

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

PRINTED: 07/27/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>157646</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/20/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRANSITION HOME HEALTH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8435 KEYSTONE CROSSING, SUITE 108 INDIANAPOLIS, IN 46240</b>		
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G 000	INITIAL COMMENTS  This visit was for a Federal and State Complaint survey of a deemed Home Health Agency.  Complaint number: IN00332368; Substantiated, with related Federal and State deficiencies  Survey date: 7/20/2020  Facility number: 012818 Provider number: 157646  Census: 0  Transitions Home Health will be precluded from providing its own training and competency evaluation program for a period of 2 years beginning July 20, 2020 to July 19, 2022 for being found out of compliance for Conditions of participation 42 CFR 484.100 Federal, State, Local Law and 42 CFR 484.105 Organization and Administration of Services.  These deficiencies reflect State Findings cited in accordance with 410 IAC 17.	G 000			
G 848	Quality Review Completed 07/27/2020 by Area 3. Compliance with Federal, State, Local Law CFR(s): 484.100  Condition of participation: Compliance with Federal, State, and local laws and regulations related to the health and safety of patients.  The HHA and its staff must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to	G 848			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 848	<p>Continued From page 1</p> <p>the health and safety of patients. If state or local law provides licensing of HHAs, the HHA must be licensed.</p> <p>This <b>CONDITION</b> is not met as evidenced by: Based on observation, record review, and interview, the agency failed to ensure the home health agency operated and furnished services in compliance with all Federal and State regulations by failing to renew their license in a timely manner, and/or to disclose information that it was no longer functional, and failed to inform the state agency the changes in management within a timely manner.</p> <p>The cumulative effect of these systemic problems has resulted in the home health agency's inability to ensure the provision of quality of care for any patients for the Condition of Participation 42 CFR 484.100 Federal, State, Local Law.</p> <p>Findings include:</p> <p>During the pre-survey review, a web search indicated that [agency name] home health continued to advertise its address, services offered, and areas serviced.</p> <p>Upon arrival to the agency's office on 7/20/20 at 9:25 AM, was met by Employee B, Chief Operating Officer, and Non-Employee A. Employee B stated that Non-Employee A was the Hospice Administrator. Employee B stated, "For Home health, you need to talk with Employee C [Corporate Compliance Officer]."</p> <p>During an Entrance conference interview on 7/20/20 at 9:55 AM, Employee C was asked to provide the names of the Administrator, Alternate Administrator, Clinical Supervisor, and Alternate</p>	G 848			

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G 848	<p>Continued From page 2</p> <p>Clinical Supervisor for home health agency. Employee C stated that none of the above positions had been filled. Employee C was queried regarding the lack of staff for the home health agency. Employee C stated "We don't have any staff for home health." Employee C stated that Non-Employee A was the "interim" Administrator. When it was requested that employee A rejoin the interview, employee C stated that employee A had resigned a couple of weeks ago and that her last day would be on Friday, July 24th. Non- Employee A did not return for the entrance conference. Employee C stated there was a manager hired last year to try to help them with changes the agency needed to do, either "keep going or close down" but he had left the company. Employee C stated "We were going to close and wind down our patients, so we had none in January 2020." Employee C stated when the previous Administrator, Former Employee D, quit in November 2019, the manager they had hoped would replace her was let go. Employee C stated, "He was a bad fit. We were unable to fully keep up so we slowly started discharging patients until all were gone {January 2020}. We do want to get home health open and running. At one time this was a functioning home health."</p> <p>During another interview with Employee C on 7/20/20 at 10:48 AM regarding the agency's State license and the time that had elapsed since applying for the renewal, Employee C obtained a copy of the agency's State license and stated that it was the most current. Review of the license provided indicated that it had expired on 3/31/20.</p> <p>410 IAC 17-10-1(a)(1)(2)(3)(4)(5) 410 IAC 17-10-1(d)</p>	G 848			

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G 848	Continued From page 3 410 IAC 17-10-1(d)(2)(C)(D) 410 IAC 17-10-1(d)(3)(4) 410 IAC 17-11-3	G 848			
G 940	Organization and administration of services CFR(s): 484.105  Condition of participation: Organization and administration of services. The HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient's plan of care, for each patient's medical, nursing, and rehabilitative needs. The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority, and services furnished. This CONDITION is not met as evidenced by: Based on document review and interview, the Governing body failed to ensure they assumed full legal authority and responsibility for the agency's overall management and operation, failed to ensure they appointed an Administrator, and a predesignated person to assume the same responsibilities and obligations as the administrator, failed to ensure one or more qualified individuals to be provide oversight of all patient care services and personnel, and failed to ensure they provided skilled nursing and at least one other therapeutic services was made available.  The cumulative effect of these systemic problems has resulted in the home health agency's inability	G 940			

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G 940	<p>Continued From page 4</p> <p>to ensure the provision of quality of care for the Condition of Participation 42 CFR 484.105 Organization and Administration of Services.</p> <p>Findings include:</p> <p>During the pre-survey review, an Internet search indicated that [agency name] home health continued to advertise its address, services offered, and areas serviced. The ad stated that services included Nursing Care, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Services, and Home Health Aides Services.</p> <p>Upon arrival to the agency's office on 7/20/20 at 9:25 AM, was met by Employee B, Chief Operating Officer, and Non-Employee A. Employee B stated that Non-Employee A was the Hospice Administrator. Employee B stated, "For Home health, you need to talk with Employee C [Corporate Compliance Officer]."</p> <p>On 7/20/20 at 9:55 AM, Employee C arrived and the entrance conference was conducted. Employee C stated that Non-Employee A was filling in as the Home Health Administrator. Employee C stated that Non-Employee A had resigned a couple of weeks ago and her last day would be on Friday, July 24th. Non-Employee A did not return for any of the entrance conference. Employee C acknowledged that the agency did not have a home health administrator, alternate administrator, or clinical supervisor, and there were no nurses employed for the home health. Employee C stated there was a manager hired last year to try to help them with changes the agency needed to do, either "keep going or close down" but he had left the company. Employee C</p>	G 940			

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G 940	<p>Continued From page 5</p> <p>stated "We were going to close and wind down our patients, so we had none in January 2020." Employee C stated when the previous Administrator, Former Employee D, quit in November 2019, the manager they had hoped would replace her was let go. Employee C stated, "He was a bad fit. We were unable to fully keep up so we slowly started discharging patients until all were gone {January 2020}.</p> <p>At 10:06 AM, Employee C acknowledged that the agency did not have patients nor did they have staff, and no referrals were being accepted.</p> <p>At 11:20 AM, Governing body minutes dated 4/3/20 were received and stated, ".... b. continued search for Administrator and Clinical supervisor .... "</p> <p>410 IAC 17-12-1(a)(2) 410 IAC 17-12-1(b) 410 IAC 17-12-1(B)(1)(3) 410 IAC 17-12-1(C)(6)(8) 410 IAC 17-12-1(d) 410 IAC 17-12-2(b)(1-6)</p>	G 940		