

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157681	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2021
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NAME OF PROVIDER OR SUPPLIER INDIANA SIGNAL HEALTH GROUP SKIL	STREET ADDRESS, CITY, STATE, ZIP CODE 2013 CHESTER BLVD , RICHMOND, Indiana, 47374
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E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Dates: October 18th, 19th, 20th, 21st, and 22nd of 2021</p> <p>Provider: 157681</p> <p>12-month unduplicated census: 160</p> <p>At this Emergency Preparedness survey, Indiana Signal Health Group Skilled Inc., was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p> <p>The requirement at 42 CFR, Subpart 484.102 is NOT MET as evidenced by: lack of Emergency Preparedness program.</p>	E0000		
E0001	<p>Establishment of the Emergency Program (EP)</p> <p>CFR(s): 403.748</p> <p>§403.748, §416.54, §418.113, §441.184, §460.84, §482.15, §483.73, §483.475, §484.102, §485.68, §485.625, §485.727, §485.920, §486.360, §491.12</p> <p>The [facility, except for Transplant Programs] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility, except for Transplant Programs] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>* (Unless otherwise indicated, the general use of</p>	E0001		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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E0001	<p>Continued from page 1 the terms "facility" or "facilities" in this Appendix refers to all provider and suppliers addressed in this appendix. This is a generic moniker used in lieu of the specific provider or supplier noted in the regulations. For varying requirements, the specific regulation for that provider/supplier will be noted as well.)</p> <p>*[For hospitals at §482.15:] The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>*[For CAHs at §485.625:] The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>Based on record review and interview the agency failed to establish and maintain a comprehensive emergency preparedness program in 1 of 1 agency reviewed. This had the potential to affect all patients receiving services with the agency.</p> <p>Findings Include:</p> <p>1. A policy titled, "Biennial Review: Emergency Preparedness Plan," dated 7/2020 was provided by the administrator on 10/22/2021 at 3:07 p.m. The policy indicated but was not limited to, "Policy: Our agency will be in compliance with CMS regulations & state/federal disaster preparedness standards by at least every other year with a review of our Emergency Preparedness Plan."</p> <p>2. During an interview on 10/22/2021 at 1:30 p.m. the administrator was asked if she had an additional binder for EP (Emergency Preparedness) for the surveyor to review. The administrator confirmed that there were no additional binders.</p>	E0001		

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E0001	Continued from page 2 Advised the administrator that the only thing found in the binder were the EP policies. The administrator confirmed that she had just recently printed these policies and placed them in the binder in anticipation of a new administrator taking over next week. The administrator denied assistance with developing the plan. Denied a facility-based & community-based risk assessment using an all-hazards approach. Denied cooperation/collaboration with local, state, & federal EP officials. Denied policies being reviewed/updated annually. Denied individual emergency plans in EP program, however, noted on the plan of care for each patient reviewed during the survey process. Denied having a communication plan reviewed/updated at least annually. Denied contact information of staff, patients, physicians, and volunteers. Denied alternate means of communication available in an emergency. Denied EP testing program, reviewed at least annually. Denies conducting exercises to test the EP plan at least annually (at least one full-scale community-based exercise and either a second community-based exercise, facility-based exercise, or tabletop exercise). The administrator indicated that the EP program had been overlooked due to the workload and staff available to assist.	E0001		
G0000	INITIAL COMMENTS This survey was for a Federal recertification and State relicensure survey in conjunction with an infection control-focused COVID-19 survey. Survey Dates: October 18th, 19th, 20th, 21st, and 22nd of 2021. Provider: 157681 12-month unduplicated census: 160 Partially Extended Survey Announced 10/19/2021 at 1:18 p.m. Extended Survey Announced 10/22/2021 at 3:15 p.m. These deficiencies reflect State findings cited in accordance with 410 IAC 17. Refer to state form for additional state findings. Signal Home Health Group is precluded from conducting a home health aide training or competency evaluation program for a period of two years starting October 22, 2021 to October 21,	G0000		

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G0000	Continued from page 3 2023 for being out of compliance with 484.102, Condition of Participation Establishment of the Emergency Program.	G0000		
G0418	<p>Patient's or legal representative's signature</p> <p>CFR(s): 484.50(a)(2)</p> <p>Obtain the patient's or legal representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.</p> <p>This ELEMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview the agency failed to obtain the patient's and/or patient's representative's signature confirming that he/she received a copy of the notice of rights and responsibilities in 2 of 7 patients reviewed. (Patient 4 and 5)</p> <p>Findings include:</p> <p>A policy titled, "Rights & Responsibilities of Patients Policy" dated 7/2020 was provided by the administrator on 10/22/2021 at 12:13 p.m. The policy indicated but was not limited to, "Signature of Receipt of Rights: Obtain the patient's/legal representative's signature confirming that they have received a copy of the notice of rights and responsibilities. (signature on the admission form 'Review of Admission Documents')".</p> <p>A review of Patient 5's record on 10/19/2021, indicated no evidence the agency obtained the patient's and/or patient's representative's signature confirming he/she received a copy of the notice of rights and responsibilities.</p> <p>A review of Patient 4's record on 10/21/2021, indicated no evidence the agency obtained the patient's and/or patient's representative's signature confirming he/she received a copy of the notice of rights and responsibilities.</p> <p>An interview with the administrator was completed on 10/22/2021 at 11:30 a.m. The administrator stated she is aware that a signature must be obtained confirming receipt of notice of rights and responsibilities. Indicated that with the new EMR (electronic medical record) system, these documents were not uploaded from the old EMR to the current EMR. Indicated she did not have access</p>	G0418		

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G0418	Continued from page 4 to the old EMR to provide a copy of receipt. Unable to provide documentation by end of survey. 17-12-3(a)(2)	G0418		
G0484	Document complaint and resolution CFR(s): 484.50(e)(1)(ii) (ii) Document both the existence of the complaint and the resolution of the complaint; and This ELEMENT is NOT MET as evidenced by: Based on record review and interview the agency failed to investigate and document all complaints, including the resolution, in 1 of 1 agency reviewed. Findings include: 1. A policy titled, "Grievance Policy: Patients," dated 7/2020, was provided by the administrator on 10/21/2021 at 2:06 p.m. The policy indicated, but was not limited to, "It is the policy of our Agency to have a formal Grievance Procedure/process, that is under the direct responsibility of the Agency/Administrator who will respond to and oversee investigation of every complaint/concern presented by a patient, caregiver or family member." ... "Grievance Process: 1. Our Agency must: Investigate complaints made by a patient, the patient's representative (if any), and the patient's caregiver" ... "Document both the existence of the complaint and the resolution of the complaint. Take action to prevent further potential violations, including retaliation, while the complainant is being investigated." ... "The administrator shall conduct a complete investigation of the complaint." 2. A document titled, "Report of Concern Summary Log for the Month of January 2020," was provided by the administration on 10/21/2021 at 2:06 p.m. The summarized document indicated the last complaint investigated and documented was on 1/23/2020. 3. An interview with the administrator on 10/19/2021 at 2:10 p.m. was completed with the administrator. The administrator confirmed that complaints have not been investigated or documented with resolutions since January of 2020.	G0484		

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G0484	Continued from page 5 When asked who receives the complaints, the administrator indicated that the schedulers receive those calls. Indicated that most complaints are related to the home health aides and the schedulers resolve the complaints. Unable to provide documentation of complaints since January of 2020. Confirmed the schedulers do not complete a log for tracking, administrator would have to scan through all phone calls received to identify which calls were complaints. 17-12-3(c)(2)	G0484		
G0514	RN performs assessment CFR(s): 484.55(a)(1) A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician or allowed practitioner - ordered start of care date. This ELEMENT is NOT MET as evidenced by: Based on record review and interview the agency failed to ensure that the initial assessment was completed within 48 hours of a referral in 4 of 7 patients reviewed. (Patient 2, 3, 4, and 5) Findings Include: 1. A policy titled, "Assessments," dated 7/2020 was provided by the administrator on 10/21/2021 at 11:38 a.m. The policy indicated but was not limited to, "The initial assessment will be performed by a RN (registered nurse) for patients receiving nursing only services or nursing and therapy (unless therapy case only), within 48 hours of the patient's referral, discharge from a facility to home or specific date specified by the MD (medical doctor). It will be completed timely, no later than 5 calendar days after the SOC (start of care)." 2. The clinical record for Patient 2 was reviewed on 10/19/2021 for certification period 9/22/2021--11/20/2021. SOC (start of care) date 9/22/2021. Referral date 9/9/2021.	G0514		

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G0514	Continued from page 6 Initial/Comprehensive/OASIS assessment completed on 9/22/2021 at 9:00 a.m. 3. The clinical record for Patient 3 was reviewed on 10/20/2021 for certification period 9/30/2021--11/28/2021. SOC (start of care) date 9/30/2021. Referral date 9/8/2021. Initial/Comprehensive/OASIS assessment completed on 9/30/2021 at 12:45 p.m. 4. The clinical record for Patient 4 was reviewed on 10/21/2021 for the certification period 8/1/2017--9/29/2021. SOC date 6/23/2017. Referral date was unknown. Initial/Comprehensive/OASIS assessment completion date was unknown. 5. The clinical record for Patient 5 was reviewed on 10/19/2021 for the certification period 9/22/2021--11/20/2021. SOC date 10/13/2017. Referral date unknown. Initial/Comprehensive/OASIS assessment completion date is unknown. 6. During an interview on 10/22/2021 at 11:30 a.m. the administrator confirmed a late SOC date from the initial order received for services for Patient 3. Indicated delay due to awaiting insurance approval and confirmed that MD should have been notified and new order obtained. Indicated that Patient 4 and 5 had missing contents in the chart including missing referral orders from the physician as well as the initial assessment, the initial comprehensive assessment, and the initial OASIS assessments. Indicated that the three assessments are all incorporated into one assessment and are to be completed within 48 hours of referral. Indicated missing items were not uploaded from the old EMR (electronic medical record) to the new EMR and no longer has access to old EMR to obtain information needed. 17-14-1(a)(1)(A)	G0514		
G0578	Conformance with physician orders CFR(s): 484.60(b) Standard: Conformance with physician or allowed practitioner orders. This STANDARD is NOT MET as evidenced by: Based on record review and interview the agency failed to follow and clarify physician orders at the start of care in 1 of 7 patients reviewed.	G0578		

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G0578	Continued from page 7 (Patient 1) Findings Include: 1. A policy titled, "Admission Policy/Approved Treatments," dated 7/2020 was provided by the administrator on 10/22/2021 at 12:13 p.m. The policy indicated, but was not limited to, "Incoming referrals where the ordered discipline(s) is not offered by the agency or unavailable shall be referred to other agencies." ... "Care/Service Limitations: Patient intakes will be reviewed on a case by case basis to determine if the needs of the patient can be met. If the needs of the patient cannot be met the patient will be referred to another agency that can provide the services." 2. A document titled, "Admission Record," was provided by the clinic manager on 10/22/2021 at 12:01 p.m., regarding Patient 1. The document indicated but was not limited to, "May discharge home with home care and PT(physical therapy)/OT (occupational therapy) evaluation and treatment." 3. An interview with the administrator was completed on 10/19/2021 at 10:52 a.m. The administrator indicated that OT services were not provided by the agency for Patient 1 and that the order received should have been clarified with the physician prior to admitting the patient. Confirmed that this was not done and that a new order for PT only was not obtained.	G0578		
G0682	Infection Prevention CFR(s): 484.70(a) Standard: Infection Prevention. The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. This STANDARD is NOT MET as evidenced by: Based on observations, record reviews, and interviews the agency failed to screen and document signs and symptoms of COVID-19 for patients, visitors, and staff members. This deficient practice had the potential to affect all patients.	G0682		

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G0682	<p>Continued from page 8 Findings include:</p> <p>1. A policy titled, "Pandemic Infectious Disease Policy," was provided by the administrator on 10/19/2021 at 1:06 p.m. The policy indicated but was not limited to, "When making a home visit, organizations will identify patients at risk for having COVID-19 infections before or immediately upon arrival to the home. Organizations will ask the patients the following: A. Has the patient traveled internationally within the last fourteen (14) days to countries with sustained community transmission" ... "B. Does the patient have signs or symptoms of a respiratory infection? Clinical criteria for identifying patients with COVID-19 include: 1. Fever 2. Cough 3. Dyspnea 4. Sore throat 5. Other symptoms as recognized by the government" ... "C. In the past fourteen 14 days, has the patient had contact with someone who or is under investigation for COVID-19, or are ill with a respiratory illness? D. Does the patient reside in a community where community-based spread of COVID-19 is occurring?"</p> <p>2. A policy titled, "COVID-19 Health Care Professional (HCP) Policy," updated 6/1/2020 was provided by the administrator on 10/19/2021 at 1:06 p.m. The policy indicated but was not limited to, "Home health aides are required to complete self-screen documentation in the Generations EMR (electronic medical record) mobile app--Telephony in order to be able to clock into each shift. Licensed clinical staff (RN-registered nurse, LPN-licensed practical nurse, PT-physical therapist, PTA-physical therapy assistant, OT--occupational therapist, OTA-occupational therapy assistant, and ST-speech therapist) will self screen daily and document using Axxess mobile app COVID Screening Tool."</p> <p>3. During an observation on 10/18/2021 at 9:30 a.m. surveyor entered agency and was not screened for COVID-19. On 10/19/2021 at 9:30 a.m. surveyor entered agency, administrator pretended to take surveyor's temperature using a hand gesture and asked if I had symptoms of COVID-19. Noted COVID-19 documentation clipboard for visitors on table upon entry, but information was not documented. On 10/22/2021 at 11:30 a.m. upon entering agency no COVID-19 screening was completed.</p> <p>4. During an interview on 10/20/2021 at 1:05 p.m. the administrator indicated that clinical staff</p>	G0682		

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G0682	Continued from page 9 are not always documenting a self-screen for COVID-19 prior to each shift. Indicated that home health aides are to screen in the app in Generations, the electronic medical record, prior to clocking in for each shift, however, at some point this feature was accidentally deactivated. Unsure of when this happened but appears to be greater than 1 month ago. The administrator was not notified by any home health aides that this feature was no longer available and this issue was addressed and resolved during the survey process. Licensed clinical staff (RN, LPN, PT) are to self-screen and record prior to each shift in Axxess, the electronic medical record. Confirmed that staff are not using this tool per policy, and not always recording symptoms of lack of symptoms prior to each shift. 5. During a home visit with Patient 1, an interview was completed with Employee B on 10/19/2021 at 4:50 p.m. Employee B confirmed that he did not screen for COVID-19 on Patient 1 because she has been vaccinated. Confirmed that he completes a self-screen for COVID-19 daily, however, this is not documented. He is aware of the screening tool in the electronic medical record and indicated that the nurses are responsible for filling it out. 17-12-1(m)	G0682		
G0800	Services provided by HH aide CFR(s): 484.80(g)(2) A home health aide provides services that are: (i) Ordered by the physician or allowed practitioner; (ii) Included in the plan of care; (iii) Permitted to be performed under state law; and (iv) Consistent with the home health aide training. This ELEMENT is NOT MET as evidenced by: Based on record review and interview the agency failed to complete physician ordered HHA (home health aide) visits in 2 of 7 patients reviewed. (Patient 4 and 5)	G0800		

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G0800	<p>Continued from page 10</p> <p>Findings include:</p> <p>1. A policy titled, "Interruption in Services/Missed Visits," was provided by the administrator on 10/19/2021 at 12:33 p.m. The policy indicated, but was not limited to, "If the Agency admits patients with needs that require care or services to be delivered at specific times of parts of the day, the Agency shall ensure qualified staff in sufficient quantity are employed by the agency or have other effective back-up plans to ensure the needs of the patient is met." ... "Missed Visit Process: When a missed visit occurs, a missed visit form is completed to clarify/explain why visits have not occurred." ... "All documentation will be filed in the patient chart."</p> <p>2. Record review on 10/21/2021 for Patient 4, certification period of 8/1/2021—9/29/2021, SOC (start of care) date 6/23/2017 was reviewed. The physician ordered HHA visits 3 hours a day, once weekly. The document titled, "Schedules for Patient 4, visits by all Caregivers," indicated a missed visit on 8/24/2021 by the HHA.</p> <p>During an interview with the administrator on 10/22/2021 at 11:35 a.m. documentation for missed HHA visit for Patient 4 on 8/24/2021 was requested. The administrator confirmed missed visit documentation was not present in the clinical record</p> <p>3. Record review on 10/19/2021 for Patient 5, certification period of 9/22/2021—11/20/2021, SOC (start of care) date 10/13/2017 was reviewed. The physician ordered home health aide visits 12 hours a day, 7 days a week. The document titled, "Schedules for Patient 5, visits by all Caregivers," indicated the following:</p> <p>On 9/25/2021, HHA visit x10 hours. (10:00 a.m.—8:00 p.m.)</p> <p>On 9/26/2021, HHA visit x10 hours. (10:00 a.m.—8:00 p.m.)</p> <p>On 9/27/2021, HHA visit x6 hours. (2:00 p.m.—8:00 p.m.)</p> <p>On 10/3/2021, HHA visit x11.25 hours. (8:45 a.m.—8:00 p.m.)</p>	G0800		

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(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
G0800	Continued from page 11 On 10/5/2021, no HHA visit for the day. On 10/6/2021, no HHA visit for the day. On 10/8/2021, no HHA visit for the day. On 10/9/2021, no HHA visit for the day. On 10/10/2021, no HHA visit for the day. On 10/11/2021, no HHA visit for the day. On 10/12/2021, no HHA visit for the day. On 10/13/2021, no HHA visit for the day. On 10/14/2021, HHA visit x6 hours. (2:00 p.m.—8:00 p.m.) On 10/13/2021, no HHA visit for the day. On 10/17/2021, no HHA visit for the day. On 10/18/2021, no HHA visit for the day. On 10/19/2021, HHA visit x6 hours. (2:00 p.m.—8:00 p.m.) An interview with the administrator on 10/20/2021 at 2:33 p.m. indicated that there was a note in the clinical record on 10/7/2021 at 2:17 p.m. that indicated that the mother of the patient was notified that all the caregivers have been sick but can send someone out today. The mother refused, didn't want this HHA to get sick. Agreed to clean the home before HHA's return. The administrator agreed that no further note was put into the patient's chart indicating when HHA services would resume. No hold orders except for the day of 10/7/2021.	G0800		
G0804	Aides are members of interdisciplinary team CFR(s): 484.80(g)(4) Home health aides must be members of the interdisciplinary team, must report changes in the patient's condition to a registered nurse or other appropriate skilled professional, and must complete appropriate records in compliance with the HHA's policies and procedures. This ELEMENT is NOT MET as evidenced by:	G0804		

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G0804	<p>Continued from page 12 Based on record review and interview the agency failed to ensure that HHA (home health aides) were documenting completed tasks as ordered by the physician in the plan of care for 3 of 7 records reviewed. (Patient 2, 4, and 5)</p> <p>Findings include:</p> <p>1. A policy titled, "Home Health Aide: Documentation," was provided by the administrator on 10/22/2021 at 12:13 p.m. The policy indicated but was not limited to, "Policy: Home health aides will document care/services provided on the home health aide charting form. Purpose: To provide documentation of care performed by the home health aide on each visit. To provide documentation of the home health aide's observations on each visit and evidence of client progress towards goals. To provide documentation that will identify the ongoing need for the home health aide services. Special Instructions: The home health aide shall utilize the appropriate home health aide flow sheet or charting form to document services rendered to the client. The home health aide shall be responsible for reporting any changes in the client's condition or other pertinent observations to the supervising nurse/therapist. The designated Registered nurse/Therapist or designated person is responsible for reviewing the home health aide's charting before it is placed in the chart. The original documentation shall be filed in the clinical record within seven (7) days of the end of the recording period."</p> <p>2. Record review for Patient 2 was completed on 10/18/2021, SOC (start of care) 9/22/2021, certification period 9/22/2021--11/20/2021. Missing and/or Incomplete home health aide documentation throughout the certification period found during record review.</p> <p>3. Record review for Patint 4 was completed on 10/21/2021, SOC 6/23/2017, certification period 8/1/2021--9/29/2021. Missing and/or incomplete home health aide documentation throughout the certification period found during record review.</p> <p>4. Record review for Patient 5 was completed on 10/19/2021, SOC 10/13/2017, certification period 9/22/2021--11/20/2021. Missing and/or incomplete home health aide documentation throughout the certification period found during record review.</p> <p>5. During an interview on 10/21/2021 at 2:30 p.m.,</p>	G0804		

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G0804	Continued from page 13 the administrator confirmed that there is frequent home health aide documentation not being completed per policy. Indicated that this feature was deactivated by accident by another staff member, not allowing home health aides to document tasks. Confirmed the timeframe of home health aide's inability to document tasks performed on patients is unknown as she was not aware of the problem until found with surveyor's record review, but is working to have this issue resolved. Denied neither the home health aide's bringing this issue to her attention nor the supervising nurse.	G0804		