

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

PRINTED: 07/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157436	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/19/2021
NAME OF PROVIDER OR SUPPLIER HRS HOME HEALTH OF INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
G 000	INITIAL COMMENTS This was a federal complaint investigation of a home health agency. Complaint # IN008882 - substantiated with findings Survey Dates: 7/15/2021, 7/16/2021, 7/19/2021 Facility ID: 157436 These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Refer to state form for additional state findings.	G 000			
G 414	Quality Reviewed 07/30/2021 HHA administrator contact information CFR(s): 484.50(a)(1)(ii) (ii) Contact information for the HHA administrator, including the administrator's name, business address, and business phone number in order to receive complaints. This ELEMENT is not met as evidenced by: Based on record review and interview, the home health agency failed to ensure each patient received the administrator contact information and business phone number for 1 of 2 home visits conducted, from a total sample of 3 clinical records reviewed. (#1) The findings include: An agency policy, number 9-005, titled "Bill of Rights" revised December 2019, stated "PURPOSE ... To encourage awareness of patient rates and provide guidelines to assist patients in making decisions regarding care Ann	G 414			

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 414	Continued From page 1 for active participation in planning ... POLICY ... Each patient will be an active, informed participant in his/her plan of care. To ensure this process, the patient will be empowered with certain rights in responsibilities as described ... PROCEDURE ... 2. The patient Bill of Rights statement defines the right of the patient to: ... W. The right to voice a complaint or concern regarding care or service. The availability of other sources to receive questions and complaints and assist in resolution...." Clinical record review on 7/19/2021, for patient #1, start of care 5/15/2021, diagnosis of multiple fractures in the lower extremities, back and wrist, evidenced an agency document titled "In Admission and Consent V2.1" which was signed by the patient and Registered Nurse (RN) D, on 5/21/2021. This document stated "Acknowledgment of Rights and Responsibilities ... I, the patient, have the right to: ... 28) The contact information for the agency administrator, including the administrators name, business address, and business phone numbers in order to receive complaints" During an interview on 7/16/2021 at 10:03 AM, patient #1 stated "I didn't get a book" and indicated they did not know how to call the agency, but can call PT (physical therapist) E, or clinical supervisor B's phone number. During an interview on 7/19/2021 at 1:18 PM, the administrator indicated they will provide the patient with another home folder with the administrator's contact information.	G 414			
G 444	State toll free HH telephone hotline CFR(s): 484.50(c)(9)	G 444			

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G 444	<p>Continued From page 2</p> <p>Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs.</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, the home health agency failed to ensure each patient was advised of the state toll free home health hotline, for 1 of 2 patients who recieved a home visit. (#1)</p> <p>The findings include:</p> <p>An agency policy, number 9-005, titled "Bill of Rights" revised December 2019, stated "PURPOSE ... To encourage awareness of patient rates and provide guidelines to assist patients in making decisions regarding care Ann for active participation in planning ... POLICY ... Each patient will be an active, informed participant in his/her plan of care. To ensure this process, the patient will be empowered with certain rights in responsibilities as described ... PROCEDURE ... 2. The patient Bill of Rights statement defines the right of the patient to: ... W. The right to voice a complaint or concern regarding care or service. The availability of other sources to receive questions and complaints and assist in resolution...."</p> <p>Clinical record review on 7/19/2021, for patient #1, start of care 5/15/2021, diagnosis of multiple fractures in the lower extremities, back and wrist, evidenced an agency document titled "In Admission and Consent V2.1" which was signed by the patient and Registered Nurse (RN) D, on 5/21/2021. This document stated "Acknowledgment of Rights and Responsibilities</p>	G 444		

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G 444	Continued From page 3 ... I, the patient, have the right to: ... 17) Receive in writing, prior to the start of care, the telephone numbers for the state home health hotline ... including hours of operation, and the purpose of the hotlines to receive complaints or questions about the organization...." During an interview on 7/16/2021, at 10:03 AM, patient #1 stated "I didn't get a book" and indicated they did not know there was a state home health hotline number to make complaints. During an interview on 7/19/2021 at 1:18 PM, the administrator and clinical supervisor were informed that during the home visit for patient #1, there failed to be evidence of a home folder with the required phone numbers to make complaints. The clinical supervisor indicated it was possible the patient lost it.	G 444			
G 534	17-12-3(b)(2)(C) Patient's needs CFR(s): 484.55(c)(4) The patient's medical, nursing, rehabilitative, social, and discharge planning needs; This ELEMENT is not met as evidenced by: Based on observation, record review and interview, the administrator failed to provide information for a medical social worker to ensure the patient's needs were met in 1 of 2 patient records reviewed, who received home visits. (#1) The findings include: An agency policy, number 1-006, titled "Admission Criteria and Process" revised December 2019, stated "PURPOSE ... To	G 534			

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G 534	<p>Continued From page 4</p> <p>establish standards and a process by which a patient can be evaluated and accepted for admission ... POLICY ... A patient will be accepted for care based on consideration. Consideration will be given to the adequacy and suitability of organization personnel, resources to provide the required services, and the reasonable expectation that the patient's medical, nursing, rehabilitative, and social needs can be adequately met in the patient's place of residence ... A patient will be transferred to other resources if the organization cannot meet his/her needs ... Once a patient is admitted to service, the organization is responsible for providing care and services within its financial and service capabilities, mission, and applicable law and regulations...."</p> <p>During an observation of a home visit on 7/16/2021 at 9:05 AM, with patient #1 and PT (physical therapist) E, it was observed the patient's wheelchair was too wide to fit through the patient's bedroom door. At 9:59 AM, Person B, a home health aide from entity A, assisted the patient into a Hoyer lift (lift mobility equipment that assists patient transfers by use of electric or hydraulic power), which was on wheels, suspended the patient a few feet off the ground, and was secured with a full body sling. Person B and PT E transported the patient from the bedroom, through the hallway, then into the patient's living room chair. This observation identified safety concerns for patient transfers.</p> <p>Clinical record review on 7/19/2021 for patient #1, start of care 5/15/2021, diagnosis of multiple fractures in the lower extremities, back and wrist, failed to evidence a medical social worker had been assigned to the patient. Review failed to evidence a referral, or an effort was made to</p>	G 534			

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G 534	Continued From page 5 provide a medical social worker, directly or indirectly furnished by the agency, to ensure all components of the patient's mobility needs were being met. During an interview on 7/16/2021 at 10:05 AM, patient #1 indicated family members and the home health aide from entity A have a system so the patient can sit outside, which consisted of pushing the patient in the Hoyer lift to the balcony door, lowered and "plopped" on the ground. The patient further indicated the caregivers drag the patient on the sling to the outdoor chair and pull them up. During an interview on 7/15/2021 at 12:11 PM, the administrator indicated the agency was currently looking for a medical social worker (MSW) to replace the last, who had recently resigned. During an interview on 7/19/2021 at 12:58 PM, when queried if the agency can refer a patient somewhere for MSW needs, the administrator indicated they could reach out to the social workers within their corporate agency for direction, and DME (durable medical equipment) can be coordinated in-house. During an interview on 7/19/2021 at 1:21 PM, clinical supervisor B indicated they ordered the Hoyer lift for patient #1, but should have had a social worker on the case to identify other safety needs.	G 534			
G 572	Plan of care CFR(s): 484.60(a)(1) Each patient must receive the home health	G 572			

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G 572	<p>Continued From page 6</p> <p>services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his or her state license, certification, or registration. If a physician or allowed practitioner refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician or allowed practitioner is consulted to approve additions or modifications to the original plan.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the home health agency failed to ensure the plan of care was followed to meet the individualized needs of the patient for 1 of 2 patients who reviewed skilled nursing, from a total sample of 3 clinical records reviewed. (#3)</p> <p>The findings include:</p> <p>An agency policy, number 1-003, titled "Physician Participation in Plan of Care" revised December 2019, stated, "Purpose ... To provide guidelines for the physician's participation in home health care services ... Policy ... A physician will direct the care of every home health care patient admitted for service. The attending physician will certify that medical, skilled, rehabilitative, and social services provided by the organization are medically necessary and meet the requirements to be covered by Medicare ... Procedure ... 1. Physician (or other authorized licensed independent practitioner) orders will be individualized, based on patient's needs, and include: ... C. medications to be administered and/ or monitored ... D. A description of equipment and related supplies provided by the</p>	G 572			

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G 572	<p>Continued From page 7</p> <p>organization ... E. A description of any medical, physical, psychosocial, or environmental precautions, limitations, and activities permitted...."</p> <p>Clinical record review on 7/19/2021 for patient #3, start of care 5/20/2021, diagnosis of type 2 diabetes with foot ulcer, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 5/20/2021 to 7/18/2021. This document had an area subtitled "Orders of Discipline and Treatments" which stated "... Skilled nurse to perform/teach wound care to left foot non-pressure ulcer cleanse wound with normal saline, pat dry, apply abd pad [high absorbency gauze] and wrap with kerlix [gauze used to wrap around an area of the body] using clean/aseptic technique"</p> <p>Review evidenced an agency document titled "Visit Note Report" which stated "Visit Type: ... RN [registered nurse] Oasis Admission ..." which was dated 5/20/2021. This document had an area subtitled "Wound Assessment" that stated "Wound Care Provided ... Wound remained with dressing" Review failed to evidence an assessment was completed to include the specific care provided to meet the patient's individualized needs as ordered on the plan of care.</p> <p>During an interview on 7/19/2021 at 12:56 PM, clinical supervisor B indicated all skilled nurse personnel would be trained to perform wound care and comprehensive assessments prior to seeing patients on their own.</p> <p>During an interview on 7/19/2021 at 1:54 PM, clinical supervisor B indicated a nurse should</p>	G 572			

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G 572	Continued From page 8 address and assess wound care, and document the treatment provided during a visit. The clinical supervisor failed to identify a wound treatment had been provided during the initial comprehensive assessment from 5/20/2021.	G 572			
G 574	17-13-1(a) Plan of care must include the following CFR(s): 484.60(a)(2)(i-xvi) The individualized plan of care must include the following: (i) All pertinent diagnoses; (ii) The patient's mental, psychosocial, and cognitive status; (iii) The types of services, supplies, and equipment required; (iv) The frequency and duration of visits to be made; (v) Prognosis; (vi) Rehabilitation potential; (vii) Functional limitations; (viii) Activities permitted; (ix) Nutritional requirements; (x) All medications and treatments; (xi) Safety measures to protect against injury; (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. (xiii) Patient and caregiver education and training to facilitate timely discharge; (xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient; (xv) Information related to any advanced directives; and (xvi) Any additional items the HHA or physician or	G 574			

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G 574	<p>Continued From page 9</p> <p>allowed practitioner may choose to include. This ELEMENT is not met as evidenced by: Based on observation, record review, and interview, the agency failed to include the supplies and equipment required, and all safety measures required to individualize the patient's plan of care for 1 of 2 patients that received a home visit, from a total sample of 3 clinical records reviewed. (#1)</p> <p>The findings include:</p> <p>An agency policy, number 1-003, titled "Physician Participation in Plan of Care" revised December 2019, stated, "Purpose ... To provide guidelines for the physician's participation in home health care services ... Policy ... A physician will direct the care of every home health care patient admitted for service. The attending physician will certify that medical, skilled, rehabilitative, and social services provided by the organization are medically necessary and meet the requirements to be covered by Medicare ... Procedure ... 1. Physician (or other authorized licensed independent practitioner) orders will be individualized, based on patient's needs, and include: ... C. medications to be administered and/ or monitored ... D. A description of equipment and related supplies provided by the organization ... E. A description of any medical, physical, psychosocial, or environmental precautions, limitations, and activities permitted...."</p> <p>An agency policy, number 6-042, titled "Contents of Clinical Record" revised December 2019, stated, "Purpose To outline the requirement and components of a clinical record ... Policy A clinical record will be maintained for each patient</p>	G 574			

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G 574	<p>Continued From page 10</p> <p>receiving care. The clinical record will contain sufficient information to identify the patient, describe the patient's problems and needs ... Procedure 1. The following information will be available in the clinical record for patients receiving skilled care: ... L. Safety measures to protect the patient from injury or harm ... HH. Medical equipment provided by the organization or related to care and service provided...."</p> <p>During an observation of a home visit on 7/16/2021, for patient #1 and PT (physical therapist) E, evidenced a wheelchair, a walker, and a Hoyer lift (equipment used to transfer patient's with the use of hydraulic lift) upon entrance at 9:05 AM. During the home visit at 9:29 AM, the patient was observed to be unsteady with a walker and the assistance of PT E and person B, from a sit to stand position. At 9:59 AM, the patient was observed being transferred from the patient's bedroom to the living room, because the wheelchair could not fit through the door to the patient's bedside. At 10:04 AM, the patient indicated they had a history of falls in the past and feels as they are getting stronger. The patient further indicated they cannot stand or walk on their own and spends their day in a bed or chair. The patient indicated they were worried about developing a blood clot.</p> <p>Clinical record review on 7/19/2021 for patient #1, start of care 5/15/2021, diagnosis of multiple fractures in the lower extremities, back and wrist, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 7/16/2021 to 9/11/2021. This document stated "DME [durable medical equipment] and Supplies: ... None ... Safety Measures: ... Clear Pathways, Emergency Plan,</p>	G 574			

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G 574	Continued From page 11 Standard Precautions" Review failed to evidence a walker, wheelchair, and Hoyer lift listed under DME and Supplies. Review failed to evidence fall precautions listed under Safety Measures to ensure patient safety. On 7/19/2021 at 1:18 PM, the administrator and clinical supervisor B were notified of the DME and Safety measures that failed to be listed on the plan of care, and remained silent.	G 574			
G 580	17-13-1(a)(1)(B) 17-13-1(a)(1)(C) 17-13-1(a)(1)(D)(iii) (xi) Only as ordered by a physician CFR(s): 484.60(b)(1) Drugs, services, and treatments are administered only as ordered by a physician or allowed practitioner. This ELEMENT is not met as evidenced by: Based on record review and interview, the home health agency failed to ensure the drugs and treatments administered to all patients were only as ordered by a physician for 2 of 2 patients who received a home visit, from a total of 3 clinical records reviewed. (#1, #2) The findings include: 1. An agency policy, revised December 2019, titled "Medication Profile" policy number 2-005, stated "Purpose To define the use of the medication profile in evaluating the patient's medication regimen ... Policy Patient receiving medications administered by the organization will have a current, accurate medication profile in the	G 580			

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G 580	Continued From page 12 clinical record ... Medication profiles will be updated for each change to reflect current medications, new, and/or discontinued medications ... Procedure 1. Upon admission to the organization, the admitting clinician will initiate a medication profile to document the current medication regimen ... 2. A drug regimen review will be performed at the time of admission, when updates to the comprehensive assessments are performed, when care is resumed after a patient has been placed on hold, and with the addition of a new medication... 3. During subsequent home visits, the medication profile will be used as a care planning and teaching guide to ensure that the patient and family/ caregiver as well as other clinicians understand the medication regimen. This includes, but will not be limited to: A. Using the medication profile to evaluate the use of medications in the home setting ... B. Using the medication profile to teach purpose of medication, dosages, routes, administration times, side effects, and contraindications ... C. Using the medication profile as a communication tool for other clinicians involved in the care ... 4. Each patient will receive appropriate written material for specific medications he/she is receiving. The material will contain information on actions of the medication ... and any special instructions when taking the specific medication ... 7. Deviations from taking medications as ordered will be documented in clinical notes, and the physician (or other authorized licensed independent practitioner) will be notified...." 2. Clinical record review on 7/19/2021 for patient #1, start of care 5/15/2021, diagnosis of multiple fractures in the lower extremities, back and wrist, evidenced an agency document titled "Home Health Certification and Plan of Care" for	G 580			

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G 580	<p>Continued From page 13</p> <p>certification period 7/14/2021 - 9/11/2021. This document had an area subtitled "Medications" which stated "Acetaminophen [Tylenol, mild pain reliever] ER [extended release] 650 MG [milligram] tablet ... every 4 hours/PRN [as needed] ... Hydrocodone [opioid pain reliever] 10 MG - Acetaminophen 325 MG tablet [Norco] ... every 4 hours/PRN" Review failed to evidence indications for when the patient was to take PRN medications.</p> <p>During an interview on 7/16/2021 at 10:05 AM, patient #1 indicated they do not take the Norco tablets every 4 hours, only prior to therapy or when needed for pain.</p> <p>3. Clinical record review on 7/19/2021 for patient #2, start of care 7/12/2021, diagnosis of partial amputation of the right hand, evidenced an agency document titled "Home Health Certification and Plan of Care" for certification period 7/12/2012 to 9/9/2021. This document had an area subtitled "Medications" which stated "Acetaminophen 325 MG Capsule ... 4 times daily/PRN ... Oxycodone [opioid pain medication] 5 MG Tablet ... Every 4 Hours ... " Review evidenced Oxycodone was scheduled to be administered every 4 hours, without parameters such as moderate to severe pain. Review failed to evidence indications for when to take PRN medications.</p> <p>During an interview on 7/16/2021 at 2:40 PM, patient #2 indicated their pain was controlled mainly by taking Tylenol regularly, as needed. The patient further indicated they only take the oxycodone prior to dressing changes and before the skilled nurse comes.</p>	G 580			

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G 580	Continued From page 14 During an interview on 7/19/2021 at 1:47 PM, clinical supervisor B was queried which reason should the patient take acetaminophen. The clinical supervisor indicated the order did not specify indications. The clinical supervisor indicated the oxycodone was ordered to take every 4 hours, without further specifications, such as PRN for pain.	G 580			
G 606	4. During an interview on 7/19/2021 at 12:55 PM, clinical supervisor B indicated parameters, times/frequencies, and indications should be included in PRN medication orders. Integrate all services CFR(s): 484.60(d)(3) Integrate services, whether services are provided directly or under arrangement, to assure the identification of patient needs and factors that could affect patient safety and treatment effectiveness and the coordination of care provided by all disciplines. This ELEMENT is not met as evidenced by: Based on observation, record review, and interview, the home health agency failed to ensure all outside services being provided to the patient was integrated into the patient's clinical plan of care for 1 of 2 patients who recieved a home visit. (#1) The findings include: An agency policy, revised December 2019, titled "Care/Service Coordination" policy number 1-004, stated "Purpose to ensure the coordination of services for each patient and to minimize the potential for missed, conflicting, or duplicated services ... Policy each patient will be assigned a	G 606			

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G 606	<p>Continued From page 15</p> <p>case manager upon admission by the clinical director or clinical supervisor. It will be the responsibility of the case manager to facilitate communication about changes in the patient status among assigned personnel ... Timely and ongoing communication is the responsibility of each team member and will be appropriate to the needs and abilities of the patient, and relevant to care/ service provided. The clinician/ technician will be responsible for facilitating communications about changes in the patient status among the assigned personnel ... Procedure ... 4. Care coordination will include, but not be limited to: ... I. Integration of services, weather services are provided directly or under arrangement, to assure the identification of patient needs and factors that could affect patient safety and treatment effectiveness and the coordination of care provided by all disciplines ... J. Coordination of care delivery to meet the patient's needs, and involve the patient representative, and caregivers, as appropriate, in the coordination of care activities ... 8. Written evidence of care coordination may be found in the plan of care/ service, case conference summary forms, clinical notes in the patients clinical record or interdisciplinary group meeting notes...."</p> <p>During an observation on 7/16/2021 at 9:15 AM, patient #1 introduced person B as the patient's home health aide. At 10:05 AM, person B indicated they worked for entity A, a home care agency, as a home health aide. This observation evidenced the agency shared a patient with another agency.</p> <p>During an interview on 7/15/2021 at 12:11 PM, administrator A indicated the home health agency did not share patients with any other agencies.</p>	G 606			

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G 606	Continued From page 16 During an interview on 7/19/2021 at 1:19 PM, clinical supervisor B indicated they did not provide the home health aide services, so they did not think it was necessary to be involved with it.	G 606		