

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

PRINTED: 06/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/04/2019
NAME OF PROVIDER OR SUPPLIER ABOVE & BEYOND HOMECARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1304 MAIN STREET ANDERSON, IN 46016		
(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 000	<p>INITIAL COMMENTS</p> <p>This was a Federal Home Health complaint survey.</p> <p>Survey date: 06/04/2019</p> <p>Complaint number: IN00295547; Substantiated: Federal and state deficiencies were cited.</p> <p>Medicaid ID: 15K024</p> <p>Provider ID: 200829700</p> <p>Facility ID: 004808</p> <p>Census: 207</p> <p>Records Reviewed: 1 complete record reviewed and 2 partial records reviewed</p> <p>Home visits: 0</p> <p>Quality Review completed 6/18/19</p> <p>Written notice for non-covered care</p> <p>CFR(s): 484.50(c)(8)</p> <p>Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care; or in advance of the HHA reducing or terminating on-going care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204.</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure they provided an advance notice of an impending discharge to a patient representative for 1 of 1 complete record</p>	G 000		
G 442		G 442		

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 442	<p>Continued From page 1</p> <p>reviewed of a patient who was being discharged in a sample of 3. (#1)</p> <p>Findings include:</p> <p>The clinical record of patient #1 was reviewed on 6/4/19 and indicated a start of care date of 12/4/18. The record contained a plan of care for the certification period of 4/3/19-6/1/19. indicated orders for a skilled nurse for tracheotomy care, and orders for a home health aide (HHA), attendant care (ATTC), and homemaker (HMK). The record failed to evidence a POC or physician orders to continue services for the certification of 6/2/19 to 8/7/31/19. Patient #1's spouse/ power of attorney failed to be notified in advance of the agency's intent to discharge the patient as evidenced by the following:</p> <p>An agency note in the computer system written on 5/22/19 by the previous administrator and owner of the agency, stated "15 day letter delivered for discharge, hand delivered to [patient] per [previous administrator]. Verbalized understanding of letter and list of different home care agencies in this area" The record failed to evidence any further documentation regarding discharge such as signature of receipt or a copy of discharge letter.</p> <p>During an interview on 6/4/19 at 2:50 PM, the spouse of patient #1 was interviewed. The spouse stated the agency never notified them of an impending discharge and verbalized worry when it was brought up and stated no one from the agency had told him / her anything regarding discharge.</p> <p>During an interview on 6/4/19 at 3:21 PM,</p>	G 442		

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G 442	<p>Continued From page 2</p> <p>employee I, licensed practical nurse (LPN) stated she competed trach care, suctioned trach, assessed patient with a head to toe assessment, and checked vital signs. When asked if she was aware that patient #1 was being discharged, employee I stated she had not heard nor been told that the patient was being discharged and the agency would let staff know when patients were being discharged.</p> <p>During an interview on 6/4/19 at 4:16 PM, the administrator stated all discharge notices were hand delivered to the patients. He stated there was no written verification from the patients that they had received it.</p> <p>During an interview on 6/4/19 at 5:14 PM, the administrator stated that the patient was given a discharge notice on 5/22/19 per the computer notes. The administrator stated employee J was not onsite and there was no further documentation regarding discharge. The administrator stated staff would typically be aware of upcoming discharges. The administrator also stated the agency did not require patients/ patient representatives to sign discharge paperwork.</p> <p>During an interview on 06/04/19 at 4:28 PM, when asked how the agency conducted their discharges, the administrator indicated all patients who were to be discharged were aware of the discharge with notice, but added "occasionally one will get missed in the 23 days."</p> <p>HHA can no longer meet the patient's needs CFR(s): 484.50(d)(1)</p> <p>The transfer or discharge is necessary for the patient's welfare because the HHA and the physician who is responsible for the home health</p>	G 442		
G 454		G 454		

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G 454	<p>Continued From page 3</p> <p>plan of care agree that the HHA can no longer meet the patient's needs, based on the patient's acuity. The HHA must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the HHA's capabilities;</p> <p>This ELEMENT is not met as evidenced by:</p> <p>Based on record review and interview, the agency failed to ensure they arranged a safe and appropriate transfer to other care agencies for 1 of 1 complete record review of a patient who was being discharged in a sample of 3. (#1)</p> <p>Findings include:</p> <p>The clinical record of patient #1 was reviewed on 6/4/19 and indicated a start of care date of 12/4/18. The record contained a plan of care for the certification period of 4/3/19-6/1/19 which indicated orders for a skilled nurse for tracheotomy care, and orders for a home health aide (HHA), attendant care (ATTC), and homemaker (HMK). The record failed to evidence a POC or physician orders to continue services for the certification of 6/2/19 to 7/31/19. Patient #1's spouse/ power of attorney failed to be notified of the agency's intent to discharge the patient and failed to be assisted with the arrangement of a safe and appropriate transfer to another home health agency as evidenced by the following:</p> <p>An agency note in the computer system written on 5/22/19, by the previous administrator and owner of the agency, stated "15 day letter delivered for discharge, hand delivered to [name of patient] per [name of previous administrator]. Verbalized understanding of letter and list of different home care agencies in this area"</p>	G 454		

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G 454	<p>Continued From page 4</p> <p>The record failed to evidence any further documentation regarding discharge such as signature of receipt, a copy of discharge letter, or assistance with placement/ transfer to another agency.</p> <p>During an interview on 6/4/19 at 2:50 PM, the spouse of patient #1 was interviewed. The spouse stated the agency never notified them of an impending discharge and verbalized worry when it was brought up and stated no one from the agency had told him / her anything regarding discharge.</p> <p>During an interview on 6/4/19 at 3:21 PM, employee I, licensed practical nurse (LPN) stated she competed trach care, suctioned trach, assessed patient with a head to toe assessment, and checked vital signs. When asked if she was aware that patient #1 was being discharged, employee I stated she had not heard nor been told that the patient was being discharged and the agency would let staff know when patients were being discharged.</p> <p>During an interview on 6/4/19 at 4:16 PM, the administrator stated all discharge notices were hand delivered to the patients. He stated there was no written verification from the patients that they had received it.</p> <p>During an interview on 6/4/19 at 5:14 PM, the administrator stated that the patient was given a discharge notice on 5/22/19 per the computer notes. The administrator stated employee J was not onsite and there was no further documentation regarding discharge. The administrator stated staff would typically be aware of upcoming discharges. The administrator also</p>	G 454		

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