STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	200034260A	A. BUILDING B. WING	09/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCENTCARE HOME HEALTH OF INDIANA	11037 BROADWAY, SUITE C, CROWN POINT, IN, 46307

(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
N0000	Initial Comments This visit was for a State Re-licensure Survey of a Home Health provider. Survey Dates: 9/21/2022, 9/22/2022, 9/23/2022, 9/26/2022, 9/27/2022. Census: 39 Accentcare of Indiana home health agency was found to be in compliance with 410 IAC 17 in regard to a revisit to a relicensure survey.	N0000	No action item needed.	2022-11-04

G0000	INITIAL COMMENTS This visit was for a second Post Condition Revisit of a Federal Recertification Survey and State Re-licensure Survey for a home health agency conducted 5/17/2022. Survey Dates: 9/21/2022, 9/22/2022, 9/23/2022, 9/26/2022, and 9/27/2022. Census: 39 This deficiency report reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State Findings. During this visit, Condition of participation 42 CFR 484.60 Care Planning, coordination of services, and quality of care. In addition, 29 standard deficiencies were corrected and no new standard deficiencies were cited.	G0000	No action item needed.	2022-11-04

	During this Federal Post Condition Revisit Survey, Accentcare Home Health of Indiana was found to be in compliance with: 42 CFR 484.60 Condition of participation: Care Planning, coordination of services, and quality of care. Based on the Condition-level deficiencies during the 5/17/2022 survey, your home health agency was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on 8/5/2022. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency is precluded from operating or being the site of a home health aide training, skills competency, and/or competency evaluation programs for a period of two years beginning 5/17/2022 and continuing through 5/16/2024. Quality Review Completed 10/18/2022			
E0000	Initial Comments	E0000	No action item needed.	2022-11-04

	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102. Survey Dates: : 9/21/2022, 9/22/2022, 9/23/2022, 9/26/2022, and 9/27/2022. Census: 39 At this Emergency Preparedness survey, Accentcare Home Health of Indiana was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.			
G0484	Document complaint and resolution 484.50(e)(1)(ii) (ii) Document both the existence of the complaint and the resolution of the complaint; and During this survey, the Indiana Department of Health was unable to determine if complaint/resolution was	G0484	The administrator/designee will document both the existence of the complaint and the resolution of the complaint. **ImmediateAction:** The administrator/designee will review allclients in agency by 11/04/22 for compliance with	2022-11-04

	documented as the agency did not have complaints logged since the exit date of the post condition revisit survey on 8/5/2022. During an interview on 9/27/2022, at 11:54 AM, administrator #1indicated if a complaint was made, it would be documented in a report and investigated thoroughly. Administrator #1 indicated the resolution would be documented on the complaint report.		Investigation of Complaintsmade and resolution will be documented in the patient's QI section of theirmedical record. Provide clinical re- training as indicated to include thefollowing topic by 11/04/22: a. HCHB job aide for enteringconcern/complaints **Systemic change:** The clinical manager will ensureconcern/complaints are resolved effectively by reviewing each in the EMR,following up with the complainant, resolving the concern and communicating withthe complainant of the resolution. Theclinical manager will run the QI report from HCHB weekly to ensure allconcern/complaints are addressed per policy. Continued non-compliance withpolicies will be reported to the Administrator for further disciplinary actionas appropriate.	

			Monitoring: The administrator/designee will ensure 100%of QI summary reports of active patients will be audited for no less thanweekly for 60 days to ensure that the patient/caregiver complaints aredocumented and resolved within the patient's medical record until 100%threshold is met. Following the abovestated audit, this indicator will become a regular part of the quarterly auditprocess for the Quality Assurance Performance Improvement (QAPI) Program. Audit results to be tracked, trended, sharedwith agency leadership, and reported to the QAPI committee on a quarterlybasis. After the audit threshold is achieved compliance will be monitoredthrough the quarterly QAPI Clinical Record review and reported to PAC forreview and recommendations.	
G0536	A review of all current medications 484.55(c)(5) A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions,	G0536	To demonstrate the commitment tocompliance and provide immediate correction, the Agency Administrator/designee will ensureClinical Staff are	2022-11-04

	including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. Based on observation, record review and interview, the agency failed to ensure each patient had a current medication review for 1 of 2 home visits, from a total sample of 7 clinical records reviewed. (#1) The findings include: Record review evidenced an agency policy titled "MEDICATION PROFILE, REVIEW AND REPORTING OF FINDINGS" revised 2/15/2022, which stated "PURPOSE: …To identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy … PROCEDURES: … 1. The qualified clinician, as part of the comprehensive assessment process at admission or resumption of care, completes a Medication Profile for every patient by reviewing the hospital discharge medication list, if available, and reviewing with the patient/family the medications, over-the-counter medications, supplements and/or herbs the patient reports		compliant with documentation/review of medication profile toinclude complete medication reconciliation, drug interactions, duplicativetherapy, and appropriate physician notification. **ImmediateActions:** The administrator/designee will reviewpatient #1 if still active by 11/04/22, and all clients that could be affected willhave medication reconciliation completed by a qualifying clinician with notificationof physician of inconsistencies and then prepare an updated medication list by 11/04/22. Schedule visit to the patient's homewill be completed to ensure that the agency's medication profile includespatient's current medications. Physicianwill be notified of all medication changes/discrepancies. The Clinical Supervisor/Clinical Manager willensure that timely contact with the physician is documented in the	

	taking to determine the current medication profile and patient understanding the actions of the medication and to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy ... 2. All medications, including over-the-counter, topicals, IV /flushes, herbal or nutritional supplements, and/or home remedies, are documented on the Medication Profile ... 3. The Medication Profile is kept in the medical record and made accessible to all staff involved in the patient's care ...." An observation of a home visit was conducted on 9/22/2022, at 9:02 AM, with physical therapist (PT) #1, and patient #1, start of care 8/27/2022, for a PT reassessment. At 10:02 AM, a medication review was conducted, and the patient located a large dark colored bag from the pantry, a paisley bag on the floor next to the couch, and a few medications from a China cabinet in the dining area. Review of the		clinicalrecord by 11/04/22 **Systemicchange**: The Clinical Supervisor/Clinical Manager will ensure the medicationprofile was compared to the Plan of Care/ 485; ensuring all medications areaccurately and completely documented on the medication profile. All physiciannotifications of these medication issues will be validated during Plan of Carereview and ongoing orders management process via clinical manager workflow andrecord review by 11/04/22. Medicationchanges and Plan of Care changes will be printed and mailed to the patientshome daily and monitored by the administrator/designee weekly. Continuednon-compliance with policies will be reported to the Administrator for furtherdisciplinary action as appropriate. **Monitoring:** 100% medication reconciliationreview of active census with focus communication to relevant physician of anyidentified	

	medications revealed nitroglycerin (used to treat or prevent chest pain), Ondansetron (anti-nausea medication), Diclofenac topical gel (used to relieve arthritis pain in the joints) and Nystatin powder (treats fungal and yeast infections of the skin) could not be located within the patient's home; Tizanidine (can treat muscle spasms), an over-the-counter powder labeled "Medicated Body Powder", and a small white bottle labeled "Sleep Aid" which were found in the home but not on the medication list. Observation failed to evidence all medications taken by the patient were included in the agency's current medication list. Observation failed to evidence all medications on the patient's list were in the home. Clinical record review evidenced an agency document titled "Client Medication Report" retrieved from administrator #1 on 9/21/2022. This document listed the patient's scheduled medications which included Diclofenac topical gel, Hemorrhoidal suppository, Nitrostat (Nitroglycerin), and Ondansetron. Record review		medication discrepancies and tracked daily by a member of theclinical operating team. Medication reconciliation process will be repeatedcontinually until accuracy meets 100% threshold.	

	failed to evidence the medication list was not kept current. During an interview on 9/22/2022, at 10:06 AM, patient #1 indicated the nitroglycerin was left at their former home and their doctor was aware they were using the over-the-counter medicated body powder instead of the prescribed Nystatin powder. Patient #1 also indicated they had been taking Tizanidine as needed for years, but recently became a scheduled medication. During an interview on 9/21/2022, at 9:43 AM, administrator #1 indicated the agency conducts a medication review at every start of care, recertification, and at every visit.			
G0538	Primary caregiver(s), if any 484.55(c)(6)(i,ii) The patient's primary caregiver(s), if any, and other available supports, including their: (i) Willingness and ability to provide care, and (ii) Availability and schedules; Based on record review and	G0538	Thepatient's primary caregiver(s), if any, and other available supports, includingtheir: (i) Willingness and ability to provide care, and (ii) Availability andschedules. **Immediate Actions:**	2022-11-04

	interview, the home health agency failed to ensure caregiver information was retrieved and documented at all comprehensive assessments for 1 of 1 clinical record reviewed where physical therapy was the only service provided. (#4) The findings include: Record review evidenced an agency policy titled "CARE PLANNING, COORDINATION AND ASSESSMENT PROCESS" revised 7/25/2022, which stated "POLICY**:** It is the policy of this Agency to begin the care planning process upon the admission of the patient to service and to continue to involve the patient and/or caregiver, to the extent possible, in the planning of care, in changes to the plan of care and continuing involvement in the care planning process through discharge ... PROCEDURE: ... 10. The comprehensive assessment includes the following components: ... c. The patient's primary caregiver(s), if any, and other available supports, including their: (i) Willingness and ability to provide care, and (ii) Availability and schedules ...." Clinical record review on 9/27/2022, for patient #4, start		The administrator/designee will reviewpatient # 4, if still active and all other clients that could be affected to ensure that primary caregivers are identified as indicated duringeach comprehensive assessment completed. The Agency Administrator/designee willconduct re-training with all clinical and supervisory staff as indicated regardingpolicies by 11/04/22: a. HH 2.1.4 Care Planning and Coordination **Systemic Changes:** 1. The clinical manager will review the plan of care and subsequentorders to ensure the plan is individualized for the patient including theidentification of caregivers as applicable. 2. The clinical manager will ensure all admissions/recertifications/resumptionsare reviewed with the clinician during the Assessment report.	

	of care 9/13/2022, evidenced an agency document titled "Visit Note Report" that stated "Visit Type: ... PT OASIS ADMISSION...." Which was electronically signed by physical therapist (PT) #2. This document failed to evidence a caregiver type, availability and schedule was assessed. During an interview on 9/27/2022, at 11:55 AM, administrator #1indicated the clinician performing the start of care admission assessment would be responsible for documentation of caregiver availability.		**3.** The clinical manager will ensureall patients are care conferenced at admission/recertification/resumptions andwhen there is a significant change in condition**.** 4. The clinical manager will manage daily workflow tasks in the EMR toensure all patient orders/tasks/collaborations are completed daily. 5. Continued non-compliance with policies will be reported to theAdministrator for further disciplinary action as appropriate. **Monitoring** The Administrator or designee to review a 15% ofactive patient clinical records each quarter for compliance until 100%threshold is met. Clinical record reviewresults will be tabulated quarterly, and compliance threshold reported to andmonitored by the Administrator or designee, QAPI committee and the ProfessionalAdvisory Committee (PAC).	

G0614	Visit schedule 484.60(e)(1) Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA. Based on observation, record review, and interview, the home health agency failed to ensure a written visit schedule was provided to each patient for 1 of 2 patient where a home visit was conducted. (#2) The findings include: Record review evidenced an agency policy titled "CARE PLANNING, COORDINATION AND ASSESSMENT PROCESS" revised 7/25/2022, stated "... PROCEDURE ... 18. Patients are informed in advance of the frequency of visits, medication schedule including name, dose, and frequency of medications and medications to be administered by agency personnel, patient instructions and the care and treatment including therapy to be furnished, of any changes to be made in the frequency of visits or the care and treatment to be provided ...."	G0614	The administrator/designee willensure staff provide the patient/caregiver a home folder, a visit schedule,including frequency of visits by Agency staff and written instructions. **Immediate Action:** The administrator/designee willreview patient # 2, if still active by 11/04/22 and clients that could beaffected in agency by 11/04/22 andensure that the home folder contains a current visit schedule, includingfrequency of visits and written instructions. **Systemicchange:** The Administrator/designee will ensure that staffconduct a home folder audit for all patients to ensure the home folder containsa visit schedule by 11/04/22. Theclinical manager will instruct clinical staff to perform a home folder checkwith each visit to ensure the patient's schedule is accurate. Frequency changes and Plan of Care changeswill be printed and mailed to the patient's home daily and	2022-11-04

	An observation of a home visit was conducted on 9/22/2022, at 11:02 AM, with registered nurse (RN) #3, and patient #2, start of care 5/11/2022, for skilled nurse visit. At 11:22 AM, the patient's home folder which contained information provided by the agency failed to evidence a visit schedule was provided to the patient. During an interview on 9/22/2022, at 11:22 AM, RN #3 indicated a schedule was placed in the folder recently but will replace upon the next scheduled visit.		monitored by theadministrator/designee weekly. Continued non-compliance with policies will be reported to theAdministrator for further disciplinary action as appropriate. **Monitoring** The administrator/designee willensure review 15% of clinical records each quarter for compliance withappropriate notification of visit schedules to include frequencies and Agencystaff until 100% threshold is met. Clinical record review results will betabulated quarterly, and compliance threshold reported to and monitored by theAdministrator or designee, QAPI committee and the Professional AdvisoryCommittee (PAC).	
G0616	Patient medication schedule/instructions 484.60(e)(2) Patient medication schedule/instructions,	G0616	**Immediate Action:** The administrator/designee willreview Patient #1, if still active by 11/04/22 and patients	2022-11-04

	including: medication name, dosage and frequency and which medications will be administered by HHA personnel and personnel acting on behalf of the HHA. Based on observation, record review, and interview, the home health agency failed to ensure written list with instructions for all current medications for 1 of 2 patients where a home visit was conducted. (#1) The findings include: Record review evidenced an agency policy titled "CARE PLANNING, COORDINATION AND ASSESSMENT PROCESS" revised 7/25/2022, stated "... PROCEDURE ... 18. Patients are informed in advance of the frequency of visits, medication schedule including name, dose, and frequency of medications and medications to be administered by agency personnel, patient instructions and the care and treatment including therapy to be furnished, of any changes to be made in the frequency of visits or the care and treatment to be provided ...." An observation of a home visit was conducted on 9/22/2022, at 9:02 AM, with physical therapist (PT) #1, and patient #1, start of care 8/27/2022, for a PT		11/04/22 and ensure that the home folder contains a current andaccurate medication list that includes frequency, dose, reason, and route. **Systemicchange:** The Administrator/designee will ensure that staffconduct a home folder audit for all patients to ensure the home folder containsa current medication by 11/04/22. Theclinical manager will instruct clinical staff to perform a home folder checkwith each visit to ensure the patient's medication list is accurate. Medication changes and Plan of Care changeswill be printed and mailed to the patient's home daily and monitored by theadministrator/designee weekly. Continued non-compliance withpolicies will be reported to the Administrator for further disciplinary actionas appropriate. **Monitoring** The administrator/designee willensure review 15% of clinical records each quarter for	

	reassessment. At 10:25 AM, the patient's home folder provided by the agency and a review of current medications was conducted. The review revealed nitroglycerin (used to treat or prevent chest pain), Diclofenac topical gel (used to relieve arthritis pain in the joints) and Nystatin powder (treats fungal and yeast infections of the skin) were listed on the medication profile but could not be located within the patient's home; Tizanidine (can treat muscle spasms), an over-the-counter powder labeled "Medicated Body Powder", and a small white bottle labeled "Sleep Aid" were found in the home but not included on the medication list. Observation and review failed to evidence the medication list contained instructions for all current medications. During an interview on 9/22/2022, at 10:06 AM, patient #1 indicated the nitroglycerin was left at their former home and their doctor was aware they were using the over-the-counter medicated body powder instead of the prescribed Nystatin powder. Patient #1 also indicated they had been taking Tizanidine as		medicationaccuracy and home medication list until 100% threshold is met. Clinical record review results will betabulated quarterly, and compliance threshold reported to and monitored by theAdministrator or designee, QAPI committee and the Professional AdvisoryCommittee (PAC)	

	needed for years, but recently became a scheduled medication.			
G0716	Preparing clinical notes 484.75(b)(6) Preparing clinical notes; Based on record review and interview, the home health agency failed to ensure all skilled professionals documented accurate patient information for 2 of 3 active clinical records reviewed where physical therapy (PT) was provided. (#1, #4) The findings include: 1. Record review evidenced an agency policy titled "CARE PLANNING, COORDINATION AND ASSESSMENT PROCESS" revised 7/25/2022, stated "POLICY**:** It is the policy of this Agency to begin the care planning process upon the admission of the patient to service and to continue to involve the patient and/or caregiver, to the extent possible, in the planning of care, in changes to the plan of care and continuing involvement in the care planning process through	G0716	The Administrator/designee isresponsible for ensuring that professional clinical staff are compliant withStandard Preparing Clinical Notes 484.75(b)(6) following this corrective actionand monitoring plan. The Administratoris responsible that professional clinicians fulfill the responsibility toprepare clinical notes according to the standard and agency policies. **Immediate action:** The administrator/designee willreview patients #1, and 4, if still active by 11/04/22 and clients that couldbe affected to ensure that clinical notes are compliant with standard of care. **Systemic change:** The clinical manager will ensureall notes are complete/accurate and meet the standard of documentation withfocus attention to therapy	2022-11-04

	discharge ... PROCEDURE: ... 10. The comprehensive assessment includes the following components: ... h. Social Component: Identification of the responsible party, identification of an emergency contact, availability and capability of caregivers, language preference, communication strengths and barriers, literacy and language skills, patient's involvement with social and community resources ...." 2. An observation of a home visit was conducted on 9/22/2022, at 9:02 AM, with physical therapist (PT) #1, and patient #1, start of care 8/27/2022, and recently relocated to live with their child for more support. At 10:02 AM, a medication review was conducted, and the patient located a large dark colored bag from the pantry, a paisley bag on the floor next to the couch, and a few medications from a China cabinet next to the kitchen. Review of the medications revealed nitroglycerin (used to treat or prevent chest pain), Diclofenac topical gel (used to relieve arthritis pain in the joints) and		without the required documentation, the clinician is notified,and education is provided as indicated then the clinician is required to makerevisions to the note by following the correction policy. The clinical manager will ensureall clinicians are compliant and HR actions will be initiated as needed. **Monitoring:** The Administrator/designee will conduct 100% review ofadherence to the patients Plan of Care in subsequent visit notes until 100%threshold is met. Following the abovestated audit, this indicator will become a regular part of the quarterly auditprocess for the Quality Assurance Performance Improvement (QAPI) Program. The audit results will be tracked, trended,shared with agency leadership, and reported to the QAPI committee on aquarterly basis. After the audit threshold is achieved compliance will bemonitored through the quarterly QAPI Clinical Record review and reported to PACfor review and recommendations.	

	Nystatin powder (treats fungal and yeast infections of the skin) could not be located within the patient's home; Tizanidine (can treat muscle spasms), an over-the-counter powder labeled "Medicated Body Powder", and a small white bottle labeled "Sleep Aid" which were found in the home but not on the medication list. Clinical record review on 9/27/2022, for patient #1, primary diagnosis type 2 diabetes with polyneuropathy (damage to peripheral nerves causing pain, weakness, and numbness), evidenced an agency document titled "Visit Note Report" electronically signed by registered nurse (RN) #1 on 8/30/2022. An area subtitled "Narrative" stated "... Is going to leave with daughter today to stay with her ...." Record review evidenced agency documents titled "Visit Note Report" electronically signed by RN #2 on 9/2/2022 and 9/12/2022. This document had an area subtitled "Medications" which stated "Did you ask for all medication containers to be gathered? ... YES ... Were medication			

	discrepancies found? ... NO ...." Record review evidenced an agency document titled "Visit Note Report" electronically signed by RN #1 on 9/6/2022. This document had an area subtitled "Medications" which stated "Did you ask for all medication containers to be gathered? ... YES ... Were medication discrepancies found? ... NO ...." Record review evidenced agency documents titled "Visit Note Report" electronically signed by licensed practical nurse (LPN) #1 on 9/14/2022, 9/15/2022 and 9/20/2022. This document had an area subtitled "Medications" which stated "Did you ask for all medication containers to be gathered? ... YES ... Were medication discrepancies found? ... NO ...." Observation failed to evidence all medications arrived to the patient's new place of residence. Record review failed to evidence discrepancies in the patient's medication since relocating. Record review failed to evidence accurate documentation of medication reviews for all visit notes.			

	During an interview on 9/22/2022, at 10:06 AM, patient #1 indicated the nitroglycerin was left at their former home and their doctor was aware they were using the over-the-counter medicated body powder instead of the prescribed Nystatin powder. Patient #1 also indicated they had been taking Tizanidine as needed for years, but recently became a scheduled medication. During an interview on 9/27/222, at 11:51 AM, administrator #1 indicated the agency considered a complex medication regimen would include, but not limited to diabetic medications and polypharmacy (more than 5 medications). 3. Clinical record review on 9/27/2022, for patient #4, start of care 9/13/2022, evidenced an agency document titled "Visit Note Report" that stated "Visit Type: ... PT OASIS ADMISSION...." Which was electronically signed by PT #2 on 9/13/2022. This document had an area subtitled "Emergency Preparedness"			

	Location ... NA [not applicable] ....” This document failed to evidence a completed emergency preparedness assessment. During an interview on 9/27/2022, administrator #1indicated it did not appear to have the emergency preparedness completed.			
N9999	Final Observations Deficiency corrected 07/02/2022	N9999	Deficiency corrected07/02/2022. It would not let me enter the "date corrected" before the exit date. So, I entered the date the POC was submitted.	2022-10-21

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