

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>15K165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OR SUPPLIER <b>VISITING ANGELS HOME HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>3197 S US HWY 231</b> <b>GREENCASTLE, IN 46135</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 0000  Bldg. 00	<p>This visit was a Federal Post Condition Revisit complaint survey of a Medicaid Home Health provider.</p> <p>Complaint #s: IN00292911 - Substantiated - Related and Unrelated Federal and State Deficiencies were cited. IN00268564 - Unsubstantiated.</p> <p>Survey Date: 09/09/2020</p> <p>Facility #: 014225</p> <p>Provider #: 15K165</p> <p>Medicaid #: 300012386</p> <p>Census: Skilled services - 5 Home health aide services - 53 Total - 58</p> <p>During this survey, two (2) conditions and two (2) deficiencies were corrected. Two (2) deficiencies were recited and one (1) new deficiency was cited.</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17.</p> <p>Visiting Angels Home Healthcare continues to be precluded from conducting its own training and competency evaluation program for a period of 2 years beginning July 10, 2020 to July 9, 2022 for being found out of compliance with Condition of Participation 42 CFR 484.50 Patient Rights and 42 CFR 484.105 Organization and Administration of Services.</p>	G 0000		

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

TITLE

(X6) DATE

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

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G 0546 Bldg. 00	<p>Quality Review completed on 9/24/2020 A4</p> <p>484.55(d)(1)(i,ii,iii) Last 5 days of every 60 days unless: The last 5 days of every 60 days beginning with the start-of-care date, unless there is a (i) Beneficiary elected transfer; (ii) Significant change in condition; or (iii) Discharge and return to the same HHA during the 60-day episode.</p> <p>Based on record review and interview, the agency failed to ensure recertification assessments were completed in the last 5 days of every 60 day certification period, beginning with the start of care date for 1 of 3 recertification records reviewed. (Patient #2)</p> <p>Findings include:</p> <p>The clinical record for patient #2, start of care 6/25/2020, was reviewed on 09/09/20, and revealed a plan of care for the recertification period of 8/25/20 to 10/24/20. The correct certification period was 8/24/20 to 10/22/20.</p> <p>The clinical record evidenced a comprehensive recertification assessment dated 8/24/2020. The assessment failed to be completed within the last 5 days (between 08/19/20 to 08/23/20) of the 60 day certification period.</p> <p>During an interview on 09/09/2020 at 12:15 PM, when queried if they count the start of care as day 1 in the certification period, the Clinical Manager stated they do count the start of care as day 1 and the nurses use a "counting calendar" app to determine the certification periods.</p>	G 0546	<p>1. How the deficiency will be corrected:</p> <p>The Clinical Manager will immediately conduct a 100% audit of all active patient clinical records to ensure all patients have received a comprehensive assessment during the last 5 days of every 60 days beginning with the start of care date. Any additional records failing to evidence a comprehensive assessment between day 56 through day 60 of the certification period will be discharged and readmitted.</p> <p>2. How the deficiency will be prevented from recurring:</p> <p>All RN Case Managers will be re instructed on how to determine and document the 60-day certification period.</p> <p>All nurses have been instructed to utilize the form as designed by CMS to map out the 60-day</p>	10/09/2020

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G 0574  Bldg. 00	<p>17-14-1(a)(1)(B)</p> <p>484.60(a)(2)(i-xvi)</p> <p>Plan of care must include the following</p> <p>The individualized plan of care must include the following:</p> <ul style="list-style-type: none"> <li>(i) All pertinent diagnoses;</li> <li>(ii) The patient's mental, psychosocial, and cognitive status;</li> <li>(iii) The types of services, supplies, and equipment required;</li> </ul>		<p>certification time frame to ensure accurate certification periods.</p> <p>All nurses have been instructed to utilize the form as designated by CMS to map out the 60-day certification time frame to ensure certification periods and patient reassessment between days 56-60 of every certification period.</p> <p>All certification documentation will be audited by the Clinical Manager/designee at each certification time point.</p> <p>Documentation with identified errors will be returned to the RN Case Manager for correction and will be subject to follow-up review by the Clinical Manager.</p> <p>3. Who is responsible to ensure the deficiency has been corrected:</p> <p>The Clinical Manager</p> <p>4. Date the agency will have the deficiency corrected:</p> <p>10/09/20</p>	

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	<p>(iv) The frequency and duration of visits to be made;</p> <p>(v) Prognosis;</p> <p>(vi) Rehabilitation potential;</p> <p>(vii) Functional limitations;</p> <p>(viii) Activities permitted;</p> <p>(ix) Nutritional requirements;</p> <p>(x) All medications and treatments;</p> <p>(xi) Safety measures to protect against injury;</p> <p>(xii) A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors.</p> <p>(xiii) Patient and caregiver education and training to facilitate timely discharge;</p> <p>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</p> <p>(xv) Information related to any advanced directives; and</p> <p>(xvi) Any additional items the HHA or physician may choose to include.</p> <p>Based on record review and interview, the agency failed to ensure certification periods listed on the plan of care were accurate and home health aide frequency/ duration orders were specific to the weeks of the certification period for 5 of 6 (Patients #1, 2, 3, 4, 5) active records reviewed; failed to ensure oxygen with liter flow was included within the medication list on the plan of care for 3 of 3 (Patient #2, 3, 5) active patient records reviewed who were on oxygen; and failed to include all pertinent diagnoses on the plan of care for 1 of 6 active records reviewed (Patient #5).</p> <p>Findings include:</p> <p>1. The clinical record for patient #2, start of care</p>	G 0574	<p>1. How the deficiency will be corrected:</p> <p>The Clinical Manager will immediately audit 100% of the remaining active patient plans of care to evaluate the accuracy of the information and to ensure that all required elements are documented correctly.</p> <p>Any additional errors identified will be addressed by contacting the physician to obtain verbal orders to correct the identified deficiencies.</p>	10/09/2020

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	<p>6/25/2020, was reviewed on 09/09/20, and revealed a plan of care for the recertification period of 8/25/20 to 10/24/20, with orders for home health aide services 10 hours a day, a frequency of 5 days a week for 50 hours a week for a duration of 60 days. The locator #14 for durable medical equipment revealed that the patient had oxygen in the home. The correct certification period is 8/24/20 to 10/22/20. The plan of care failed to evidence correct certification periods and the frequency/ duration failed to be specific to the weeks of the certification period. The medication list failed to evidence the liter flow of oxygen and route.</p> <p>During an interview on 09/09/20 at 1:00 p.m., when queried if oxygen was a medication, Employee C stated "yes." When queried if day one of a certification period starts on the admission date, Employee C stated "yes."</p> <p>2. The clinical record for patient #5, start of care 09/02/20, was reviewed on 9/9/20, and revealed start of care comprehensive assessment dated 09/02/20, indicated that the patient was on 3 liters of oxygen, had type 2 diabetes that was treated with diet and an oral medication (glipizide). The assessment also indicated the patient had chronic pain to their back and right shoulder and also indicated frequency of pain interfering with the patient's activity was "all the time."</p> <p>Review of an agency document titled "Case Note" dated 09/09/20, revealed that the patient was on 3 liters of oxygen at 2 liters per nasal cannula, the patient does not monitor their blood sugars regularly and took glipizide for treatment of diabetes.</p> <p>Review of a plan of care for the certification period</p>			<p>The RN Case Managers have received additional instruction, guidance, and training in regards to documentation of visit frequencies for the 60-day certification period, documentation of oxygen on the medication profile including device used, liter flow, and frequency, and documentation of all pertinent diagnoses being listed on the plan of care.</p> <p>In addition, the RN Case Managers received additional training regarding their routine visit responsibilities that include the following:</p> <p>The nurse is to review the plan of care prior to each visit.</p> <p>The nurse is to assess and evaluate the patient's compliance with the plan of care, assess for any new symptoms, document services provided, document any changes in physician orders, and assess for areas of non-compliance.</p> <p>The nurse is to notify the physician of any areas of concern or non-compliance.</p> <p>Changes in physician orders are to be documented on physician verbal order forms.</p> <p>2. How the deficiency will be</p>

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	<p>of 09/02/20 to 11/01/20, with orders for home health aide services 2 hours per day, a frequency of 3 days a week for a total of 6 hours per week for a duration of 60 days. The locator #14 for durable medical equipment revealed that the patient had oxygen in the home. The diagnoses indicated COPD (chronic obstructive pulmonary disorder) and emphysema.</p> <p>The correct certification period was 09/02/20 to 10/31/20. The plan of care failed to evidence correct certification period and the frequency/duration failed to be specific to the weeks of the certification period. The medication list failed to evidence the liter flow of oxygen and route. The diagnoses failed to include that the patient was a diabetic and had chronic pain.</p> <p>During an interview on 09/09/20 at approximately 2:00 p.m., when queried if oxygen was a medication, Employee D, Registered Nurse indicated "yes." When queried on why all of the patient diagnoses were not included on the plan of care, Employee D had no explanation. Employee D also indicated she uses a calendar app on her phone when calculating certification periods and agreed, day one of a certification period starts with the admission date.</p> <p>3. The clinical record for patient #1, start of care 6/29/20, was reviewed on 09/09/20. The plan of care evidenced incorrect certification periods and incorrect and/or absent durations as evidenced by the following:</p> <p>The record revealed a plan of care for the certification period of 8/29/20 to 10/28/20, when the correct certification period is 8/28/20 to 10/26/20.</p> <p>Orders for home health aide written as "...HHA</p>		<p>prevented from recurring:</p> <p>The Clinical Manager/designee will audit 100% of the patient plans of care on an ongoing basis.</p> <p>The Clinical Manager will be responsible for re-education of the RN Case Managers when the audits evidence gaps or errors in documentation.</p> <p>Following the retraining of the RN Case Managers, any RN Case Manager who continues to write incomplete and/or incorrect plans of care will be subject to potential disciplinary action.</p> <p>3. Who is responsible to ensure the deficiency will be corrected:</p> <p>The Clinical Manager</p> <p>4. Date the agency will have the deficiency corrected:</p> <p>10/09/20</p>	

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	<p>[home health aide] x (times) 4 hours/day x 5 days/week for a total of 20 hrs (hours)/week x 60 days ..." The home health aide orders failed to evidence the specific frequency and duration of weekly visits during the certification period.</p> <p>4. The clinical record for patient #4, start of care 8/31/20, was reviewed on 9/9/20. The plan of care evidenced incorrect certification periods and incorrect and/or absent durations as evidenced by the following:</p> <p>The record revealed a plan of care for the certification period of 8/31/20 to 10/30/20, when the correct certification period is 8/31/20 to 10/29/20.</p> <p>Orders for home health aide written as "...HHA x 8 hours/day x 2 days/wk (week) for 16 hours/wk x 60 days ..." The home health aide orders failed to evidence the specific frequency and duration of weekly visits during the certification period.</p> <p>6. The clinical record for patient #3, start of care 6/29/20, was reviewed on 9/9/20, contained a plan of care for the certification period of 8/29/20 to 10/28/20, with orders for home health aide written as "... 3 hrs/ day x 5 days/ week for a total of 5 hours / week x 60 days ..." The locator #14 for durable medical equipment revealed that the patient had oxygen in the home. The correct certification period was 8/28/2020 to 10/26/2020. The home health aide orders failed to evidence the specific frequency and duration of weekly visits during the certification period. The medication list failed to evidence the liter flow of oxygen and route.</p> <p>7. During an interview on 09/09/2020 at 12:15 PM, when queried if they count the start of care as day 1 in the certification period, the Clinical Manager</p>			

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G 0978  Bldg. 00	<p>stated they do count the start of care as day 1 and the nurses use a "counting calendar" app to determine the certification periods. At 12:30 PM, when queried if oxygen is considered a medication and if the route and liter flow should be included on the plan of care, the Clinical Supervisor agreed that oxygen is a medication and the route and liter flow should be included on the plan of care.</p> <p>17-13-1 (a)(1)(D)(iii) 17-13-1 (a)(1)(D)(ix)</p> <p>484.105(e)(2)(i-iv) Must have a written agreement An HHA must have a written agreement with another agency, with an organization, or with an individual when that entity or individual furnishes services under arrangement to the HHA's patients. The HHA must maintain overall responsibility for the services provided under arrangement, as well as the manner in which they are furnished. The agency, organization, or individual providing services under arrangement may not have been: (i) Denied Medicare or Medicaid enrollment; (ii) Been excluded or terminated from any federal health care program or Medicaid; (iii) Had its Medicare or Medicaid billing privileges revoked; or (iv) Been debarred from participating in any government program.</p> <p>Based on record review and interview, the agency failed to ensure they had a written agreement with shared agencies entailing who will be the primary agency/ maintain overall responsibility of the patient and the manner in which services will be provided between both agencies.</p> <p>Findings include:</p>		G 0978	<p>1. How the deficiency will be corrected:  The Administrator will immediately review all active patient files to determine the patients who are receiving services from more than one provider.</p>	10/09/2020

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	<p>1. The clinical record for patient #2, start of care 6/25/2020, was reviewed on 09/09/20, and revealed a comprehensive recertification assessment dated 08/24/2020, which indicated that the patient was receiving hospice services from Entity C.</p> <p>Review of an agency document titled "Case Note" dated 08/24/2020, indicated the patient received hospice services weekly and that they provide wound care for the patient's stage 2 wound.</p> <p>Review of the plan of care for current certification period failed to evidence what services the hospice entity was providing, directions on wound care issues/ concerns, and coordination of visits so that both agencies were not overlapping.</p> <p>Review of an agency document titled "Coordination of Care With Other Providers" was blank and failed to contain any coordination notes with Entity C.</p> <p>During an interview on 09/09/20 at 11:05 a.m., when queried if the patient was receiving hospice services, the Clinical Manager indicated she did not know if the patient continued to have hospice.</p> <p>During an interview on 09/09/2020 at 1:00 p.m., when queried if they knew who the hospice entity was and if they have spoken to the hospice entity, Employee C, Registered Nurse, indicated they believed that Entity C was the hospice entity and they have not spoken to anyone/ coordinated care with the entity.</p> <p>2. Clinical Record / Document Review for client #3. Home health aide (L) visits on 8/17/2020 - 8/21/2020; 8/10/2020 - 8/14/2020; 8/03/2020-8/07/2020; 7/23/2020- 7/31/2020 failed to</p>		<p>Due to payer requirements and restrictions, it is not possible for one entity to be the "primary provider" in the home setting; i.e., the Medicare provider does not hold the Medicaid Prior Approval for service agreement and is therefore not able to pay the Medicaid entity for their services.</p> <p>Therefore, when the agency identifies there are other health care entities providing services in the home setting, Visiting Angels Home Health agency will temporarily suspend and/or discharge their services. The agency administrator will consult with the patient and family to explain that once the patient's goals with the other entity are met and they are discharged from service with that entity, they may contact Visiting Angels Home Health agency for evaluation for home health services through Medicaid.</p> <p>All patient receiving services from Medicare home care providers will be provided the above verbal and written explanation and a 15-day notice of discharge. The physician will also be notified of the pending discharge. The agency will complete a discharge assessment and provide the patient and physician a discharge summary.</p> <p>Visiting Angels Home Health</p>	

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	<p>evidence client #3 refused or received baths during the visits.</p> <p>Clinical Record/ Document Review for client #3, the "Coordination of Care with other providers" form was blank and did not reveal another provider's name, service provided by provider, frequency of services, contact person, and phone.</p> <p>During an interview on 9/09/2020 at 11:27 a.m., when queried about the patient not receiving baths as ordered, Employee B, Clinical Supervisor, stated client #3 received baths from another agency, but did not know the name of the other agency</p> <p>During an interview on 09/09/2020 at 1:00 a.m., when queried if the agency had a written agreement between them and the other entities indicating who will be the primary agency/ whom will maintain overall responsibility of the patient, the Administrator responded that no one has spoken with the shared agencies and that there was no written agreements.</p> <p>17-12-2(d) 17-12-2(e)</p>		<p>agency will continue to coordinate service and provision of care with other providers such as physicians, outpatient therapy clinics, etc.</p> <p>Documentation of this coordination of services will be documented on the "Coordination of Care with Other Providers" form. This communication will be performed at time of admission at at least once every 60 days.</p> <p>Issues the RN Case Managers are to discuss and address will include the following:</p> <p>Both the clinics and the home health agency will coordinate services and visit schedules with each other to accommodate the needs of the patient to ensure no overlap of visit times.</p> <p>The RN Case Manager/designee will ensure that information specific to the other healthcare providers is documented in coordination of care documentation and on the physician plan of care.</p> <p>2. How the deficiency will be prevented from recurring:</p> <p>As a component of the intake process, the Clinical Manager will evaluate all prospective clients to determine their service needs and</p>	

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			<p>the health service entities that are currently involved in the provision of care. Potential referrals who already have a home care provider will not be admitted for care.</p> <p>At the time of admission, the RN Case Manager will explain that if the patient becomes eligible for MCA home health services, Visiting Angels Home Health agency will have to discharge the MCD home health services due to regulatory and payer requirements. The patient will be eligible for readmission to Visiting Angels MCD Home Health services once the patient's goals under the MCA home health program are met.</p> <p>The agency will hold routine scheduled coordination of care meetings where the RN Case Managers will be reporting/discussing patient needs, services, goals, and progress as well as the services provided by additional providers.</p> <p>3. Who is responsible for ensuring the deficiency will be corrected:</p> <p>The Administrator and Clinical Manager</p> <p>4. The date the agency will have the deficiency corrected:</p> <p>10/09/20</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>15K165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>VISITING ANGELS HOME HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP COD  <b>3197 S US HWY 231</b> <b>GREENCASTLE, IN 46135</b>		
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