

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 12/14/2021
NAME OF PROVIDER OR SUPPLIER INDIANA SIGNAL HEALTH GROUP SKIL			STREET ADDRESS, CITY, STATE, ZIP CODE 2013 CHESTER BLVD , RICHMOND, Indiana, 47374	
(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
G0000	INITIAL COMMENTS This visit was for a federal complaint investigation of a Home Health Agency. Complaint 61362 - substantiated with findings Facility #: 013593 Dates of Survey: 12/13/2021--12/14/2021 This deficiency reflects State Findings cited in accordance with 410 IAC 17.QR completed 1/3/2021 A4	G0000		
G0454	HHA can no longer meet the patient's needs CFR(s): 484.50(d)(1) The transfer or discharge is necessary for the patient's welfare because the HHA and the physician or allowed practitioner, who is responsible for the home health 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; This ELEMENT is NOT MET as evidenced by: Based on record review and interviews the agency failed to arrange a safe and appropriate transfer to other home health agencies in 1 of 5 records reviewed. (Patient 2) Findings Include: 1. A policy titled, "Discharge/Reduction in Services," dated 7/2020 was provided by Employee B on 12/13/2021. The policy indicated but was not limited to, "e. Discharge instructions will be provided: i. Discharge planning will identify needs the patient may have. ii. Arrangements for such services will be coordinated by our Agency when applicable. For a patient requiring continued	G0454		

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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G0454	<p>Continued from page 1 care, assistance will be provided to the patient and family/caregiver in order to manage continuing care needs after Agency services are discontinued, i.e., referrals for services." 2. The clinical record for Patient 2 was reviewed on 12/13/2021 for the certification period 10/2/2021—11/30/2021, SOC (start of care) date 10/7/2020. The record indicated the following:</p> <p>A document titled, "Home Health Discharge Summary," dated 10/25/2021 was provided by Employee C on 12/13/2021 at 2:33 p.m. The document indicated but was not limited to, "Narrative: Pt (patient) received SN (skilled nursing) visits for monthly foley cath (catheter used to collect urine inserted through the urethra and into the bladder) changes. Pt funding no longer covering services. Pts daughter who is an RN (registered nurse) lives with the patient and is able to assume responsibility." A document titled, "Communication Note," dated 10/22/2021 was provided by Employee C on 12/13/2021 at 2:33 p.m. The document indicated but was not limited to, "Called daughter Alexis explained that patient's insurance is not covering home care services and that we have to discharge from care effective today. Private pay offered. Daughter will let us know if she is interested in private pay." A document titled, "Communication Note," dated 10/26/2021 was provided by Employee C on 12/13/2021 at 2:33 p.m. The document indicated but was not limited to, "Spoke with patient's daughter/POA (power of attorney) and explained that insurance is rejecting her mother's claim, I reviewed the insurance information with her and discussed her private pay options and quoted her prices, she stated she can not afford at this time." 3. An interview was completed with Employee B on 12/13/2021 at 2:38 p.m. Employee B was unaware that discharged patients needing continued home health services require a referral to other home health agencies to continue services needed. Indicated that Patient 2 was offered private pay services. Indicated that Patient 5's daughter lives with the patient, is a registered nurse who was previously employed with Indiana Signal Home Group, and would be taking over the urinary catheter changes needed monthly. 4. An interview was completed with Patient 2's caregiver on 12/14/2021 at 9:55 a.m. Patient 2's caregiver confirmed notice of discharge the same day of discharge, effective immediately via phone call. Denied referral to any other home health agency by Indiana Signal Health Group. Was offered private pay, unable to afford it. Indicated unable to</p>	G0454		

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G0454	Continued from page 2 complete Patient 2's urinary catheter changes monthly due to inability to have supplies shipped to the home. Indicated Patient 2 has been transported to the Emergency Department monthly to have service completed.	G0454		