarding Patient #1's care appears to be that Preference failed to properly monitor Patient #1's constipation and that this led to the ER trips. When assessing this issue, it is important to note that constipation is "described as having fewer than three bowel movements in a week." See, Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/constipation/symptoms-causes/syc-20354253. This means that the agency has to assess the patient overtime to identify this issue. This is why the aide and RN both document the patient's movements.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			As part of the care provided, the aide is present to assist Patient #1 with his bowel movements. However, due to Patient #1's desire for independence and privacy, Patient #1 requests very little assistance, until he is finished. When Patient #1 needs to have a bowel movement, Patient #1 will place a disposable incontinence underpad, commonly referred to as Chux, on the bed with a plastic bag. Patient #1 will then roll onto his side and defecate onto the underpad. He then cleans himself up and puts everything into a plastic trash bag. He then notifies the home health aide, who has been outside of Patient #1's room, that he is finished. The aide will then come into the room, gather the trash bag and place it into the trash. This means that the home health aide is very aware of Patient #1's bowel movements. In the attached affidavit, David Martinez, Patient #1's Home Health Aide, states that he physically took a bag to the trash every day that he charted Patient #1 had a bowel movement. On the days that he charted no BM those were the days that he did not take a bag to the trash. This demonstrates that Mr. Martinez was accurately documenting Patient #1's bowel movements. When asked about the apparent discrepancy between the aide's notes and what Patient	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			#1 may have said to the ER physician, Mr. Martinez stated that, due to his anxiety, Patient #1 sometimes exaggerates the situation. On December 18, Patient #1 reported he had not had a bowel movement since December 17. On December 19, Patient #1 reported that he had not had a bowel movement since December 17. Then again, on December 20, Patient #1 reported that he had not had a bowel movement since December 17. With the December 20 report, Patient #1 had reported 4 bowel movements in the prior 7 days. According to the Mayo Clinic definition, 4 bowel movements in 7 days does not constitute constipation. Had Patient #1 reported no bowel movement on December 21, then he would have had 3 bowel movements in the week. This is still not “fewer than 3” bowel movements in a week as defined by the Mayo Clinic. At this time, there were no conditions identified that would indicate a need to follow up with the physician. It is also important to note that during this time, the home health aide did not document that Patient #1 exhibited any loss of appetite or nausea. Patient #1 also expressed no-discomfort or pain. These would both be indicators of a problem requiring follow-up. In light of what Patient #1 reported	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			and the lack of exhibited symptoms, there was nothing to suggest any action needed to be taken regarding Patient #1's digestive issues. There was nothing in the record, based upon what the patient told the patient or based upon what the aide observed of the patient that suggested a patient in distress. Despite this lack of reported signs or symptoms and scheduled appointments with his PCP and gastroenterologist, Patient #1 decided, unilaterally, to visit the emergency room on December 21. This is likely due to his anxiety about the size of his bowel movements. However, it does not reflect that Preference's staff failed to act properly. The results of Patient #1's ER visit show that Preference was correctly handling this case. During this trip to the ER, the physician again ordered an X-ray and CT Scan. The result of the CT Scan noted a "moderate to large amount of retained fecal residue in the colon", but did not note any bowel distension. See, ER Visit Note, December 21, 2020, p. 4. The radiologist's impression from the x-ray was that the patient had "moderate constipation" and "no small bowel dilation." Id. Based upon these tests, the ER physician did not order any immediate follow-up, but rather noted that Patient #1 should	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			follow-up with his physician, “as needed, if symptoms worsen.” Id. at p. 1. The ER did not consider there to be an urgent or emergent issue in his care. This shows that, again, Patient #1’s constipation had not progressed to an impaction or created other complications. At no point during the period from December 12 to December 20 does the record show a patient with an urgent or emergent bowel issue. They show a patient with anxiety over his bowel movements going to the ER and the ER concluding that there was not a medical issue for them to address. It also shows the PCP determining a physician encounter could wait until the end of the month. Preference’s care to Patient #1 was not deficient and Patient #1 was never at risk. This surveyor went to the hospital to request records from the hospital regarding the patient’s ER visits. It appears that the surveyor went to the hospital and obtained the entire hospital record for both ER visits. The surveyor then utilized this in her assessment of the agency’s performance. This is unfair to the agency, because the agency would not have been provided this much information. The agency received information about the ER visit from the PCP on December 17 when they spoke to the physician. The Agency did receive a discharge summary, but	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			not the complete ER record.	
N 0584 Bldg. 00	410 IAC 17-14-1(g) Scope of Services Rule 14 Sec. 1(g) Home health aides shall be supervised by a health care professional to ensure competent provision of care. Supervision of services must be within the scope of practice of the health care professional providing the supervision. Based on record review and interview, the agency failed to ensure the home health aide was supervised by the registered nurse to ensure competent care was provided in 3 of 3 clinical records reviewed. (#1, #2, #3) The findings include: 1. Review of an undated agency policy titled "Supervision of Staff" stated, "... Purpose To ensure staff is demonstrating competence in the area of communication, identifying and responding to client needs, and performing procedures/techniques properly. ... Documentation will be reviewed on a continual basis either by chart or home visit...." 2. Review of an undated agency policy titled "Home Health Aide Services" stated, "... A specific care plan is developed documenting the Aide services to be provided. ... The Aide will follow the care plan and will not initiate new services or discontinue services without contacting the supervising Nurse ...." 3. Review of an undated agency policy titled "Home Health Aide Care Plan" stated, "... A complete and appropriate Care Plan, identifying duties to be performed by the Home Health Aide,	N 0584	N584 Director of Nursing in-serviced aides on performing all tasks on aide plan of care and documenting all tasks performed. Instructed aides not to take vital signs until specific assigned by the nurse. (02/08/2021) Director of Nursing/designee will audit 100% of aide notes weekly to ensure aide is following aide plan of care and documenting care provided or indicating if a task was refused by patient. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (on-going) Director of Nursing in-serviced nurses on accurately completing the aide supervision note. Nurse needs to indicate why patient is refusing a task be done. (02/01/2021) The electronic medical record program doesn't have option to put medication assistance, medication reminders or meal preparation. Administrator to talk	02/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	shall be developed by a Registered Nurse ... All home health aide staff will follow the identified plan...." 4. Clinical record review for patient #1 on 12/21/2020, evidenced agency documents titled "Home Health Certification and Plan of Care" for certification period 10/11/2020 - 12/9/2020, signed and dated by the physician on 10/23/2020, and certification period 12/10/2020 - 2/7/2021 which stated, "... Home health aide duties may include but are not limited to: ... medication assistance and reminders, meal preparations ...." Review of agency documents titled "HHA [home health aide] Visit" digitally signed by the home health aide and dated 10/30/2020, 10/31/2020, 11/1/2020, 11/2/2020, 11/3/2020, 11/4/2020, 11/5/2020, 11/6/2020, 11/7/2020, 11/8/2020, 11/9/2020, 11/10/2020, 11/11/2020, 11/12/2020 11/13/2020, 11/14/2020, 11/15/2020, 11/16/2020, 11/17/2020, 11/18/2020, 11/19/2020, 11/20/2020, 11/21/2020, 11/22/2020, 11/23/2020, 11/24/2020, 11/25/2020, 11/27/2020, 11/28/2020, 11/29/2020, 11/30/2020, 12/1/2020, 12/2/2020, 12/3/2020, 12/4/2020, 12/5/2020, 12/6/2020, 12/7/2020, 12/8/2020, 12/9/2020, 12/10/2020, 12/11/2020, 12/12/2020, 12/13/2020, 12/14/2020, 12/15/2020, 12/16/2020, 12/17/2020, 12/18/2020 and 12/20/2020 failed to evidence the home health aide provided medication assistance, medication reminders and meal preparations, as directed in the plan of care. Review of agency documents titled "Aide Supervisory Visit" digitally signed by the registered nurse and dated 11/19/2020, 12/5/2020 and 12/17/2020, failed to evidence the reason why the home health aide was not providing medication assistance, medication reminders and meal preparation as ordered in the plan of care.		with software company again to see what can be done to get this field added to the aide assignment and visit note. Director of Nursing will manually add information into the comment box on the Aide Care Plan. (02/04/2021) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	5. Clinical record review for patient #2 on 12/21/2020, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/27/2020 - 1/25/2021 which stated, "... Home health aide duties may include but are not limited to: ... medication assistance and reminders, meal preparations ...." Review of agency documents titled "HHA Visit" digitally signed by the home health aide and dated 11/27/2020, 11/28/2020, 11/29/2020, 11/30/2020, 12/1/2020, 12/4/2020, 12/5/2020, 12/6/2020, 12/7/2020, 12/8/2020, 12/9/2020, 12/10/2020, 12/11/2020, 12/12/2020, 12/13/2020, 12/14/2020, 12/15/2020, 12/16/2020,12/17/2020, 12/18/2020, 12/19/2020, 12/20/2020 and 12/21/2020, failed to evidence the home health aide provided medication assistance, medication reminders and meal preparations, as directed in the plan of care. Review of an agency document titled "Aide Supervisory Visit" digitally signed by the registered nurse and dated 12/7/2020, failed to evidence the reason why the home health aide was not providing medication assistance, medication reminders and meal preparation as ordered in the plan of care. 6. Clinical record review for patient #3 on 12/22/2020, evidenced agency documents titled "HHA Visit" digitally signed by the home health aide and dated 11/12/2020, 11/13/2020, 11/16/2020, 11/17/2020, 11/18/2020, 11/19/2020, 11/20/2020, 11/21/2020, 11/22/2020, 11/23/2020, 11/24/2020, 11/25/2020, 11/27/2020, 11/30/2020, 12/1/2020, 12/2/2020, 12/3/2020, 12/4/2020, 12/5/2020, 12/6/2020, 12/9/2020, 12/10/2020, 12/11/2020, 12/14/2020 and 12/15/2020, which evidenced the home health aide obtained the patient's vital			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	signs. Review of an agency document titled "Aide Care Plan" dated and digitally signed by the registered nurse on 11/12/2020, failed to indicate the registered nurse delegated the home health aide to obtain the patient's vital signs. Review of agency documents titled "Aide Supervisory Visit" digitally signed and dated by the registered nurse on 11/18/2020 and 12/2/2020, indicated the home health aide followed the plan of care as instructed and documented appropriately. The clinical record failed to evidence a reason why the home health aide was providing care which was not delegated to the home health aide. 7. During an interview on 12/23/2020 at 10:59 a.m., the administrator indicated the agency routinely does not direct the home health aides to obtain vital signs on the patients, but if the home health aide was to obtain vital signs, the registered nurse would delegate the task to the home health aide on the home health aide care plan. The administrator indicated there is no current patient we direct the home health aide to obtain vital signs. At 12:20 p.m., the administrator indicated the registered nurse provides supervision by the home health aide by reviewing the home health aide's documentation and should address tasks not being performed with the home health aide.			
N 0604 Bldg. 00	410 IAC 17-14-1(m) Scope of Services Rule 14 Sec. 1(m) The home health aide must report any changes observed in the patient's conditions and needs to the supervisory nurse or therapist. Based on record review and interview, the home	N 0604	N604	02/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	health aide failed to report changes in patient's condition to the supervisory nurse in 1 of 1 records reviewed where the patient received treatment at the emergency room, in a total sample of 3 clinical records reviewed. (#1) The findings include: Review of an undated agency policy titled "Home Health Aide Services" stated, "... Home health Aide services may include: ... Making observations of the client's condition and reporting the results to the Registered Nurse/Therapist...." Review of an undated agency policy titled "Coordination of Client Services" states, "... The agency will integrate services, whether they are provided directly or under contract, to assure the identification of client needs and factors that could affect client safety and the effectiveness of treatment. The coordination of care is provided by all disciplines .... Coordination of care means assuring that the client needs are continually assessed, addressed in the Plan of Care, that care is delivered in a timely manner, and that goals are achieved. ... Documentation must address the coordination activities ...." Clinical record review for patient #1 on 12/21/2020, evidenced agency documents titled "HHA [home health aide] Visit" digitally signed by employee C, home health aide, and dated 10/30/2020, 11/2/2020, 11/3/2020, 11/4/2020, 11/5/2020, 11/6/2020, 11/8/2020, 11/9/2020, 11/10/2020, 11/11/2020, 11/12/2020 11/13/2020, 11/16/2020, 11/17/2020, 11/18/2020, 11/19/2020, 11/20/2020, 11/21/2020, 11/22/2020, 11/23/2020, 11/24/2020, 11/25/2020, 11/27/2020, 11/30/2020, 12/1/2020, 12/2/2020, 12/3/2020, 12/4/2020, 12/5/2020, 12/6/2020,		Director of Nursing in-serviced aides to ask patient when their last bowel movement was and document it on the visit note. (02/08/2021) Director of Nursing in-serviced aides on notifying nurse/Director of Nursing if patient has not had a bowel movement in 3 days. (02/08/2021) Director of Nursing/designee will audit 100% of nurse and aide notes weekly. If there is no indication of when patient's last bowel movement on documentation Director of Nursing/designee will contact employee to remind them they must ask patient about last bowel movement and document. If there is documentation patient has not had a bowel movement in 3 days there must be documentation MD was notified. If no documentation MD was notified nurse will be instructed to notify MD and document conversation and any new orders. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced aides on notifying nurse/Director of Nursing of any change in patient condition which includes emergency room visits(02/08/2021) Director of Nursing/designee will audit 100% of aide visit notes	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	12/7/2020, 12/8/2020, 12/9/2020, 12/10/2020, 12/11/2020, 12/14/2020, 12/15/2020, 12/16/2020, 12/17/2020, 12/18/2020 and 12/20/2020. These home health aide visit documents failed to evidence the home health aide reported any patient changes or concerns to the supervising registered nurse. Review of documents titled "12/12/2020 - ED [emergency department] in [entity A] Emergency Department" from entity A dated 12/12/2020 stated, "... Patient presents to ER [emergency room] today with abdominal bloating. Patient states been going on for approximately 2 weeks...." The document evidenced the patient was diagnosed with constipation, urinary tract infection and hepatomegaly and prescribed new medications Docusate Sodium (medication to treat constipation), Levofloxacin (antibiotic) and Probiotic Acidophilus (supplement). The document evidenced the patient was positive for abdominal distention and stated, "... Discussed in detail red flags return to the ER ... To follow up with GI outpatient ... Pt [patient] was seen at [entity B] about a month ago for constipation...." Review of an agency document titled "Aide Care Plan" digitally signed and dated by the registered nurse on 12/10/2020 evidenced the home health aide was to notify the supervisor for no bowel movement in 3 days. Review of an agency document titled "HHA Visit" digitally signed by employee C, home health aide, and dated 12/20/2020 evidenced the patient's last bowel movement was 12/17/2020. The clinical record failed to evidence the home health aide communicated to the supervising nurse the patient did not have a bowel movement in 3 days.		weekly to ensure there is documentation nurse was notified if there was a change in patient condition. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. **IDR** The aide did not report any changes to nurse as there were no changes to report. Aide asked patient each visit about last bowel movement and patient indicated he either had one that day or the previous day so aide marked date on aide note. Patient #1 is a 63year old African-American male. He suffers from partial paralysis on his left side due to a prior stroke, neuromuscular dysfunction of his bladder, heart failure, hypertension and sleep apnea. He also continues to suffer the after effects from a gunshot wound in his past. He is alert, oriented, competent and generally independent. Patient #1 is competent and makes his own health care decisions. Patient #1 also suffers from constipation. According to the Mayo Clinic, “Constipation is infrequent bowel movements or difficult passage of stools that	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	During an interview on 12/22/2020 at 10:27 a.m., employee C, HHA, indicated patient #1 has complained for a while regarding complaints of constipation. Employee C indicated the patient informed him that he went to the emergency room on 12/21/2020, for complaints of no bowel movement in 8 days. Employee C indicated patient #1 was given Magnesium Citrate (a medication to treat constipation) and Miralax (a medication to treat constipation). Review of documents on 12/23/2020 titled "12/21/2020 - ED in [entity A] Emergency Department" from entity A dated 12/21/2020 stated, "... Patient reported that he [sic] for constipation, belly pain. Symptoms began 3 weeks ago. Chronic and progressive. ... States he feels more distended over last few days ...." The abdominal assessment evidenced the patient had abdominal distention and tenderness. The document stated, "... CT [diagnostic test] with large fecal stasis [feces in immobile stage leading to fecal impaction] ... Seen here 8 days ago for same and was given [docusate sodium] with no relief...." The document evidenced the patient was instructed to take one dose of Magnesium Citrate and to take Miralax daily for constipation relief and educated on the importance of following up with primary physician. Clinical record review on 12/23/2020, failed to evidence any communication from the home health aide to the supervising registered nurse regarding the patient's complaint of constipation and that the patient had been treated at the emergency room and was provided with new medications. During an interview on 12/23/2020 at 11:33 a.m., the administrator indicated constipation and an		persists for several weeks or longer. Constipation is generally described as having fewer than three bowel movements a week. Though occasional constipation is very common, some people experience chronic constipation that can interfere with their ability to go about their daily tasks. Constipation may also cause people to strain excessively in order to have a bowel movement. Treatment for chronic constipation depends in part on the underlying cause. However, in some cases, a cause is never found." Patient #1 has suffered from chronic constipation for many years. Patient #1 receives home health care to provide him with assistance with activities of daily living, which is necessary due to his left side weakness caused by his prior stroke. As such, Preference provides Patient #1 with a 4 hour home health aide visit each day, seven days a week to assist and support Patient #1 so that he can remain in his home. This support includes assisting him with meal preparation, personal hygiene and other activities of daily living. His care includes a skilled nursing visit every two weeks for medication planner setup, but that is the only skilled nursing service on his plan of care. Although he needs assistance, he can leaves his home when he	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	emergency room visit would be considered a change in status and the home health aide should report this to the registered nurse. The administrator indicated the clinical record did not evidence any communication between the home health aide and the registered nurse regarding constipation and a visit to the emergency room.		desires. He receives home health care through Indiana's Medicaid home health benefit. Because he is a Medicaid patient, he is not required to be "homebound." This is an important fact, because Patient #1 is able to leave his home. Patient #1 is both very private and very independent. He views dependence on others for care somewhat negatively. Patient #1's independence and desire for privacy lead him to not always be forthcoming about certain issues. Because Patient #1 is competent, alert, oriented, etc., he addresses as much of his care himself as he can. Preference fills his medication planner every two weeks, but Patient #1 takes his medication. Patient #1 takes Miralax on occasion, but Miralax is a powder that cannot be pre-mixed. Patient #1 handles mixing and taking his Miralax on his own, if and when he chooses to take it. However, Patient #1 does not use Miralax as frequently as it was recommended. Patient #1, as part of his effort to maintain his independence, utilizes the emergency room as a "primary care physician." He generally chooses to go to the ER and does not communicate this to the agency. He also does not communicate Preference's involvement in his care to the ER, as noted on the attached ER	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			documentation. Because the ER does not know about Preference, if Patient #1 does not communicate the ER trip to the agency, the agency may not learn of the ER trip, because the ER will not communicate to the HHA. The issue that this can create is demonstrated by Patient #1's December 12, 2020 ER visit. Patient #1 visited the ER, on his own, on December 12. The patient did not inform the home health aide of this visit during the home health aide's visits on December 13, 14, 15 or 16. On December 17, the RN visited the patient's home for a regularly scheduled skilled nursing visit. It was during this visit that Patient #1 first informed the agency of his 12/12 visit to the Emergency Room. Prior to this visit, the agency had no indication that the patient was having any issue that required additional attention. The ER Physician's notes from the encounter show that the patient reported being bloated for the past two weeks. However, during the RN assessment on December 5, 2020, the patient did not report feeling bloated. The patient also did not report feeling bloated to the aide during any visit prior to the December 12, 2020 ER trip. The ER performed both a CT Scan and an x-ray. The CT report showed no bowel obstruction or pathology. See,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			December 12, 2020 ER Note, p. 21. The ER physician appears to have concluded that the patient's primary issue was a urinary tract infection. There were no medications or orders provided related to constipation. Upon learning of the December 12 ER visit, the nurse contacted the patient's physician to schedule an appointment. The nurse also gathered information form the physician regarding the patient's ER visit, which is noted in the comments section of the visit note. Although the ER note indicated the patient should schedule a follow up visit with his PCP within two days, when contacted by Preference's nurse, the PCP scheduled the patient for a December 30 telehealth visit. The physician's scheduling choice, especially considering the use of telehealth for the encounter, is a strong indication that the physician did not consider Mr. Harris to have an urgent need to see his physician. During this call, the physician also did not provide any additional orders to the agency. The surveyor's concern regarding Patient #1's care appears to be that Preference failed to properly monitor Patient #1's constipation and that this led to the ER trips. When assessing this issue, it is important to note that constipation is "described as having fewer than	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			three bowel movements in a week." See, Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/constipation/symptoms-causes/syc-20354253. This means that the agency has to assess the patient overtime to identify this issue. This is why the aide and RN both document the patient's movements. As part of the care provided, the aide is present to assist Patient #1 with his bowel movements. However, due to Patient #1's desire for independence and privacy, Patient #1 requests very little assistance, until he is finished. When Patient #1 needs to have a bowel movement, Patient #1 will place a disposable incontinence underpad, commonly referred to as Chux, on the bed with a plastic bag. Patient #1 will then roll onto his side and defecate onto the underpad. He then cleans himself up and puts everything into a plastic trash bag. He then notifies the home health aide, who has been outside of Patient #1's room, that he is finished. The aide will then come into the room, gather the trash bag and place it into the trash. This means that the home health aide is very aware of Patient #1's bowel movements. In the attached affidavit, David Martinez, Patient #1's Home Health Aide, states that he physically took a bag to the trash every day that he	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			charted Patient #1 had a bowel movement. On the days that he charted no BM those were the days that he did not take a bag to the trash. This demonstrates that Mr. Martinez was accurately documenting Patient #1's bowel movements. When asked about the apparent discrepancy between the aide's notes and what Patient #1 may have said to the ER physician, Mr. Martinez stated that, due to his anxiety, Patient #1 sometimes exaggerates the situation. On December 18, Patient #1 reported he had not had a bowel movement since December 17. On December 19, Patient #1 reported that he had not had a bowel movement since December 17. Then again, on December 20, Patient #1 reported that he had not had a bowel movement since December 17. With the December 20 report, Patient #1 had reported 4 bowel movements in the prior 7 days. According to the Mayo Clinic definition, 4 bowel movements in 7 days does not constitute constipation. Had Patient #1 reported no bowel movement on December 21, then he would have had 3 bowel movements in the week. This is still not "fewer than 3" bowel movements in a week as defined by the Mayo Clinic. At this time, there were no conditions identified that would indicate a need to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			follow up with the physician. It is also important to note that during this time, the home health aide did not document that Patient #1 exhibited any loss of appetite or nausea. Patient #1 also expressed no-discomfort or pain. These would both be indicators of a problem requiring follow-up. In light of what Patient #1 reported and the lack of exhibited symptoms, there was nothing to suggest any action needed to be taken regarding Patient #1's digestive issues. There was nothing in the record, based upon what the patient told the patient or based upon what the aide observed of the patient that suggested a patient in distress. Despite this lack of reported signs or symptoms and scheduled appointments with his PCP and gastroenterologist, Patient #1 decided, unilaterally, to visit the emergency room on December 21. This is likely due to his anxiety about the size of his bowel movements. However, it does not reflect that Preference's staff failed to act properly. The results of Patient #1's ER visit show that Preference was correctly handling this case. During this trip to the ER, the physician again ordered an X-ray and CT Scan. The result of the CT Scan noted a "moderate to large amount of retained fecal residue in the colon", but did not note any	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			bowel distension. See, ER Visit Note, December 21, 2020, p. 4. The radiologist's impression from the x-ray was that the patient had "moderate constipation" and "no small bowel dilation." Id. Based upon these tests, the ER physician did not order any immediate follow-up, but rather noted that Patient #1 should follow-up with his physician, "as needed, if symptoms worsen." Id. at p. 1. The ER did not consider there to be an urgent or emergent issue in his care. This shows that, again, Patient #1's constipation had not progressed to an impaction or created other complications. At no point during the period from December 12 to December 20 does the record show a patient with an urgent or emergent bowel issue. They show a patient with anxiety over his bowel movements going to the ER and the ER concluding that there was not a medical issue for them to address. It also shows the PCP determining a physician encounter could wait until the end of the month. Preference's care to Patient #1 was not deficient and Patient #1 was never at risk. This surveyor went to the hospital to request records from the hospital regarding the patient's ER visits. It appears that the surveyor went to the hospital and obtained the entire hospital record for both ER visits. The surveyor then	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			utilized this in her assessment of the agency's performance. This is unfair to the agency, because the agency would not have been provided this much information. The agency received information about the ER visit from the PCP on December 17 when they spoke to the physician. The Agency did receive a discharge summary, but not the complete ER record.	
N 0610 Bldg. 00	410 IAC 17-15-1(a)(7) Clinical Records Rule 15 Sec. 1. (a)(7) All entries must be legible, clear, complete, and appropriately authenticated and dated. Authentication must include signatures or a secured computer entry. Based on record review and interview, the home health agency failed to ensure all clinical record entries were clear, complete and followed the agency's policy related to clinical record documentation in 3 of 3 clinical records reviewed. (#1, #2, #3) The findings include: 1. An undated agency policy titled "Clinical Records/Medical Record Retention" stated "... Clinical records are legal documents containing comprehensive, accurate, and organized information concerning the client's health and emotional status, treatments, and services rendered by the Registered Professional Nurses and other health care team members. ... In addition to the Plan of Care, the clinical record shall	N 0610	N610 Director of Nursing in-serviced nurses on need to ensure the 60 day summary is accurate and includes information about any trips to the emergency or hospital during the current cert period. Summary to include any medication changes or new diagnoses (02/01/2021) Director of Nursing/designee will audit 100% of 60 day summaries done each week to ensure they are complete and contain information on emergency room or hospital trips during the current cert period and any medication changes or new diagnoses. Once 100% compliance is achieved	02/04/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	contain appropriate identifying information, including, but not limited to: ... Comprehensive Assessment Form/Admission Assessment/Reassessment ... Signed and dated clinical and progress notes of Nurses ... Home Health Aide Care Plan ... Home Health Aide Notes ... Supervisory Notes ... " 2. Clinical record review for patient #1 on 12/21/2020 evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 12/10/2020 - 2/7/2021 digitally signed and dated by the registered nurse on 12/10/2020 which stated, "... Home health aide duties may include but are not limited to: ... medication assistance and reminders, meal preparations ... Case Conference and 60 Day Summary: Conference Date - 12/5/2020 No ER [emergency room] or Hospitalizations ...." Review of documents from entity A dated 12/12/2020 indicated the patient presented to the emergency room with complaints of abdominal bloating for 2 weeks and was treated at another hospital a month ago for constipation. The document evidenced the patient was diagnosed with constipation and urinary tract infection and was prescribed 3 new medications. Record review evidenced the registered nurse failed to follow the agency's policy ensuring an accurate clinical record by including the patient's previous emergency room visit in the 60 Day Summary. Review of an agency document titled "Aide Supervisory Visit" dated and digitally signed by the registered nurse on 12/5/2020 failed to evidence complete documentation by indicating if the clinician was present or not at the time of the		10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced nurses on need to indicate whether the aide is present or not at time of supervisory visit. (02/01/2021) Director of Nursing/designee will audit 100% of supervisory notes weekly to ensure note indicates whether aide was present or not. Once 100% compliance is achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Director of Nursing in-serviced aides to document and notify nurse of any changes in patient condition. Nurses were in-serviced on need to contact MD of any change in patient condition including any emergency room/hospital visits and document in patient chart. (02/01/2021) Director of Nursing/designee will audit 100% of aide notes weekly to ensure if aide noted a change in patient condition that there is documentation aide notified nurse. Will audit 100% of nurse visit notes weekly to ensure if there is documentation of a change in patient condition there is documentation nurse notified MD of change. Will also look for documentation that if nurse was notified of change by aide there is documentation nurse notified MD. Once 100% compliance is	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	visit. During an interview on 12/22/2020 at 10:27 a.m., employee C, home health aide, indicated patient #1 had complained for a while regarding complaints of constipation. Employee C indicated the patient informed him that he went to the emergency room on 12/21/2020 for complaints of no bowel movement in 8 days. Review of agency documents titled "HHA [home health aide] Visit" digitally signed by employee C, home health aide, and dated 12/4/2020 evidenced the patient's last bowel movement was 12/4/2020. The document dated 12/5/2020 evidenced the patient's last bowel movement was 12/5/2020. The document dated 12/6/2020 evidenced the patient's last bowel movement was 12/6/2020. The document dated 12/7/2020 evidenced the patient's last bowel movement was 12/7/2020. The document dated 12/8/2020 evidenced the patient's last bowel movement was 12/8/2020. The document dated 12/9/2020 evidenced the patient's last bowel movement was 12/9/2020. The document dated 12/10/2020 evidenced the patient's last bowel movement was 12/10/2020. The document dated 12/11/2020 evidenced the patient's last bowel movement was 12/11/2020. The document dated 12/14/2020 evidenced the patient's last bowel movement was 12/14/2020. The document dated 12/15/2020 evidenced the patient's last bowel movement was 12/15/2020. The document dated 12/16/2020 evidenced the patient's last bowel movement was 12/16/2020. The document dated 12/17/2020 evidenced the patient's last bowel movement was 12/17/2020. The home health aide failed to follow the agency's policy ensuring an accurate clinical record by documenting the patient's report of no bowel movement in over a week. The clinical record also		achieved 10% will be audited quarterly to ensure compliance is maintained. (On-going) Patient #1 told nurse on 12/5 his last bowel movement was 12/2. Patient has a long history of chronic constipation and handles it himself as he is a very private person. He reported to aide he had a daily bowel movement so aide documented patient's response. The electronic medical record program doesn't have option to put medication assistance, medication reminders or meal preparation. Administrator to talk with software company again to see what can be done to get this field added to the aide assignment and visit note.Director of Nursing will manually add information into the comment box on the Aide Care Plan. (02/04/2021) Director of Nursing in-serviced nurses on need to ensure the correct diet is listed on the aide plan of care(02/01/2021) Director of Nursing/designee will audit 100% of aide care plans done each week to ensure the diet listed matches the diet listed on the comprehensive assessment and plan of care. Once 100% compliance is achieved 10% will be done quarterly to ensure compliance is maintained. (On-going) The Administrator will be responsible for monitoring these corrective actions to ensure that	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	failed to include the complete documentation by the home health aide to include the patient's complaint of constipation as reported to the home health aide. Review of agency documents titled "Aide Care Plan" digitally signed and dated by the registered nurse on 10/11/2020 and 12/10/2020 failed to evidence the registered nurse included in the clinical record the delegation of the nursing-directed patient care and services which were to be provided by the home health aide to include medication assistance and reminders and meal preparations as directed in the plan of care. 3. Clinical record review for patient #2 on 12/21/2020 evidenced an agency document titled "Aide Care Plan" digitally signed and dated by the registered nurse on 11/27/2020 which failed to evidence the registered nurse included in the clinical record the delegation of the nursing-directed patient care and services which were to be provided by the home health aide to include medication assistance and reminders and meal preparations as directed in the plan of care. 4. Clinical record review for patient #3 on 12/22/2020 evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 11/12/2020 - 1/10/2021 signed and dated by the physician on 11/20/2020 which evidenced the patient's diagnoses included, but were not limited to, Diabetes [a disease that affects how the body uses blood sugar] and the patient's diet was 1800 Calorie ADA [American Diabetes Association] diet. The document also evidenced the home health aide duties included, but were not limited to, meal preparation. Review of an agency document titled "Aide Care		this deficiency is corrected and will not recur. **IDR** The aide did not report any changes to nurse as there were no changes to report. Aide asked patient each visit about last bowel movement and patient indicated he either had one that day or the previous day so aide marked date on aide note. Patient #1 is a 63year old African-American male. He suffers from partial paralysis on his left side due to a prior stroke, neuromuscular dysfunction of his bladder, heart failure, hypertension and sleep apnea. He also continues to suffer the after effects from a gunshot wound in his past. He is alert, oriented, competent and generally independent. Patient #1 is competent and makes his own health care decisions. Patient #1 also suffers from constipation. According to the Mayo Clinic, “Constipation is infrequent bowel movements or difficult passage of stools that persists for several weeks or longer. Constipation is generally described as having fewer than three bowel movements a week. Though occasional constipation is very common, some people experience chronic constipation that can interfere with their ability to go about their daily tasks.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
	Plan" digitally signed and dated by the registered nurse on 11/12/2020 indicated the home health aide was to assist in preparing the patient's meals and indicated the patient's diet was regular with no pork. The record review failed to evidence the clinical record was accurate in regards to the patient's diet. During an interview on 12/23/2020 at 12:14 p.m., the administrator indicated the registered nurse should have included the patient's 1800 calorie ADA diet on the nursing-directed plan of care for the home health aide as ordered by the physician. 5. During an interview on 12/23/2020 at 10:56 a.m., the administrator indicated the registered nurse did not include medication assistance and reminders and meal preparation as tasks to be delegated to the home health aide because the agency's electronic medical record software did not have an option for meal preparation and medication assistance. At 12:19 p.m., the administrator indicated there isn't consistency with documentation since some days the home health aide documented medication assistance and reminders and meal preparations were documented and some days they were not. The administrator indicated the home health aide should be able to document everything and the agency needed to work on the electronic medical record software.		Constipation may also cause people to strain excessively in order to have a bowel movement. Treatment for chronic constipation depends in part on the underlying cause. However, in some cases, a cause is never found." Patient #1 has suffered from chronic constipation for many years. Patient #1 receives home health care to provide him with assistance with activities of daily living, which is necessary due to his left side weakness caused by his prior stroke. As such, Preference provides Patient #1 with a 4 hour home health aide visit each day, seven days a week to assist and support Patient #1 so that he can remain in his home. This support includes assisting him with meal preparation, personal hygiene and other activities of daily living. His care includes a skilled nursing visit every two weeks for medication planner setup, but that is the only skilled nursing service on his plan of care. Although he needs assistance, he can leaves his home when he desires. He receives home health care through Indiana's Medicaid home health benefit. Because he is a Medicaid patient, he is not required to be "homebound." This is an important fact, because Patient #1 is able to leave his home. Patient #1 is both very private and very independent. He	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			views dependence on others for care somewhat negatively. Patient #1's independence and desire for privacy lead him to not always be forthcoming about certain issues. Because Patient #1 is competent, alert, oriented, etc., he addresses as much of his care himself as he can. Preference fills his medication planner every two weeks, but Patient #1 takes his medication. Patient #1 takes Miralax on occasion, but Miralax is a powder that cannot be pre-mixed. Patient #1 handles mixing and taking his Miralax on his own, if and when he chooses to take it. However, Patient #1 does not use Miralax as frequently as it was recommended. Patient #1, as part of his effort to maintain his independence, utilizes the emergency room as a "primary care physician." He generally chooses to go to the ER and does not communicate this to the agency. He also does not communicate Preference's involvement in his care to the ER, as noted on the attached ER documentation. Because the ER does not know about Preference, if Patient #1 does not communicate the ER trip to the agency, the agency may not learn of the ER trip, because the ER will not communicate to the HHA. The issue that this can create is demonstrated by Patient #1's	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			December 12, 2020 ER visit. Patient #1 visited the ER, on his own, on December 12. The patient did not inform the home health aide of this visit during the home health aide's visits on December 13, 14, 15 or 16. On December 17, the RN visited the patient's home for a regularly scheduled skilled nursing visit. It was during this visit that Patient #1 first informed the agency of his 12/12 visit to the Emergency Room. Prior to this visit, the agency had no indication that the patient was having any issue that required additional attention. The ER Physician's notes from the encounter show that the patient reported being bloated for the past two weeks. However, during the RN assessment on December 5, 2020, the patient did not report feeling bloated. The patient also did not report feeling bloated to the aide during any visit prior to the December 12, 2020 ER trip. The ER performed both a CT Scan and an x-ray. The CT report showed no bowel obstruction or pathology. See, December 12, 2020 ER Note, p. 21. The ER physician appears to have concluded that the patient's primary issue was a urinary tract infection. There were no medications or orders provided related to constipation. Upon learning of the December 12 ER visit, the nurse contacted the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			patient's physician to schedule an appointment. The nurse also gathered information form the physician regarding the patient's ER visit, which is noted in the comments section of the visit note. Although the ER note indicated the patient should schedule a follow up visit with his PCP within two days, when contacted by Preference's nurse, the PCP scheduled the patient for a December 30 telehealth visit. The physician's scheduling choice, especially considering the use of telehealth for the encounter, is a strong indication that the physician did not consider Mr. Harris to have an urgent need to see his physician. During this call, the physician also did not provide any additional orders to the agency. The surveyor's concern regarding Patient #1's care appears to be that Preference failed to properly monitor Patient #1's constipation and that this led to the ER trips. When assessing this issue, it is important to note that constipation is "described as having fewer than three bowel movements in a week." See, Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/constipation/symptoms-causes/syc-20354253. This means that the agency has to assess the patient overtime to identify this issue. This is why the aide and RN both document the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			patient's movements. As part of the care provided, the aide is present to assist Patient #1 with his bowel movements. However, due to Patient #1's desire for independence and privacy, Patient #1 requests very little assistance, until he is finished. When Patient #1 needs to have a bowel movement, Patient #1 will place a disposable incontinence underpad, commonly referred to as Chux, on the bed with a plastic bag. Patient #1 will then roll onto his side and defecate onto the underpad. He then cleans himself up and puts everything into a plastic trash bag. He then notifies the home health aide, who has been outside of Patient #1's room, that he is finished. The aide will then come into the room, gather the trash bag and place it into the trash. This means that the home health aide is very aware of Patient #1's bowel movements. In the attached affidavit, David Martinez, Patient #1's Home Health Aide, states that he physically took a bag to the trash every day that he charted Patient #1 had a bowel movement. On the days that he charted no BM those were the days that he did not take a bag to the trash. This demonstrates that Mr. Martinez was accurately documenting Patient #1's bowel movements. When asked about the apparent discrepancy between	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			the aide's notes and what Patient #1 may have said to the ER physician, Mr. Martinez stated that, due to his anxiety, Patient #1 sometimes exaggerates the situation. On December 18, Patient #1 reported he had not had a bowel movement since December 17. On December 19, Patient #1 reported that he had not had a bowel movement since December 17. Then again, on December 20, Patient #1 reported that he had not had a bowel movement since December 17. With the December 20 report, Patient #1 had reported 4 bowel movements in the prior 7 days. According to the Mayo Clinic definition, 4 bowel movements in 7 days does not constitute constipation. Had Patient #1 reported no bowel movement on December 21, then he would have had 3 bowel movements in the week. This is still not "fewer than 3" bowel movements in a week as defined by the Mayo Clinic. At this time, there were no conditions identified that would indicate a need to follow up with the physician. It is also important to note that during this time, the home health aide did not document that Patient #1 exhibited any loss of appetite or nausea. Patient #1 also expressed no-discomfort or pain. These would both be indicators of a problem requiring follow-up. In	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			light of what Patient #1 reported and the lack of exhibited symptoms, there was nothing to suggest any action needed to be taken regarding Patient #1's digestive issues. There was nothing in the record, based upon what the patient told the patient or based upon what the aide observed of the patient that suggested a patient in distress. Despite this lack of reported signs or symptoms and scheduled appointments with his PCP and gastroenterologist, Patient #1 decided, unilaterally, to visit the emergency room on December 21. This is likely due to his anxiety about the size of his bowel movements. However, it does not reflect that Preference's staff failed to act properly. The results of Patient #1's ER visit show that Preference was correctly handling this case. During this trip to the ER, the physician again ordered an X-ray and CT Scan. The result of the CT Scan noted a "moderate to large amount of retained fecal residue in the colon", but did not note any bowel distension. See, ER Visit Note, December 21, 2020, p. 4. The radiologist's impression from the x-ray was that the patient had "moderate constipation" and "no small bowel dilation." Id. Based upon these tests, the ER physician did not order any immediate follow-up, but rather	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			noted that Patient #1 should follow-up with his physician, “as needed, if symptoms worsen.” Id. at p. 1. The ER did not consider there to be an urgent or emergent issue in his care. This shows that, again, Patient #1’s constipation had not progressed to an impaction or created other complications. At no point during the period from December 12 to December 20 does the record show a patient with an urgent or emergent bowel issue. They show a patient with anxiety over his bowel movements going to the ER and the ER concluding that there was not a medical issue for them to address. It also shows the PCP determining a physician encounter could wait until the end of the month. Preference’s care to Patient #1 was not deficient and Patient #1 was never at risk. This surveyor went to the hospital to request records from the hospital regarding the patient’s ER visits. It appears that the surveyor went to the hospital and obtained the entire hospital record for both ER visits. The surveyor then utilized this in her assessment of the agency’s performance. This is unfair to the agency, because the agency would not have been provided this much information. The agency received information about the ER visit from the PCP on December 17 when they spoke to the physician. The Agency did	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K125	A. BUILDING 00 B. WING	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PREFERENCE HEALTH SERVICES INC	3026 45TH ST, SUITE 2 E HIGHLAND, IN 46322

(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
			receive a discharge summary, but not the complete ER record.	
N 9999 Bldg. 00		N 9999	.	02/08/2021