

| 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 02/01/2023 | |
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| NAME OF PROVIDER OR SUPPLIER INDIANA SIGNAL HEALTH GROUP SKILLED INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 2013 CHESTER BLVD, RICHMOND, IN, 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 |
| E0000 | <p>Initial Comments</p> <p>This visit was for a Federal/State Complaint Survey (95557) that was fully extended.</p> <p>Survey Dates: January 25th, 26th, 27th, 30th, 31st and February 1st of 2023.</p> <p>Provider Number: 157681</p> <p>Census: 44</p> <p>At this survey, Indiana Signal Health Group Skilled Inc. found in compliance with 42 CFR 484.102 in regards to Emergency Preparedness Federal regulations.</p> <p>QR Completed 2/13-14/2023 A4</p> | E0000 | <p>E0000 Initial Comments</p> <ul style="list-style-type: none"> The Governing Body has appointed the Administrator to oversee the daily operations of the agency to ensure that all policies and regulations are followed through oversight of all daily functions of the agency, such as Emergency Preparedness, and the QAPI Program. The Administrator will ensure that all parts of the Plan of Correction are completed and processes that have been put in place are continued to ensure the following Condition level deficiencies do not reoccur in the future. The QAPI committee will review and update policies as needed and make recommendations to the Governing Body | 2023-02-24 |

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| | | | concerning changes to meet the Conditions of Participation, and State Regulations. | |
| G0000 | <p>INITIAL COMMENTS</p> <p>This visit was for a complaint investigation survey.</p> <p>Complaint #: 95557; substantiated with findings.</p> <p>Survey Dates: January 25th, 26th, 27th, 30th, 31st, and February 1st of 2023.</p> <p>A fully extended survey was announced on 1/26/2023 at 9:30 a.m.</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Refer to state form for additional state findings.</p> <p>An immediate jeopardy related to 484.80 Home Health Aide Services was identified and announced on 1/26/2023 at 9:30 a.m. and 484.55 Comprehensive Assessment of Patients was identified and announced on 1/30/2023 at 4:17 p.m. The agency's immediate jeopardy removal of immediacy plan and actions were determined to have</p> | G0000 | <p>G0000 Initial Comments</p> <ul style="list-style-type: none"> The Governing Body has appointed the Administrator of the agency to oversee all complaints, and to ensure that all complaints will be investigated with resolutions. The Administrator and all staff have been in-serviced on the preclusion of the agency from operating or being the site of home health aide training and or competency evaluation program for two years beginning 2/1/23 through 1-31-25. The agency has under contract an RN that will oversee the educational component for home health aide training and any home health aide competency or evaluation programs. The Governing Body has appointed the Administrator to oversee all office staff, and all field staff to ensure that all Conditions of Participation, and Indiana State Regulations, to participate in the | 2023-02-24 |

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| | <p>removed the immediacy component of the immediate jeopardy on 2/1/2023 at 4:07 p.m.</p> <p>Based on the Condition-level deficiencies identified during the 1/25/2023 - 2/1/2023 survey, Indiana Signal Health Group Skilled Inc., your home health agency was subject to an extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act, on 1/26/2023 at 9:30 a.m. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency is precluded from operating or being the site of home health aide training and/or competency evaluation program for two years beginning 2/1/2023 and continuing through 1/31/2025.</p> | | <p>Medicaid/Medicare programs are followed to ensure quality care to all patients of the agency.</p> <ul style="list-style-type: none"> The Administrator will ensure that continued training on the Conditions of Participation and State Regulations will be ongoing, through in-services, training or evaluation with the contracted RN, through weekly meetings, and case conference with field staff to discuss the care of each patient, and any changes in condition that could possibly affect the current health condition. Signal Health Group of Indiana endeavors to become compliant with all Conditions of Participation and all State Regulations. The processes that have been put in place through the results of this survey will ensure that these issues will not reoccur in the future. | |
| <p>N0000</p> | <p>Initial Comments</p> <p>This visit was for a State</p> | <p>N0000</p> | <p>N0000 Initial Comments</p> <ul style="list-style-type: none"> The Governing Body immediately appointed the CFO of the agency to oversee the complaint log, to ensure the | <p>2023-02-24</p> |

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| | <p>Complaint Survey.</p> <p>Complaint 95557 was substantiated with findings.</p> <p>Survey Dates: January 25th, 26th, 27th, 30th, 31st, and February 1st of 2023.</p> <p>Facility Number: 013593</p> <p>Census: 44</p> | | <p>Administrator of the agency investigates all complaints, and to ensure that all complaints have resolutions that are acceptable to the complainant. (on-going)</p> <ul style="list-style-type: none"> · Complaints will be brought to the QAPI committee for review during Quarterly meetings. · The CFO will immediately in-service the administrative staff on state regulations and agency policy to ensure administrative staff follow state regulation on new employee physical exams completed prior to first patient contact, the agency drug policy, and state regulation on drug screening of all employees upon hire, random drug testing and drug testing if there is a reasonable suspicion of illegal drug usage/incident involving a staff member. (Revised Policy attached) (new drug screen consent form attached) · The QAPI committee revised the drug policy and the drug screen consent form, and these were approved by the Governing Body. | |
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| | | | <ul style="list-style-type: none"> · A new employee "Personnel File Checklist Form" was created to ensure all state regulations and policy are followed before an employee has first patient contact, will require 2-person check, HR and CFO, CFO will tell HR when employee can be scheduled for first patient contact. The Governing Body Approved this new form. (Personnel File Checklist attached) · Signal Health Group of Indiana endeavors to become compliant with all State Regulations. The processes that have been put in place through the results of this survey will ensure that these issues will not reoccur in the future. | |
| <p>N0462</p> | <p>Home health agency administration/management</p> <p>410 IAC 17-12-1(h)</p> <p>Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.</p> | <p>N0462</p> | <p>N0462 Physical examination to ensure employee will not spread infectious or communicable disease.</p> <ul style="list-style-type: none"> · The Governing Body appointed the CFO to oversee HR and the hiring process, and is to ensure corrections have been made by February 24, 2023 · All current employee files | <p>2023-02-24</p> |

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| | <p>Based on record review and interview the agency failed to ensure that employees who would be providing direct patient contact had a physical examination completed by a physician or nurse practitioner prior to care provided via direct patient contact in 2 of 6 personnel records reviewed. (RN A and HHA F).</p> <p>Findings Include:</p> <p>A policy titled, "Hiring and Personnel Files," dated 7/2020 was provided by the Director of Indiana Signal Health Group Inc on 1/31/2023 at 3:14 p.m. The policy indicated but was not limited to, "Employee health records are filed separately from the general personnel file documents and are marked CONFIDENTIAL and will include" ... "Health statement on hire certifying free from communicable disease".</p> <p>An untitled document provided by the Director of Indiana Signal Health Group on 1/31/2023 at 4:38 p.m. indicated that RN A's first patient contact date was 6/13/2022 and HHA F's first</p> | | <p>will be reviewed to ensure a physical is present in the employee's file. If there is no physical form present in file, employee will be removed from the schedule until a physical form from a physician or NP is obtained stating the employee has no infectious or communicable disease. If a physical form cannot be found in the employee file, the employee will be notified that they will be removed from the schedule until a physical is obtained.</p> <ul style="list-style-type: none"> · HR will follow the Agencies Policy titled "Hiring and Personnel Files" and will be in-serviced on this policy, and thenew Personnel File Checklist Form, and the 2 check of the packet, by the CFO. · A new "Personnel File Management Checklist" will be created to include 2 checks before a new employee is released for first patient contact to ensure that all requirements are completed in the hiring process. HR will complete the first check and the CFO the second. The CFO will inform HR when the employee is available for first patient contact | |
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| <p>patient contact date was 10/3/2022.</p> <p>A document titled, "Employee Health Statement," provided by the CFO (Chief Financial Officer) on 1/31/2023 at 2:16 p.m. indicated that RN A was examined by a health professional and deemed free of communicable disease on 6/24/2022</p> <p>A document titled, "Employee Health Statement," provided by the CFO on 1/31/2023 at 2:16 p.m. indicated that HHA F was examined by a health professional and deemed free of communicable disease on 10/21/2022.</p> <p>An interview was completed with the CFO on 1/31/2023 at 2:12 p.m. The CFO agreed that RN A and HHA F had direct patient contact prior to having a physical examination deeming them free of communicable disease.</p> <p>An interview was completed with the Director of Indiana Skilled Nursing Inc. on 1/31/2023 at 3:13 p.m. Indicated after a discussion with the Human Resources Manager, Employee Q. Employee Q</p> | | <p>after ensuring that all requirements are completed in the hiring process and in the employee file, and to ensure that a physical form has been completed by a physician or nurse practitioner upon hire, stating the employee has no infectious or communicable diseases, no more than 180 days prior to first patient contact. (See Attached)</p> <ul style="list-style-type: none"> The QA committee will continue to monitor this process ongoing and make recommendations as needed for future review/changes. The second check Personnel File Management Checklist will ensure that all requirements are met for each employee upon hire to the agency before first patient contact. All Items will be completed by February 24, 2023.. | |
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| | <p>indicated being aware that employees were to have a physical upon hire, however, unaware of time frame to be completed.</p> | | | |
| <p>G0510</p> | <p>Comprehensive Assessment of Patients</p> <p>484.55</p> <p>Condition of participation: Comprehensive assessment of patients.</p> <p>Each patient must receive, and an HHA must provide, a patient-specific, comprehensive assessment. For Medicare beneficiaries, the HHA must verify the patient's eligibility for the Medicare home health benefit including homebound status, both at the time of the initial assessment visit and at the time of the comprehensive assessment.</p> <p>An Immediate Jeopardy related to 484.55 Comprehensive Assessment of Patients was identified and announced on 1/30/2023 at 4:17 p.m. The agency's second immediate jeopardy removal of immediacy plan and actions were determined to have removed the immediacy component of the immediate jeopardy on 2/1/2023 at 4:07 p.m.</p> <p>The Immediate Jeopardy began on 11/25/2023 when the nurse completed the recertification assessment date</p> | <p>G0510</p> | <p>G0510 Comprehensive Assessment of Patients</p> <p>Immediate action was taken to ensure all nursing visits by an LPN or RN are completed, with an in-person assessment by requiring all nursing staff to use the EVV verification at the patient's home to verify time in and time out for any skilled nursing visit, regardless, if the visit is non-billable or a billable visit.</p> <ul style="list-style-type: none"> · On January 31 action was taken against the RN, in question, in the form of a written employee discipline action. · Corrective Action taken with Employee is as follows: <ol style="list-style-type: none"> 1. At no time is it acceptable to chart on a visit in which the skilled nurse is not present or has not completed an in-person assessment of the patient. | <p>2023-02-24</p> |

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| <p>11/25/2022--1/23/2023, This assessment appeared to be copied and pasted from the previous recertification assessment dated 9/26/2022--11/24/2022 as it read exactly the same, word for word. An additional recertification assessment to begin on 1/24/2023, completed on 1/19/2023 was copied and pasted from the resumption of care assessment completed on 1/16/2023. The nurse indicated that the assessment for the resumption of care was completed in-person with an up-to-date assessment, however, admitted that the recertification assessment to begin on 1/24/2023 that was completed 1/18/2023 was copied and pasted and not in-person, not up to date.</p> <p>The cumulative effect of these systemic problems resulted in the agency's inability to ensure patients received appropriate care and services which could result in the agency not providing quality health care, thus being out of compliance with the Condition of Participation 42 CFR 484.55 Comprehensive Assessment.</p> | | <p>2. Employee has been in-serviced on Medicare Conditions of Participation for Recertification, Resumption of Caretime frames/agency policy requirements within the 5- day window. (policy C-7Assessments, policy C-48 POC, COP RegulationG572(484.60a1),G574 (484.60a2), G544(484.55(d), G546(484.55d1), G548(484.55d2)), G512 (484.55a), G514 (484.55a1)</p> <p>3. At no time is it acceptable to copyand paste any part of an assessment. Allassessment data must an in-person assessment and assessment must be relevant tothe patient's current health status and must be factual.</p> <p>4. Employee must clock in/out using theEVV verification system for all visits/assessments, including patient signatureor voice signature to verify the nurse was present at the assessment.</p> <p>5. Employee will be placed on 30,60,90-dayprobation with an evaluation completed at each time interval, and these will beplaced in the employee's</p> | |
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Based on record review and interview, the agency failed to ensure that an updated, in-person, patient-specific, comprehensive nursing assessment reflecting the patient's current health status was completed for 1 of 7 patients reviewed (Patient 1) (See G0518 and G0544), resulting in an Immediate Jeopardy finding at 484.55 Comprehensive Assessment of Patients. Based on record review and interview, the agency failed to ensure the registered nurse completed an initial assessment within 48 hours of the physician's ordered service (See G0514).

In regards to G0510, findings Include:

A policy titled, " Assessments," dated 7/2020 was provided by the Director of Indiana Signal Health Group Inc. on 1/25/2023 at 11:00 a.m. The policy indicated, but was not limited to, "All patients referred to our Agency will receive a patient-specific, comprehensive assessment according to the Physician services ordered, to determine the immediate care and support needs of the

permanent employee file.

6. Employee will be in-serviced on using the EVV verification system.

7. If the employee has not improved at the end of 90-day period, the employee will be terminated without cause.

- All current Nursing staff will be in-serviced on the following Agency Policies/CMS Regulations regarding the charting requirements for a resumption of care and recertification within the 5-day window of the certification period ([policy C-7 Assessments](#), [policy C-48 POC, COP](#)

Regulations G572(484.60a1), G574(484.60a2), G544(484.55(d), G546(484.55d1), G548(484.55d2),), G512 (484.55a), G514 (484.55a1) Completed On January 31, 2023

- All current patients' records will be reviewed to ensure that an in-person evaluation was completed. A new record review was created and used for this record review. (See Attached) Results of the review will be used for educational purposes with the

patient" ... "Update of the Comprehensive Assessment: will be performed the last 5 days of every 60 days beginning with the start-of-care date (day 56-60)." ... "The Comprehensive Assessment must accurately reflect the patient's status and must include: 1. Current health, psychosocial, functional, & cognitive status/diagnosis. 2. Vital signs 3. Identification of additional health problems or pertinent health history 4. Data items collected at an in patient facility admissions or discharges only." ... "Follow- up (recertification) Assessments require a new plan of care, updated goals, reviewed medication sheet and revised HHA (home health aide) care plan (if applicable)." ... "Every skilled visit will have a physical assessment and routine assessment of patient's home for potential safety issues done and documented." ... "A comprehensive assessment is completed at recertification, post hospitalization, discharge, transfer, and readmission, and as a significant change in patient/patient's condition warrants."

An interview was completed on

will be completed at everyRecert/ROC on going and results reviewed with the QAPI committee.

- Implemented on January 31, 2023, aspart of the orientation of all new nursing staff will include [Policies/Regulations regarding the SOC/ROC/RECrequirements within the 5-day window of the certification period.](#)(policyC-7 Assessments, C-48 POC, COP Regulation G572(484.60a1),G574(484.60a2), G544(484.55(d), G546(484.55d1), G548(484.55d2),), G512 (484.55a), G514(484.55a1) These will be added to the Personnel File Checklist Form.

- All nursing staff will be required touse the EVV verification system to clock in/out of all skilled nursing visitson an ongoing basis. Started on 1-31-23 and ongoing.

- All nursing staff will be required toobtain the patient signature or voice recording verification, as proof of theirvisit through the EVV system. Started on 1-31-23 and ongoing.

- The Clinical Manager will

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| <p>1/26/2023 at 10:48 a.m. with the Clinical Supervisor. The Clinical Supervisor agreed that the Plan of Care from recertification period 9/26/2022--11/24/2022 & the Plan of Care from the recertification period 11/25/2022--1/23/2023 appeared to be copied and pasted from one assessment to the next as it read word for word exactly the same in the nursing narrative note (60 day summary). The recertification period dated 11/25/2022--1/23/2023 nursing note indicated that the patient denied any infections, ER visits or hospitalizations during this certification period when in fact, the patient was admitted to the hospital from 1/12/2023--1/14/2023 for Hypoxia, Influenza A, COPD (chronic obstructive pulmonary disease) exacerbation, and hypertension.</p> <p>An interview was completed on 1/30/2023 at 11:00 a.m. with RN (registered nurse) A. RN A indicated not being present, in the home of Patient 1 when completing the comprehensive assessment on 1/19/2023 for the next recertification period starting 1/24/2023. Indicated</p> | | <p>immediately start pulling an EVV visit verification report on all nursing staff to verify scheduled visit dates and times daily x 4 weeks, weekly x 12 months, and these will be placed in the QAPI binder for review by the committee, this will be an ongoing process. Started on 1-31-23.</p> <ul style="list-style-type: none"> · The Clinical Manager or designee will also report identified concerns and action to correct those concerns to the QAPI committee, as part of the QAPI program. Any recommendations made by QAPI committee for process improvement will be followed up by Clinical Manager or designate, and results of those recommendations will be brought back to QAPI committee meeting for further review as needed. · Clinical Manager review and QA Committee review will remain a part of the facility QAPI process on an ongoing basis. | |
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| | <p>being present in the home with Patient 1 on 1/16/2023 completing the ROC (Resumption of Care) post hospitalization assessment and used that information to complete the recertification assessment for the next recertification period on 1/19/2023. Indicated she had only been in the home once the month of January, on 1/16/2023. The patient passed away in the home on 1/22/2023.</p> | | | |
| <p>G0514</p> | <p>RN performs assessment</p> <p>484.55(a)(1)</p> <p>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.</p> | <p>G0514</p> | <p>G0514 Initial Assessment within 48 of physicians ordered service.</p> <ul style="list-style-type: none"> All current and new nursing staff will be in-serviced on Policies/Regulations regarding the SOC/ROC requirements that initial assessment must be completed within 48 hours or physician order, or 48 hours after discharge from any facility. (Policy C-7 Assessments, C-48 POC, COP Regulation G512 (484.55a), G514 (484.55a1) G548(484.55d2), Current employees in-services completed. | <p>2023-02-24</p> |

Based on record review and interview the agency failed to ensure the RN (registered nurse) completed an initial assessment within 48 hours of the physician's ordered service in 1 of 7 records reviewed (Patient 5).

Findings Include:

A policy titled, "Assessments," dated 7/2020 provided by the Director of Indiana Signal Health Group on 1/25/2023 at 11:00 a.m., indicated but was not limited to, "The initial assessment will be performed by a RN for patients receiving nursing only services or nursing and therapy (unless therapy only case), within 48 hours of the patient's referral...".

On 1/27/2023, Patient 5's clinical record revealed a referral from the physician on 10/27/2022 with the initial/comprehensive assessment completed on 11/1/2022.

An interview with the clinical supervisor was completed on 1/27/2023 at 2:30 p.m. The clinical supervisor agreed that an initial assessment is to be

· The Clinical Manager assisted in the creation of a new SOC tool, and new Record Review tool, approved by the QAPI committee and the Governing Body, to assist in compliance with this Condition of Participation. (See attached)

· All current patients' records will be reviewed to ensure that an in-person assessment was completed within the 48-hour time frame for SOC/ROC. The results of these reviews will be placed in the QAPI binder for review by the committee.

· Record reviews will be completed at every ROC/REC or with any significant change of condition on going to ensure the comprehensive assessment is updated and revised as frequently as the patient's condition warrants, within the 48-hour time frame, and results reviewed with the QAPI committee. The QAPI committee will make recommendations for any future changes regarding the process improvement during Quarterly meetings. This is also on the new SOC Checklist tool.

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| | <p>receiving the physician order.</p> <p>410 IAC 17-14-1(a)(1)(A)</p> | | | |
| <p>G0518</p> | <p>Completion of the comprehensive assessment</p> <p>484.55(b)</p> <p>Standard: Completion of the comprehensive assessment.</p> <p>Based on record review and interview the agency failed to ensure that an updated, in-person, patient-specific, comprehensive nursing assessment reflecting the patient's current health status was completed in 1 of 7 patients reviewed (Patient 1).</p> <p>Findings Include:</p> <p>A policy titled, " Assessments," dated 7/2020 was provided by the Director of Indiana Signal Health Group Inc. on 1/25/2023 at 11:00 a.m. The policy indicated, but was not limited to, "All patients referred to our Agency will receive a patient-specific, comprehensive assessment according to the Physician services ordered, to determine the immediate care and support needs of the</p> | <p>G0518</p> | <p>G 0518Completion of the comprehensive assessment</p> <ul style="list-style-type: none"> · All current patients' records will bereviewed to ensure that an in-person evaluation was completed. A new recordreview was created and used for this record review. (See Attached) all record reviews have been completed andplaced in the QAPI book. · The Clinical Manager or designee willensure that all current nursing staff and any new nursing staff will signacknowledgement of in-service on Policies/Regulations, (policy C-7 Assessments,C-48 POC, COP Regulation G572(484.60a1),G574(484.60a2), G544(484.55(d),G546(484.55d1), G548(484.55d2),), G512 (484.55a), G514 (484.55a1) G518 (484.55b) · Record reviews will be completed atevery ROC/REC or with any significant change of condition on going to ensurethe comprehensive | <p>2023-02-24</p> |

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| | <p>Comprehensive Assessment: will be performed the last 5 days of every 60 days beginning with the start-of-care date (day 56-60)." ... "The Comprehensive Assessment must accurately reflect the patient's status and must include: 1. Current health, psychosocial, functional, & cognitive status/diagnosis. 2. Vital signs 3. Identification of additional health problems or pertinent health history 4. Data items collected at an in patient facility admissions or discharges only." ... "Follow- up (recertification) Assessments require a new plan of care, updated goals, reviewed medication sheet and revised HHA (home health aide) care plan (if applicable)." ... "Every skilled visit will have a physical assessment and routine assessment of patient's home for potential safety issues done and documented." ... "A comprehensive assessment is completed at recertification, post hospitalization, discharge, transfer, and readmission, and as a significant change in patient/patient's condition warrants."</p> <p>An interview was completed on</p> | | <p>assessment is updated and revised as frequently as the patient's condition warrants and results reviewed with the QAPI committee.</p> <ul style="list-style-type: none"> · Results of the review will be used for educational purposes with the nursing staff. · All nursing staff will be required to use the EVV verification system to clock in/out of all skilled nursing visits on an ongoing basis. Started on 1-31-23 and ongoing. · All nursing staff will be required to obtain the patient signature or voice recording verification, as proof of their visit through the EVV system. Started on 1-31-23 and ongoing. · QAPI committee will make recommendations for any future changes regarding the process improvement during Quarterly meetings. | |
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Clinical Supervisor. The Clinical Supervisor agreed that the Plan of Care from recertification period 9/26/2022--11/24/2022 & the Plan of Care from the recertification period 11/25/2022--1/23/2023 appeared to be copied and pasted from one assessment to the next as it read word for word exactly the same in the nursing narrative note (60 day summary). The recertification period dated 11/25/2022--1/23/2023 nursing note indicated that the patient denied any infections, ER visits or hospitalizations during this certification period when in fact, the patient was admitted to the hospital from 1/12/2023--1/14/2023 for Hypoxia (low oxygen level), Influenza A (viral infection), COPD (chronic obstructive pulmonary disease) exacerbation, and hypertension.

An interview was completed on 1/30/2023 at 11:00 a.m. with RN (registered nurse) A. RN A indicated not being present, in the home of Patient 1 when completing the comprehensive assessment on 1/19/2023 for the next recertification period starting 1/24/2023. Indicated

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| | <p>being present in the home with Patient 1 on 1/16/2023 to complete the ROC (Resumption of Care) post hospitalization assessment and used that information to complete the recertification assessment for the next recertification period to start on 1/24/2023. Indicated only been in the home once in the month of January, 1/16/2023. The patient passed away in the home on 1/22/2023.</p> | | | |
| <p>G0544</p> | <p>Update of the comprehensive assessment</p> <p>484.55(d)</p> <p>Standard: Update of the comprehensive assessment.</p> <p>The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but not less frequently than-</p> <p>Based on record review and interview the agency failed to ensure that an updated, in-person, patient-specific, comprehensive nursing assessment reflecting the patient's current health status was completed in-person in 1 of 7 records reviewed (Patient 1).</p> | <p>G0544</p> | <p>G 0544Update of the comprehensive assessment</p> <ul style="list-style-type: none"> All current patients' records will bereviewed to ensure that an in-person evaluation, updated comprehensiveassessment was completed, if found that an in-person updated comprehensiveassessment was not completed, then a new assessment will be completed by theRN. A new record review was created and used for this record review. Results ofthe review will be used for educational purposes with the nursing staff. (See Attached) allrecord reviews have been completed and placed in the QAPI book. | <p>2023-02-24</p> |

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| <p>Findings Include:</p> <p>A policy titled, " Assessments," dated 7/2020 was provided by the Director of Indiana Signal Health Group Inc. on 1/25/2023 at 11:00 a.m.. The policy indicated, but was not limited to, "All patients referred to our Agency will receive a patient-specific, comprehensive assessment according to the Physician services ordered, to determine the immediate care and support needs of the patient" ... "Update of the Comprehensive Assessment: will be performed the last 5 days of every 60 days beginning with the start-of-care date (day 56-60)." ... "The Comprehensive Assessment must accurately reflect the patient's status and must include: 1. Current health, psychosocial, functional, & cognitive status/diagnosis. 2. Vital signs 3. Identification of additional health problems or pertinent health history 4. Data items collected at an in patient facility admissions or discharges only." ... "Follow- up (recertification) Assessments require a new plan of care, updated goals, reviewed medication sheet and revised HHA (home health aide) care</p> | | <ul style="list-style-type: none"> The Clinical Manager or designee will ensure that all current nursing staff and any new nursing staff will sign acknowledgement of in-service on Policies/Regulations, (policy C-7 Assessments,C-48 POC, COP Regulation G572(484.60a1),G574(484.60a2),) G518 (484.55b) G544(484.55(d),G546(484.55d1), G548(484.55d2),), G512 (484.55a), G514 (484.55a1) Record reviews will be completed at every ROC/REC or with any significant change of condition on going to ensure the comprehensive assessment is updated and revised as frequently as the patient's condition warrants and results reviewed with the QAPI committee. QAPI committee will make recommendations for any future changes regarding the process improvement during Quarterly meetings. | |
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plan (if applicable)." ... "Every skilled visit will have a physical assessment and routine assessment of patient's home for potential safety issues done and documented." ... "A comprehensive assessment is completed at recertification, post hospitalization, discharge, transfer, and readmission, and as a significant change in patient/patient's condition warrants."

An interview was completed on 1/26/2023 at 10:48 a.m. with the Clinical Supervisor. The Clinical Supervisor agreed that the Plan of Care from recertification period 9/26/2022--11/24/2022 & the Plan of Care from the recertification period 11/25/2022--1/23/2023 appeared to be copied and pasted from one assessment to the next as it read word for word exactly the same in the nursing narrative note (60 day summary). The recertification period dated 11/25/2022--1/23/2023 nursing note indicated that the patient denied any infections, ER visits or hospitalizations during this certification period when in fact, the patient was admitted to the hospital from

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| | <p>1/12/2023--1/14/2023 for Hypoxia, Influenza A, COPD (chronic obstructive pulmonary disease) exacerbation, and hypertension.</p> <p>An interview was completed on 1/30/2023 at 11:00 a.m. with RN A. RN A indicated not being present, in the home of Patient 1 when completing the comprehensive assessment on 1/19/2023 for the next recertification period starting 1/24/2023. Indicated being present in the home with Patient 1 on 1/16/2023 completing the ROC (Resumption of Care) post hospitalization assessment and used that information to complete the recertification assessment for the next recertification period to start on 1/24/2023. Indicated only being in the home once the month of January, 1/16/2023. Patient 1 passed away in the home on 1/22/2023.</p> <p>410 IAC 17-14-1 (a)(1)(B)</p> | | | |
| <p>G0578</p> | <p>Conformance with physician orders</p> <p>484.60(b)</p> | <p>G0578</p> | <p>G 0578Conformance with physician orders</p> <p>· Arecord review of all</p> | <p>2023-02-24</p> |

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| | <p>Standard: Conformance with physician or allowed practitioner orders.</p> <p>Based on record review and interview the agency failed to ensure that physician orders were followed in 1 of 7 records reviewed (Patient 6).</p> <p>Findings Include:</p> <p>A document titled, "Home Health Certification and Plan of Care," for the recertification period 12/21/2022 to 2/18/2023 was provided by the clinical supervisor on 1/27/2023 at 11:59 a.m.. The document indicated, but was not limited to, "Orders for Discipline and Treatments: Home Health Aide" ... "5-8 hours/day, 5-7 days/week x 60 days to assist with ADL's and IADL's."</p> <p>The complete medical record for Patient 6 was reviewed on 1/27/2023 and indicated the following HHA (Home Health Aide) visits:</p> <p>12/21/2022 3 hour HHA visit</p> <p>12/22/2022 4 hour HHA visit</p> <p>12/23/2022 Missed HHA visit due to HHA car problems</p> | | <p>current client orders was conducted and completed on 2-15-23.</p> <ul style="list-style-type: none"> Two clients were found to have not been serviced in over a month due to no caregiver available. These clients were sent written notice of discharge in 30 days due to no staffing available to staff their physician ordered hours, and Physician was notified of transfer. Patient 1 had already decided on another company to provide services, and coordination of care process underway for this patient with the agency she has chosen. She lost her caregiver due to the caregiver finding out she had terminal cancer and only months to live. <p>Patient 2 was notified in writing that we were discharging in 30 days due to no consistent caregiver available. The Client was called before sending written notice to see if another agency of her preference was chosen to coordinate care. The client opted to not choose another agency at this time because she is moving to Texas in March. Staff was</p> | |
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| <p>12/25/2022--12/28/2022 Missed visits due to patient being out of town</p> <p>12/29/2022 4 hour HHA visit</p> <p>12/30/2022 4 hour HHA visit</p> <p>1/2/2023 4 hour HHA visit</p> <p>1/3/2023 4 hour HHA visit</p> <p>1/4/2023 4 hour HHA visit</p> <p>1/5/2023 4 hour HHA visit</p> <p>1/6/2023 4 hour HHA visit</p> <p>1/9/2023 Missed visit due to HHA illness</p> <p>1/10/2023 4 hour HHA visit</p> <p>1/11/2023 4 hour HHA visit</p> <p>1/12/2023 4 hour HHA visit</p> <p>1/13/2023 4.75 hour HHA visit</p> <p>1/16/2023 5 hour HHA visit</p> <p>1/17/2023 4 hour HHA visit</p> <p>1/18/2023 4 hour HHA visit</p> <p>1/19/2023 4 hour HHA visit</p> <p>1/20/2023 4 hour HHA visit</p> <p>1/23/2023 4 hour HHA visit</p> | | <p>offered to her for her remaining 30days, but patient declined any staff.</p> <ul style="list-style-type: none"> · Two patients were identified, as not being in compliance with physician orders, and physician was notified, and patient orders were updated for these clients, with physician approval. · The Clinical Manager will monitor missed visits of all patients, if it is found that a patient is not receiving services as ordered by the physician, the clinical Manager will review with the QAPI committee to decide what actions need to be taken, so that patient receives all the services the physician has ordered. | |
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| | <p>1/24/2023 4 hour HHA visit</p> <p>1/25/2023 4 hour HHA visit</p> <p>1/26/2023 4 hour HHA visit</p> <p>1/27/2023 3 hour HHA visit</p> <p>1/30/2023 4 hour HHA visit</p> <p>An interview with the Scheduling Supervisor on 1/31/2023 at 10:38 a.m. indicated that Patient 6 was not receiving 5-7 hours of HHA services by choice. The aide is only available for 4 hours a day and refuses any other HHA's services. This has been an ongoing concern of not meeting physician ordered services for greater than 1 year.</p> | | | |
| <p>G0682</p> | <p>Infection Prevention</p> <p>484.70(a)</p> <p>Standard: Infection Prevention.</p> <p>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</p> <p>Based on observation, record review, and interview, the agency failed to ensure basic infection control standards were met during home visits</p> | <p>G0682</p> | <p>G 0682 Infection Prevention</p> <ul style="list-style-type: none"> All nursing staff will be in-servicedby the Clinical Manager or Designee on Standard Precautions- Policy C-61,Infection Control- Policy C-32, Bag Technique- Policy C-8, Catheter Care, WoundCare, Hand Washing- Policy C-30, this will be completed by 2-24-2023. All other staff will be in servicedby the Clinical Manager | <p>2023-02-24</p> |

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| <p>completed by the RN (registered nurse) in 1 of 2 home visits completed (Patient 2).</p> <p>Findings Include:</p> <p>A policy titled, "Hand Washing," dated 7/2020 was provided by the Director of Indiana Signal Health Group Inc, on 1/30/2023 at 4:03 p.m. The policy indicated, but was not limited to, "Current CDC Hand Hygiene Guidelines:" ... " d. Clean hands before and after patient care and with each glove change." ... "Employees providing care/service in the home will wash their hands at least:" ... " c. After touching inanimate object on or near the patient. d. After handling bed pans, urinals, catheters, linens. e. Before gloves are put on and after gloves are taken off."</p> <p>During a home visit on 1/30/2023 completed by RN A on Patient 2, surveyor observed a Foley catheter (urinary catheter) change assisted by HHA (Home Health Aide) B. A drape was placed under the patient's buttocks with no gloves on. The RN then donned new clean gloves without</p> | | <p>or Designee on Standard Precautions- Policy C-61, Infection Control- Policy C-32, Hand Washing- Policy C-30 this will be completed by 2-24-2023.</p> <ul style="list-style-type: none"> · All new nursing staff will bein-serviced on Standard Precautions Policy C-61, Infection Control Policy C-32, Bag Technique Policy C-8, Catheter Care, Wound Care, Hand Washing Policy C-30 upon hire during orientation, before first patient contact this will be on the new Personnel File Checklist to be completed during the hiring process. · All new staff upon hire, during orientation will be in serviced by the Clinical Manager or Designee on Standard Precautions Policy C-61, Infection Control Policy C-32, Hand Washing Policy C-30, before first patient contact, this will be on the new Personnel File Checklist to be completed during the hiring process. · Random pop-up visits will be conducted by the Clinical Manager or Designee to assess field staff infection control measures to ensure field staff is | |
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| <p>washing and/or sanitizing hands. The existing Foley catheter was removed and discarded. The RN then removed the dirty gloves and donned sterile gloves without performing hand hygiene. Supplies were opened and a new Foley catheter was inserted with bright yellow/orange colored urine observed draining from new Foley catheter. The sterile gloves were then removed, no hand hygiene completed and the dirty supplies were then discarded with no gloves on. The RN then sanitized her hands and secured the catheter collection bag to the patient's lower thigh.</p> <p>An interview with both the RN A and HHA B was completed on 1/30/2023 at 10:35 a.m.. Both the RN and the HHA B indicated that this patient frequently gets UTI's (urinary tract infections). HHA B indicated that the patient gets UTI's "all the time". RN A indicated that the UTI's have been contributed to the patient not wiping correctly post bowel movement so the family is now assisting the patient with this task.</p> <p>An interview with the patient's</p> | | <p>following infection control measures and standard precautions. Two pop-up visits will be conducted monthly for one year, using a pop-up visit form. (See Attached)</p> <ul style="list-style-type: none"> The Clinical Manager will present results of these pop-up visits to the QAPI committee for review/revision. | |
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| | <p>family was completed on 1/30/2023 at 10:45 a.m. The family indicated that the patient frequently gets UTI's and was hospitalized approximately one month ago for this. He noticed this week that Patient 6 was sleeping more than usual, a sign that the patient has another UTI, so he had taken her to the emergency room to be evaluated. Patient 6 was found to have a UTI and put on an antibiotic and antifungal medication to treat.</p> <p>410 IAC 17-12-1(m)</p> | | | |
| <p>G0750</p> | <p>Home health aide services</p> <p>484.80</p> <p>Condition of participation: Home health aide services.</p> <p>All home health aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section.</p> <p>An Immediate Jeopardy related to 484.80 Home Health Aide Services was identified and announced on 1/26/2023 at 9:30 a.m. The agency's immediate jeopardy removal of immediacy plan and actions were determined to have</p> | <p>G0750</p> | <p>G0750 Home Health Aide Services</p> <ul style="list-style-type: none"> o Immediate action was taken to ensure clients home health aide is aware that they need to notify the nurse of any changes in client's condition, by putting a caregiver alert on clients' chart. When the caregiver opens the client chart for charting, they will see a notice stating to notify the nurse of any change of condition. Completed on 1-26-23. o A new task was immediately created in the home health | <p>2023-02-24</p> |

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| | <p>removed the immediacy component of the immediate jeopardy on 1/27/2023 at 2:30 p.m..</p> <p>The Immediate Jeopardy began on 1/8/2023 when the HHA (home health aide) N failed to notify the RN (registered nurse) of the change of Patient 1's health status. On 1/22/2023 HHA N found Patient 1 deceased in the home.</p> | | <p>aides charting so they can check a box stating they notified the nurse of change of condition and there is a box that they can write a care note describing the change of condition. Completed on 1-26-23.</p> <ul style="list-style-type: none"> o All staff will be in-serviced on notifying the nurse of change of condition and nurse to notify MD. Policies review are C-7A Change of Condition: Significant, C-16 Death in the Home, C-19 DNR/DNI Do Not Resuscitate/Do Not Intubate, C-22 Emergency Care Protocols, C-31 Incident Reporting. Completed on 1-27-23. o Clinical Manager will immediately start reviewing daily home health aide notes, each day to make sure no change of condition notes were placed in the clients chart to verify if there was a change of condition that the nurse notified MD of change of condition and notated in the clients chart that MD was notified. Started on 1-26-23 will be on going. o As part of the orientation of all new employees will include Policies C-7A Change of | |
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| <p>Based on record review and interview the agency failed to ensure that HHA N reported a change in the patient's health condition to the RN that could have contributed to the patient's death resulting in an Immediate Jeopardy finding at 484.80 Home Health Aide Services, announced on 1/26/2023 at 9:30 a.m. in 1 of 1 agency reviewed (See G0750); failed to ensure training and competency evaluations for home health aides were completed by a contracted registered nurse (See G0788); failed to ensure the home health aide reported changes in patient's health condition (See G0804); and failed to ensure the home health aide provided quality care (See G0822).</p> <p>The cumulative effect of these systemic problems has resulted in the home health agency's inability to ensure provision of quality health care in a safe environment for the condition of participation 42CFR 484.80 Home Health Aide Services.</p> <p>In regards to G0750 findings Include:</p> <p>A document titled, "Job Title:</p> | | <p>Condition: Significant, C-16 Death in the Home, C-19 DNR/DNI Do Not Resuscitate/Do Not Intubate, C-22 Emergency Care Protocols, C-31 Incident Reporting, and will be documented on the agency orientation form as completed before first patient contact, see new Personnel File Checklist.</p> <ul style="list-style-type: none"> o All new clients start of care will be reviewed by Clinical Manager. The Clinical Manager will ensure that the task for (notifying the nurse of any change of condition) is selected in home health aides task list. This is also on the new SOC Checklist tool. o All new clients will have a caregiver alert to notify the nurse of any change of condition. They will see this when they clock into the client's chart. This is also on the new SOC Checklist tool. o All employee field staff name badges will be updated with Clinical Manager name and phone number to be placed on | |
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| <p>Home Health Aide (HHA)," undated was provided by the Director of Indiana Signal Health Group Inc. on 1/25/2023 at 11:00 a.m. The document indicated but was not limited to, "Responsibilities/Essentials Functions" ... " Reports any changes in the patient's status or home situation immediately to the supervisor, staff nurse, or aide supervisor, including recognizing & reporting skin changes."</p> <p>Patient 1's clinical record was reviewed and HHA N documented the following notes that indicated, but was not limited to:</p> <p>1/8/2023 ER visit last night for throat tightness. Found to have stricture. Given Hydroxyzine that helped & appointment with ENT.</p> <p>1/9/2023 Trouble swallowing</p> <p>1/10/2023 Cataract surgery this morning. Went well. Can see much better. Tired.</p> <p>1/11/2023 Low grade fever. eye surgeon said anesthesia can cause low grade fevers sometimes. Tongue swelling,</p> | | <p>note stating to notify Clinical Manager if any change incondition of client. All new employees will have the new name badges with CMname and phone number, with a reminder to call CM if any change of condition inclient.</p> <ul style="list-style-type: none"> o Achange of condition tool will be utilized and completed weekly x 4 and monthlyx 12 months, the quarterly thereafter. · The Clinical Manger or designee willalso report identified concerns and action to correct those concerns to theQAPI committee, as part of the QAPI program. Any recommendations made by QAPI committee for process improvement willbe followed up by Clinical Manager or designate, and results of thoserecommendations will be brought back to QAPI committee meeting for furtherreview as needed. · Clinical Manager review and QACommittee review will remain a part of the facility QAPI process on an ongoingbasis. | |
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headache. On call nurse called, awaiting call back.

1/12/2023--1/14/2023 Hospital admission for Hypoxia, Influenza A, COPD exacerbation, hypertension.

1/18/2023 Low grade fever and not feeling well.

1/19/2023 Fever. Low oxygen level. Appointment with doctor soon..

1/20/2023 Very tired today. Took a nap, woke up very confused, unsure of where she was, lasted approximately 5 minutes. Complaining of pain in right ear. Scheduled appointment with Primary Care Physician next week.

1/21/2023 Fever free today. Still very weak and tired. Complaining of soreness in neck/shoulders. Muscles are very tight. Extremely weak and tired. Hasn't eaten much in a few days.

The RN had not been contacted regarding the change in health status and symptoms on any of the days listed above except on 1/11/2023, however, no documentation was found

noting where the RN called the patient or the HHA back on this day.

A document titled, "Discharge Summary" provided by the clinical manager on 1/25/2023 at 4:20 p.m., completed by RN A on 1/22/2023 indicated but was not limited to, "Patient found by HHA on floor and had passed away at some point before the HHA arrived. HHA had no indication of what had happened. Stated she was fine when she saw her last night."

An interview was completed with the RN A on 1/25/2023 at 3:07 p.m.. RN A indicated that she had not been notified by HHA N of Patient 1's declining health status. Unaware of documented changes by HHA N of confusion, weakness, fever, pain, difficulty breathing, tongue swelling, pain, and not eating. Indicated that Patient 1 had a history of telling the HHA N one thing regarding her health, but then telling the RN something different, not consistent with health concerns. RN A was aware that Patient 1 was seen by a pain management physician on

visit for resumption of care,
post hospitalization
1/12/2023--1/14/2023.

An interview was completed with the Clinical Supervisor on 1/25/2023 at 1:15 p.m. During a interview, the Clinical Supervisor indicated that a message had been sent to HHA A asking if the RN had been notified of the changes in the patient's health status. HHA A had not responded to this message. The clinical supervisor indicated that HHA N and Patient 1 are mother and daughter.

An interview was completed with the Clinical Supervisor on 1/26/2023 at 11:50 a.m. indicating that the Scheduling Supervisor had reached out to HHA N and was asked if the RN had been notified of the change in the Patient 1's health status. HHA N indicated that the RN was not notified.

An interview was completed with HHA A on 1/27/2023 at

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| | <p>all changes in the patient's health condition are reported to the RN.</p> <p>An interview was completed with HHA B on 1/30/2023 at 10:43 p.m.. HHA B indicated that any changes in the patient's health status, including falls, injuries, and changes in condition are reported to the RN.</p> | | | |
| <p>G0788</p> | <p>Org. had partial/extended survey</p> <p>484.80(f)(3)</p> <p>Was subjected to an extended (or partially extended) survey as a result of having been found to have furnished substandard care (or for other reasons as determined by CMS or the state); or</p> <p>Based on record review and interview the agency failed to ensure training and competency evaluations for HHA's (home health aides) were completed by the contracted RN (registered nurse) hired by the</p> | <p>G0788</p> | <p>G0788 Partial or Extended Survey</p> <ul style="list-style-type: none"> The Governing body appointed the CFO to monitor the hiring process and to ensure all requirements of the hiring process have been completed and in the employee file, and to ensure all homehealth aide competency skills are completed by the contracted competency nurse. All home health aide employee files were audited for | <p>2023-02-24</p> |

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| <p>agency, as a result of condition level findings on the previous Federal and State survey dated 3/21/2022, in 1 of 1 agency reviewed.</p> <p>Findings Include:</p> <p>A survey on 3/21/2022 indicated but was not limited to, "Indiana Signal Health Group Skilled Inc is precluded from conducting a home health aide training or competency evaluation program for a period of two years beginning 3/21/2022 through 3/20/2024 for being out of compliance with §484.70 Condition of participation: Infection prevention and control and §484.105 Condition of participation: Organization and administration of services."</p> <p>Personnel records reviewed on 1/31/2023 indicated the following HHA's that received competency evaluations completed by the administrator of Indiana Signal Health Group Inc.:</p> <p>HHA C on 1/6/2023</p> | <p>skills competency, if it was discovered that a competency wasnot completed by the contracted nurse, new checkoffs were scheduled with ourcontracted nurse to check them off on their skills. All check offs will be completed by 2-24-23.</p> <ul style="list-style-type: none"> · HR and all office staff will be in-servicedon G0788 COP, and all new tools for compliance. · A new employee Personnel FileManagement Checklist was created for prevention for future new home health aidestaff, competency skills checklist must be checked off by the contracted nurse.(see Personnel File Checklist) · To ensure that all HHA competency skills are only completed by the contracted nurse, The Personnel FileManagement Checklist form will be completed by HR Director, then the CFO willdo a second check of the employee file to ensure that all requirements havebeen met in the hiring process, and are in the employees file. After the CFOdoes the second check of | |
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| | <p>HHA D on 1/18/2023</p> <p>HHA E on 1/18/2023</p> <p>HHA F on 10/4/2022</p> <p>HHA G on 1/19/2023</p> <p>HHA R on 1/9/2023</p> <p>HHA H on 1/3/2023</p> <p>HHA I on 1/19/2023</p> <p>HHA J on 1/16/2023</p> <p>Personnel records reviewed on 1/31/2023 indicated the following HHA's that received competency evaluations completed by the clinical supervisor of Indiana Signal Health Group Inc.:</p> <p>HHA B, date not documented on competency check list, however, hire date provided by agency indicates 5/1/2022.</p> | | <p>the employee file, they will provide HR with a date when the employee may be scheduled for first patient contact.</p> | |
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An interview with the Director of Indiana Signal Health on 1/25/2023 at 9:40 a.m. was completed. The Director of Signal Health indicated that the agency was not completing competency trainings on home health aide staff, only providing support if an aide is struggling with a task.

An interview with the Director of Indiana Signal Health on 1/25/2023 at 10:44 a.m. was completed. The Director of Signal Health indicated that RN D (registered nurse) is still contracted by the agency to complete HHA competencies and that the administrator is only assisting HHA's that may need additional assistance.

An interview with the Clinical Supervisor on 1/31/2023 at 2:47 p.m. was completed. Indicated that the understanding was that the agency could complete new hire competencies if the HHA is already registered with the State (active HHA). Indicated the agency owner also understood it this way.

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| <p>G0804</p> | <p>Aides are members of interdisciplinary team</p> <p>484.80(g)(4)</p> <p>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.</p> <p>Based on record review and interview the agency failed to ensure that the HHA N (home health aide) reported a change in the patient's health condition to the RN (registered nurse) that could have contributed to the patient's death in 1 of 1 agency reviewed.</p> <p>Findings Include:</p> | <p>G0804</p> | <p>G 0804 Aides are Members of the Interdisciplinary Team</p> <p>: Immediate action was taken to ensure clients home health aide is aware that they need to notify the nurse of any changes in client's condition, by putting a caregiver alert on clients' chart. When the caregiver opens the client chart for charting, they will see a notice stating to notify the nurse of any change of condition. Completed On January 26, 2023.</p> <ul style="list-style-type: none"> · A new task was immediately created in the home health aides charting so they can check a box stating they notified the nurse of change of condition and there is a box that they can write a care note describing the change of condition. Completed On January 26, 2023. · All staff will be in-serviced on notifying the nurse of change of condition and nurse to notify MD. Policies review are C-7A Change of Condition: Significant, C-16 Death in the Home, C-19 DNR/DNI Do Not Resuscitate/Do Not Intubate, C-22 Emergency Care Protocols, C-31 Incident Reporting. Completed On January 26, 2023. · The Clinical Manager will immediately start reviewing daily home health aide notes, each day to make sure no change of | <p>2023-02-24</p> |
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| <p>A document titled, "Job Title: Home Health Aide (HHA)," undated was provided by the Director of Indiana Signal Health Group Inc. on 1/25/2023 at 11:00 a.m. The document indicated but was not limited to, "Responsibilities/Essentials Functions" ... " Reports any changes in the patient's status or home situation immediately to the supervisor, staff nurse, or aide supervisor, including recognizing & reporting skin changes."</p> <p>Patient 1's clinical record was reviewed and HHA N documented the following notes that indicated, but was not limited to:</p> <p>1/8/2023 ER visit last night for throat tightness. Found to have stricture. Given Hydroxyzine that helped & appointment with ENT.</p> <p>1/9/2023 Trouble swallowing</p> <p>1/10/2023 Cataract surgery this morning. Went well. Can see much better. Tired.</p> <p>1/11/2023 Low grade fever. eye surgeon said anesthesia can cause low grade fevers sometimes. Tongue swelling,</p> | | <p>condition notes were placed in the clients chart, and to verify if there was a change of condition that the nurse notified MD of change of condition and notated in the clients chart that MD was notified.</p> <ul style="list-style-type: none"> As part of the orientation of all new employees will include Policies C-7A Change of Condition: Significant, C-16 Death in the Home, C-19 DNR/DNI Do Not Resuscitate/Do Not Intubate, C-22 Emergency Care Protocols, C-31 Incident Reporting, and will be documented on the agency orientation form as completed before any client contact. These are on the new Personnel File Management checklist that must be checked by HR and CFO before any new HHA aide may be scheduled for first patient contact. All new clients start of care will be reviewed by Clinical Manager and Clinical Manager will ensure that the task for (notifying the nurse of any change of condition) is selected in home health aides task list. All new clients will have a caregiver alert to notify the | |
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| <p>throat pain, ear pain, & headache. On call nurse called, awaiting call back. (No documentation found that the nurse called Patient 1 or HHA N back).</p> <p>1/12/2023--1/14/2023 Hospital admission for Hypoxia, Influenza A, COPD exacerbation, hypertension.</p> <p>1/18/2023 Low grade fever and not feeling well.</p> <p>1/19/2023 Fever. Low oxygen level. Appointment with doctor soon..</p> <p>1/20/2023 Very tired today. Took a nap, woke up very confused, unsure of where she was, lasted approximately 5 minutes. Complaining of pain in right ear. Scheduled appointment with Primary Care Physician next week.</p> <p>1/21/2023 Fever free today. Still very weak and tired. Complaining of soreness in neck/shoulders. Muscles are very tight. Extremely weak and tired. Hasn't eaten much in a few days.</p> <p>A document titled, Discharge Summary" provided by the</p> | <p>nurse of any change of condition. They will see this when they clock into the client's chart.</p> <ul style="list-style-type: none"> All employee field staff name badges will be updated with Clinical Manager name and phone number to be placed on back of employee badge with a note stating to notify CM if any change in condition of client. All new employees will have the new name badges with CM name and phone number, with a reminder to call CM if any change of condition in client. Completed by 2-24-23. A change of condition tool will be utilized and completed weekly x 4 and monthly x 12 months, the quarterly thereafter. 100 % threshold must be achieved, or Plan action Implemented. Home Health Aides are an integral part of the interdisciplinary team, mandatory participation in weekly case conference, in person, electronically, or by phone will be enforced by the Clinical Manager, this will be on going. The Clinical Manager or | |
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clinical manager on 1/25/2023 at 4:20 p.m., completed by RN A on 1/22/2023 indicated but was not limited to, "Patient found by HHA on floor and had passed away at some point before the HHA arrived. HHA had no indication of what had happened. Stated she was fine when she saw her last night."

An interview was completed with the RN A on 1/25/2023 at 3:07 p.m. RN A indicated that she had not been notified by HHA N of Patient 1's declining health status. Unaware of documented changes by HHA N of confusion, weakness, fever, pain, throat pain, tongue swelling, and not eating. Indicated that Patient 1 had a history of telling the HHA N one thing regarding her health, but then telling the RN something different, not consistent with health concerns. RN A was aware that Patient 1 was seen by a pain management physician on 1/19/2023, the day of the home visit for resumption of care, post hospitalization 1/12/2023--1/14/2023.

An interview was completed with the Clinical Supervisor on 1/26/2023 at 11:50 a.m.

designee will also report identified concerns and action to correct those concerns to the QAPI committee, as part of the QAPI program. Any recommendations made by QAPI committee for process improvement will be followed up by Clinical Manager or designate, and results of those recommendations will be brought back to QAPI committee meeting for further review as needed.

· Home health aides will be in-service on Job Title Home Health Aide, with responsibilities and essential functions of this position. This will be completed by February 24, 2023.

indicating that the Scheduling Supervisor had reached out to HHA N and was asked if the RN had been notified of the change in the Patient 1's health status. HHA N indicated that the RN was not notified.

An interview was completed with the Clinical Supervisor on 1/25/2023 at 1:15 p.m. During a record review, the Clinical Supervisor indicated that a message had been sent to HHA N asking if the RN had been notified of the changes in the patient's health status. HHA N had not responded to this message.

An interview was completed with HHA A on 1/27/2023 at 7:55 p.m. HHA A indicated that all changes in the patient's health condition are reported to the RN.

An interview was completed with HHA B on 1/30/2023 at 10:43 p.m. HHA B indicated that any changes in the patient's health status, including falls, injuries, and changes in condition are reported to the RN.

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| <p>G0822</p> | <p>Ensuring the overall quality of care provided</p> <p>484.80(h)(5)(i)</p> <p>Ensuring the overall quality of care provided by an aide;</p> <p>Based on record review and interview, the agency failed to ensure HHA (home health aide) N provided quality care due to the HHA failed to report a change in the patient's health condition to the RN (registered nurse) that could have contributed to the patient's death in 1 of 1 agency reviewed.</p> <p>Findings Include:</p> <p>A document titled, "Job Title: Home Health Aide (HHA)," undated was provided by the Director of Indiana Signal Health Group Inc. on 1/25/2023 at 11:00 a.m. The document indicated but was not limited to, "Responsibilities/Essentials Functions" ... " Reports any changes in the patient's status or home situation immediately to the supervisor, staff nurse, or aide supervisor, including recognizing & reporting skin changes."</p> <p>Patient 1's clinical record was</p> | <p>G0822</p> | <p>G0822 Ensuring the overall quality of Care Provided</p> <ul style="list-style-type: none"> · Immediate action was taken to ensure clients home health aide is aware that they need to notify the nurse of any changes in client's condition, by putting a caregiver alert on clients' chart. When the caregiver opens the client chart for charting, they will see a notice stating to notify the nurse of any change of condition. Completed On January 26, 2023. · A new task was immediately created in the home health aides charting so they can check a box stating they notified the nurse of change of condition and there is a box that they can write a care note describing the change of condition. Completed On January 26, 2023. · All staff, and any new staff will be in-serviced on notifying the nurse of change of condition and nurse to notify MD. Policies review are C-7A Change of Condition: Significant, C-16 Death in the Home, C-19 DNR/DNI Do Not Resuscitate/Do Not Intubate, | <p>2023-02-24</p> |
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| <p>documented the following notes that indicated, but was not limited to:</p> <p>1/8/2023 ER visit last night for throat tightness. Found to have stricture. Given Hydroxyzine that helped & appointment with ENT.</p> <p>1/9/2023 Trouble swallowing</p> <p>1/10/2023 Cataract surgery this morning. Went well. Can see much better. Tired.</p> <p>1/11/2023 Low grade fever. eye surgeon said anesthesia can cause low grade fevers sometimes. Tongue swelling, throat pain, ear pain, & headache. On call nurse called, awaiting call back. (No documentation found of RN's call back to Patient 1 or HHA N).</p> <p>1/12/2023--1/14/2023 Hospital admission for Hypoxia, Influenza A, COPD exacerbation, hypertension.</p> <p>1/18/2023 Low grade fever and not feeling well.</p> <p>1/19/2023 Fever. Low oxygen level. Appointment with doctor soon..</p> <p>1/20/2023 Very tired today.</p> | <p>C-22 Emergency Care Protocols, C-31 Incident Reporting. Completed On January 26, 2023. Personnel File Checklist and 2 check HR process will ensure compliance.</p> <ul style="list-style-type: none"> · The Clinical Manager will immediately start reviewing daily home health aide notes, each day to make sure no change of condition notes were placed in the clients chart, and to verify if there was a change of condition that the nurse notified MD of change of condition and notated in the clients chart that MD was notified. · All new clients start of care will be reviewed by Clinical Manager and Clinical Manager will ensure that the task for (notifying the nurse of any change of condition) is selected in home health aides task list. · All new clients will have a caregiver alert to notify the nurse of any change of condition. They will see this when they clock into the client's chart. · All employee field staff, and any new employees name badges will be updated with Clinical Manager name and | |
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Took a nap, woke up very confused, unsure of where she was, lasted approximately 5 minutes. Complaining of pain in right ear. Scheduled appointment with Primary Care Physician next week.

1/21/2023 Fever free today. Still very weak and tired.

Complaining of soreness in neck/shoulders. Muscles are very tight. Extremely weak and tired. Hasn't eaten much in a few days.

A document titled, "Discharge Summary" provided by the clinical manager on 1/25/2023 at 4:20 p.m., completed by RN A on 1/22/2023 indicated but was not limited to, "Patient found by HHA on floor and had passed away at some point before the HHA arrived. HHA had no indication of what had happened. Stated she was fine when she saw her last night."

An interview was completed with the RN (registered nurse) A on 1/25/2023 at 3:07 p.m. RN A indicated that she had not been notified by HHA A of Patient 1's declining health status. Unaware of documented changes by the HHA of confusion, weakness,

phonenummer to be placed on back of employee badge with a note stating to notify CM if any change in condition of client. All new employees will have the new namebadges with CM name and phone number, with a reminder to call CM if any change of condition in client.

- A change of condition tool will be utilized and completed weekly x 4 and monthly x 12 months, the quarterly thereafter. 100 % threshold must be achieved.

- Home Health Aide mandatory participation in weekly case conference, in person, electronically, or by phone will be enforced by the Clinical Manager.

- Yearly Evaluations of home health aides will be completed by the Clinical Manager or Designee every January.

- The Clinical Manager or designee will also report identified concerns and action to correct those concerns to the QAPI committee, as part of the QAPI program. Any recommendations made by QAPI committee for process improvement will be followed up

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| | <p>fever, pain, difficulty swallowing, tongue swelling, and not eating. Indicated that Patient 1 had a history of telling the HHA N one thing regarding her health, but then telling the RN something different, not consistent with health concerns. RN A was aware that Patient 1 was seen by a pain management physician on 1/19/2023, the day of the home visit for resumption of care, post hospitalization 1/12/2023--1/14/2023.</p> <p>An interview was completed with the Clinical Supervisor on 1/25/2023 at 1:15 p.m. During a record review, the Clinical Supervisor indicated that a message had been sent to HHA N asking if the RN had been notified of the changes in the patient's health status. HHA N had not responded to this message.</p> | | <p>by Clinical Manager or designate, and results of those recommendations will be brought back to QAPI committee meeting for further review as needed.</p> <ul style="list-style-type: none"> Home health aides will be in-service on Job Title Home Health Aide, with responsibilities and essential functions of this position. This will be completed by February 24, 2023. | |
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| | <p>An interview was completed with the Clinical Supervisor on 1/26/2023 at 11:50 a.m. indicating that the Scheduling Supervisor had reached out to HHA N and was asked if the RN had been notified of the change in the Patient 1's health status. HHA N indicated that the RN was not notified.</p> | | | |
| <p>N9999</p> | <p>Final Observations</p> <p>410 IAC 16-27-2.5</p> <p>Sec. 1. (a) After giving a job applicant written notice of the home health agency's drug testing policy, a home health agency shall require a job applicant who is seeking employment with the home health agency for a position that will have direct contact with a patient to be tested for the illegal use of a controlled substance...(c) If a job applicant is hired by the home health agency before the job applicant's results of the drug</p> | <p>N9999</p> | <p>N9999 Drug Policy</p> <ul style="list-style-type: none"> · The Governing Body appointed the Clinical Manager to monitor the Drug Screening Process for all staff, for annual, random, and all new hire drug screens. · The home health aides that were in question were immediately called into the office to do a random drug screening performed by the Clinical Manager, results were verified by another employee, and verified again by CFO. The other home health aides are no longer with the company. The two in question both passed the random drug screening, and drug screening will continue Quarterly for these two home health aides x 1 year. | <p>2023-02-24</p> |

test are received, the hired individual may not have any contact with patients until the home health agency obtains results of the drug test that indicate that the individual tested negative on the drug test....

Section 2.(a) A home health agency must: (1) have a written drug testing policy that is distributed to all employees; and (2) require each employee to acknowledge receipt of the policy. (b) A home health agency shall randomly test: (1) at least fifty percent (50 %) of the home health agency's employees who: (A) have direct contact with patients; and (B) are not licensed by a board or commission under IC 25; at least annually; or (2) when the home health agency has reasonable suspicion that an employee is engaged in the illegal use of a controlled substance ...

Based on record review and interview, the agency failed to ensure employees random drug screen results were documented in 3 of 10 home health aides (HHA L, HHA K, HHA L), and failed to follow up on a positive

· The Clinical Manager will be the only employeeable to administer drug testing on new or current staff, one other employeewill verify results and CFO will have the 3rd verification of theresults, this will ensure that all results are verified correctly.

· The Clinical Manager will ensure the random drugtesting is fair and the requirements of 50 % of employees that have directpatient care are randomly chosen each quarter and adjusting these figures ifour employee census increases. Random Drugtesting will be required of all employees, or when the agency has suspicion ofan employee engaging in illegal use of a controlled substance.

· The Clinical Manager has an app called "PrettyRandom" to use to select employees randomly for the quarterly drugscreens. Each employee is given a numberand the app randomly selects a number, after random selection the employee willbe called into the office to be screened.

· The Clinical Manager will

drug screen result in 1 of 10 home health aides (HHA J).

Findings Include:

An undated policy titled, "Drug Screen Policy," provided by the Director of Indiana Signal Health Group on 2/1/2023 at 12:55 p.m., indicated but is not limited to, "Random Drug Testing-All Employees. Human Resources and/or management will be responsible for the Random Drug Testing Program. Random Drug Testing is at the discretion of management. Positive Test Results. If an employee's test results are positive, the test must be verified by a confirmation test. The employee shall for the confirmation test. It the confirmation test verifies a positive result, the employee will: Be discharged or suspended from direct patient care for at least six (6) months. After six (6) months, re-testing will occur."

A document titled, "Drug Screen Consent and Results," dated 4/1/2022, provided by the CFO on 2/1/2023 at 12:28 p.m., indicated an incomplete drug test result documented for

in-service allemployees on the agencies drug policy and the state regulation for drugtesting. (see attached policy /regulation)

· The "Drug Screen Policy" was reviewed andrevised by the QAPI committee and approved by the Governing Body. (see Attached)

· The "Drug Screen Consent and Results" form wasalso reviewed/revised by the QAPI committee and approved by the Governing Body.(see attached)

· The Drug Screening policy will be monitored bythe QAPI committee on going to ensure that the process of Drug Testing andPolicy are being followed.

THC (Tetrahydrocannabinol), BZO (Benzodiazepine), COC (Cocaine), OPI (opiates), and AMP (amphetamines) for HHA (home health aide) L.

A document titled, "Drug Screen Consent and Results," dated 9/21/2022, provided by the CFO on 2/1/2023 at 12:28 p.m., indicated an incomplete drug test result documented for THC for HHA K.

A document titled, "Drug Screen Consent and Results," dated 3/7/2022, provided by the CFO on 2/1/2023 at 12:28 p.m., indicated an incomplete drug test result documented for THC, BZO, COC, OPI, and AMP for HHA M.

A document titled, "Drug Screen Consent and Results," dated 10/3/2022, provided by the CFO on 2/1/2023 at 12:28 p.m., indicated an incomplete drug test result documented for THC for HHA M.

A document titled, "Drug Screen Consent and Results," dated 7/29/2022, provided by the CFO on 2/1/2023 at 12:28 p.m., indicated a positive drug test result for THC for HHA J,

administrator indicating, but not limited to, "Delta 8 Vape: used before coming into office.

An interview was completed with the clinical supervisor and CFO on 2/1/2023 at 12:18 p.m. Both agreed with findings on random drug screens reviewed, 4 HHA's drug testing results were not documented with a negative or positive result and 1 employee's THC result was documented as positive. Both agreed that all results are to be documented when completing employee drug testing. The clinical supervisor will follow up with the administrator who performed Employee J's drug testing with a positive THC result regarding follow up testing.

An interview was completed with the administrator on 2/1/2023 at 4:26 p.m. The administrator indicated that Employee J who tested positive for THC was to return in 2 weeks to complete a follow up drug test after being advised to not use Delta 8 Vape during this 2 week window. Employee J never returned for follow up drug testing as advised by the administrator, nor did the

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| | <p>administrator follow up with employee J. The administrator indicated that it was understood that Delta 8 is legal and can be purchased at a local gas station. The Administrator agreed that follow up drug testing should have been completed per policy confirming the positive THC result and also understood that the agency's drug test completed cannot differentiate between illegal THC and legal Delta 8.</p> | | | |
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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.

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| <p>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Janna McCourt</p> | <p>TITLE Clinical Manager</p> | <p>(X6) DATE 2/19/2023 9:35:29 AM</p> |
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