

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157081	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/19/2024	
NAME OF PROVIDER OR SUPPLIER ACME HEALTH SERVICE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6302 N RUCKER RD STE J, INDIANAPOLIS, IN, 46220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G0000	<p>INITIAL COMMENTS</p> <p>This was a third Post-Condition revisit for a home health agency recertification and re-licensure survey conducted on 02/12/2024.</p> <p>Survey Dates: 06-18-2024 and 06-19-2024.</p> <p>12-Month Unduplicated Skilled Admissions: 76</p> <p>These deficiencies reflect State Findings in accordance with 410 IAC 17.</p> <p>During the post-condition revisit survey, Acme Home Health Services removed two conditions, corrected five standard-level deficiencies, and cited two additional standard-level deficiencies. Acme Home Health Services was found to be in compliance with Cop 484.55, Reporting</p>	G0000		

	<p>Outcome and Assessment Information Set (OASIS) information.</p> <p>Acme Home Health Services Incorporated continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning February 12th, 2024, and continuing through February 11th, 2026.</p> <p>QR completed by Area 3 on 7/1/2024.</p>			
<p>G0412</p>	<p>Written notice of patient's rights</p> <p>484.50(a)(1)(i)</p> <p>(i) Written notice of the patient's rights and responsibilities under this rule, and the HHA's transfer and discharge policies as set forth in paragraph (d) of this section. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities;</p> <p>Based on record review and interview, the agency failed to ensure they provided the patients and the patient's legal representative with the following information during the initial evaluation visit prior to the start of care the following: notice of patient's rights and responsibilities, transfer and discharge policies, and consent for treatment, in 4 of 4</p>	<p>G0412</p>	<p>The noted deficient practice occurred when approximately forty (40) current patients were transitioned from a non-skilled status to a skilled status. Therefore, only these patients were affected, or had the potential to be affected, by the deficient practice. To correct the deficiency, agency RN's are re-visiting the affected patients and are providing new admission packets. Patients are being re-educated on patient rights and responsibilities, as well as transfer and discharge policies and their consent for treatment. RN's are obtaining patient and/or authorized representative signature on all required documents. All leadership members have been educated and it is expected that this deficiency will not again occur, as the agency is very thorough to complete all admission documents upon initial admission. This was an isolated incident that occurred with the transition of the above referenced approximate forty (40) patients. Despite these circumstances, the agency has put an additional measure into place to ensure that all admission documents are appropriately completed and entered into the patient record. The Clinical Manager has the responsibility for reviewing all admission</p>	<p>2024-07-18</p>

patients admitted in the last 46 days. (Patients: #1, 2, 3, and 4)

Findings include:

1. A review of an Acme Health Services Incorporated (Inc) policy revised April 2017, titled "Patient Bill of Rights" was provided by the Alternate Administrator on 06-19-2024. The policy indicated but was not limited to, " ... The patient will be informed verbally and in writing during the initial evaluation visit, in advance of furnishing care of their rights "

2. A review of an Acme Health Services Incorporated (Inc) policy revised April 2017, titled "Admission Documents" was provided by the Alternate Administrator on 06-19-2024. The policy indicated but was not limited to, " ... ACME HEALTH SERVICES, INC. will provide written admission documents prior to or at initiation of home care services ... "

3. A review of Patient #1's clinical record, start of care date (SOC) 05-04-2024, initial certification period 05-04-2024 to 07-02-2024, included a plan

documents and ensuring the completion and accuracy. The Executive Director is now performing the additional measure by performing a second check of all admission documents to further ensure that the threshold of 100% compliance is consistently maintained. All documents will be completed and signed by patients no later than July 18, 2024. This plan of correction will remain ongoing in nature.

of care, and a start of care comprehensive assessment dated 05-04-2024. The record failed to evidence a patient's rights and responsibilities form, and admission documents were provided and signed by the patient or their legal representative prior to or at the initiation of home care services.

4. A review of Patient #2's clinical record, SOC date 05-14-2024, initial certification period 05-14-2024 to 07-12-2024, included a plan of care and a start of care comprehensive assessment dated 05-14-2024. The record failed to evidence a patient's rights and responsibilities form, and admission documents were provided and signed by the patient or their legal representative prior to or at the initiation of home care services.

5. A review of Patient #3's clinical record, SOC date 05-31-2024, initial certification period 05-31-2024 to 07-29-2024, included a plan of care and a start of care comprehensive assessment dated 05-31-2024. The record failed to evidence a patient's rights and responsibilities form,

and admission documents were provided and signed by the patient or their legal representative prior to or at the initiation of home care services.

6. A review of Patient #4's clinical record, SOC date 05-29-2024, initial certification period 05-29-2024 to 07-27-2024, included a plan of care and a start of care comprehensive assessment dated 05-29-2024. The record failed to evidence a patient's rights and responsibilities form, and admission documents were provided and signed by the patient or their legal representative prior to or at the initiation of home care services.

During an interview on 06-19-2024 at 10:28 AM, when asked where the location of Patient #1, 2, 3, and 4's consents and admission documents was, Admin 5, the Intake and Medical Records Coordinator indicated they could not provide the admission documents for the patients' new starts of care but only their old consents.

7. During an interview on 06-19-2024 at 10:37 AM, the

	<p>Alternate Administrator confirmed the agency staff did not provide the patients or their legal representatives with patient rights and responsibilities or new admission documents prior to or at the initiation of home care services. The Alternate Administrator indicated they were using their old admission paperwork but should have completed new paperwork.</p> <p>410 IAC 17-12-3(a)</p>			
<p>N0000</p>	<p>Initial Comments</p> <p>This visit was for a post condition revisit of a State Relicensure survey.</p> <p>Survey dates: 6/18/2024 and 6/19/2024.</p>	<p>N0000</p>		

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.

<p>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE</p> <p>Kamala M. West</p>	<p>TITLE</p> <p>Executive Director</p>	<p>(X6) DATE</p> <p>7/10/2024 10:16:57 PM</p>
--	--	---