

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

PRINTED: 07/31/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>157200</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/24/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANGELS OF MERCY HOMECARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>511 E 4TH ST STE 111 HUNTINGBURG, IN 47542</b>		
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G 000	INITIAL COMMENTS  This survey was for a Federal recertification and State relicensure survey.  Survey Dates: July 18, 19, 22, 23, 24 of 2019.  Facility #: IN005362 Provider #: 157200 Medicaid #: 201054680  Census: 18 active  Record Review 7/ Home Visits 3  This deficiency reflects State Findings cited in accordance with 410 IAC 17. Refer to State Form for additional State findings.  Angels of Mercy Homecare is precluded from conducting a home health aide training or competency evaluation program for a period of two years starting July 24, 2019 through July 24, 2021 for being out of compliance with Conditions of Participation 484.105 Organization and administration of services.	G 000			
G 438	Have a confidential clinical record CFR(s): 484.50(c)(6)  Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164. This ELEMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure patient rights were adhered to in regards to the protection of clinical records from unauthorized use for 2 of 7 records	G 438			

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 438	<p>Continued From page 1 reviewed, with the potential to affect all current 17 patient records. (Patient 5 and 7)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. A 02/01/12 Entity #1's policy titled "Confidentiality of Patient Information," was provided by the Administrator on 7/24/19 at 10 a.m. The policy indicated, but was not limited to, "Policy: All patient's medical record information will be maintained in a confidential manner ... 1. The patient medical record chart is the property of the agency."</li> <li>2. The clinical record for patient #5, SOC 5/24/19, certification 5/24/19 to 7/22/19 was reviewed 7/22/19 and contained the following:  The electronic medical record evidenced an entry made on 6/18/19 at 11:13 a.m. indicating "coding summary audit info web service interface [Name of Entity #1]." The note details state completed 6/18/19 at 11:13 a.m. by non-employee M.  The electronic medical record evidenced an entry made on 6/18/19 at 11:38 a.m. indicating a "addition to plan of care valid documentation" was made by non-employee M. The note detail stated Coding Specialist [Name of Entity #1 Lafayette LA address, phone #, web address].</li> <li>3. The clinical record for patient #7, SOC 6/25/19, certification period 6/25/19 to 8/23/19 was reviewed 7/23/19 and contained the following:  The electronic medical record evidenced an entry made on 7/2/19 at 1:54 p.m. indicating a "coding summary audit info web service interface [Name of Entity #3]" The note details state completed by</li> </ol>	G 438		

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G 438	Continued From page 2 non-employee N on 7/2/2019 at 1:54 p.m.  The electronic medical record evidenced an entry made on 7/19/19 at 12 a.m. indicating "[Name of Entity #2] Call Summary web service interface [Name of entity #3]." The note details stated Diabetic HC call canceled for 6/27/19.  4. During an interview on 7/23/19 at 2:30 p.m. the Administrator and Alternate Administrator inquired what role entity #1 has with Angels of Mercy. Both stated that entity was a consulting agency that provided resources only and provided the EMR system. The Administrator was informed that non-employees were making entries into the clinical record. The Administrator stated that entity #1 provided guidance with QAPI and indicated that entity #2 was an additional resource for patients. The Administrator explained that entity #2 auto enrolls during patient start of care assessment. Entity #2 calls the patient, if the patient responds to the call, entity #2 will follow up with the agency clinician.	G 438			
G 514	17-12-3 (b)(2)(E) RN performs assessment CFR(s): 484.55(a)(1)  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- ordered start of care date. This ELEMENT is not met as evidenced by:	G 514			

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G 514	Continued From page 3 Based on record review and interview, the agency failed to ensure the initial assessment visit was conducted within 48 hours of referral for 1of 7 records reviewed. (Patient 5)  Findings include:  A 03/01/19 Entity #1's policy titled "Admission Process" was provided by the Administrator on 7/22/19 at 9:05 a.m. The policy indicated, but was not limited to, " ... b. admission/ initial visits are made within 48 hours from referral unless there is a specific physician ordered start of care (SOC) date ..."  The clinical record for patient #5, SOC 5/24/19, certification period of 5/24/19 to 7/22/19, was reviewed on 7/23/19 and contained the following:  A Patient Information Report indicated a referral date of 05/21/2019. The start of care was conducted by a contracted physical therapist K on 5/24/19, 3 days after the referral date.  During an interview on 7/23/19 at 4 p.m. the Administrator acknowledged the initial assessment was late and that education had been provided to the contracted therapy staff on timely assessments.	G 514			
G 572	17-14-1 (a)(1)(A) Plan of care CFR(s): 484.60(a)(1)  Each patient must receive the home health services that are written in an individualized plan of care that identifies patient-specific measurable outcomes and goals, and which is established,	G 572			

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G 572	<p>Continued From page 4</p> <p>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 refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician 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 agency failed to ensure home health aides provided services as ordered according to the plan of care for 1 of 7 active patient records reviewed. (Patient 7)</p> <p>Findings include:</p> <p>A 07/01/19 Entity #1's policy titled "Plan of Care (POC)" was provided by the Administrator on 7/24/19 at 9 a.m. The policy indicated, but was not limited to, " ... The POC includes: ... Types, frequency, and duration of services required ..."</p> <p>The clinical record for patient #7, SOC 6/25/19, was reviewed on 7/23/19. The record contained a plan of care for the certification period of 6/25/19 to 8/23/19, with orders for home health aide services two times a week effective 6/30/19.</p> <p>Review of the electronic medical record for patient #7 failed to evidence home health aide visits were conducted for the week of 6/30/19 to 7/6/19. The first home health aide visit was made on 7/9/19.</p> <p>During an interview on 7/23/19 at 4 p.m., the Administrator stated the order did not get placed into the EMR calendar timely and acknowledged the home health aide visits were not made for the</p>	G 572			

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G 572	Continued From page 5 week of 6/30/19 to 7/6/19.	G 572			
G 574	<p>17-13-1 (a) Plan of care must include the following CFR(s): 484.60(a)(2)(i-xvi)</p> <p>The individualized plan of care must include the following:</p> <ul style="list-style-type: none"> <li>(i) All pertinent diagnoses;</li> <li>(ii) The patient's mental, psychosocial, and cognitive status;</li> <li>(iii) The types of services, supplies, and equipment required;</li> <li>(iv) The frequency and duration of visits to be made;</li> <li>(v) Prognosis;</li> <li>(vi) Rehabilitation potential;</li> <li>(vii) Functional limitations;</li> <li>(viii) Activities permitted;</li> <li>(ix) Nutritional requirements;</li> <li>(x) All medications and treatments;</li> <li>(xi) Safety measures to protect against injury;</li> <li>(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.</li> <li>(xiii) Patient and caregiver education and training to facilitate timely discharge;</li> <li>(xiv) Patient-specific interventions and education; measurable outcomes and goals identified by the HHA and the patient;</li> <li>(xv) Information related to any advanced directives; and</li> <li>(xvi) Any additional items the HHA or physician may choose to include.</li> </ul> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure the plan of care</p>	G 574			

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G 574	Continued From page 6 contained services that were being provided by outside entities and explained the delineation of duties for 1 of 7 records reviewed. (Patient 6)  Findings include:  The clinical record for patient #6, SOC 12/21/19, certification period 4/20/19 to 6/15/19 was reviewed on 7/22/19. Review of the Client Coordination Note Report dated 6/6/19, indicated a home health aide from another agency [name] moved bedside commode to side of bed but patient forgot commode was next to her.  During an interview on 7/23/19 at 4 p.m., the Administrator was inquired as to why a home health aide from a different agency was caring for the patient. The Administrator stated he/she was not an aide, but a PSA from another agency had been caring for the patient. The Administrator acknowledged that the plan of care did not include orders stating the patient was receiving PSA services from another agency.	G 574			
G 584	Verbal orders CFR(s): 484.60(b)(3)(4)  (3) Verbal orders must be accepted only by personnel authorized to do so by applicable state laws and regulations and by the HHA's internal policies.  (4) When services are provided on the basis of a physician's verbal orders, a nurse acting in accordance with state licensure requirements, or other qualified practitioner responsible for furnishing or supervising the ordered services, in accordance with state law and the HHA's policies, must document the orders in the patient's clinical	G 584			

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G 584	Continued From page 7 record, and sign, date, and time the orders. Verbal orders must be authenticated and dated by the physician in accordance with applicable state laws and regulations, as well as the HHA's internal policies. This ELEMENT is not met as evidenced by: Based on record review and interview, the contracted therapy agency failed to write complete and specific therapy orders for 1 of 6 patient's receiving therapy services. (Patient 7)  Findings include:  A 07/01/19 Entity #1's policy titled "Plan of Care (POC)" was provided by the Administrator on 7/24/19 at 9 a.m. The policy indicated, but was not limited to, " ... The POC includes: ... Types, frequency, and duration of services required ..."  Review of patient #7's electronic medical record on 7/23/19 indicated a written verbal order dated 7/19/19 to extend physical therapy services. The physician's order failed to indicate frequency and duration.  During an interview on 7/23/19 at 4 p.m., the Administrator acknowledge the order did not have a frequency or duration and provided an order for 7/21/19 for physical therapy services two times a week for five weeks.	G 584			
G 642	17-14-1 (a)(H) Program scope CFR(s): 484.65(a)(1),(2)  Standard: Program scope. (1) The program must at least be capable of showing measurable improvement in indicators	G 642			

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G 642	<p>Continued From page 8</p> <p>for which there is evidence that improvement in those indicators will improve health outcomes, patient safety, and quality of care.</p> <p>(2) The HHA must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the HHA to assess processes of care, HHA services, and operations.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure their QAPI (Quality Assessment Performance Improvement) program measured, analyzed, and tracked an incident that resulted in an emergency room visit for 1 of 1 agency.</p> <p>Findings include:</p> <p>A 01/01/19 Entity #1's policy titled "Incident/ Event Reporting" was provided by the Administrator on 7/24/19 at 1:50 p.m. The policy indicated, but was not limited to, " ... Incident Report: Incident reports are used to document unexpected or risk-related events which may occur. Incident reports are used in ongoing monitoring, evaluation and improvement activities related to patient care and safety ..."</p> <p>The clinical record for patient #6, SOC 12/21/18, certification period 4/20/19 to 6/15/19 was reviewed on 7/22/19 and contained the following:</p> <p>Review Client Coordination Note Report dated 6/2/19 evidenced patient #6 fell on 5/23/19 and sustained a skin tear to right forearm and bandaged per self. The patient reported a second fall on 5/27/19 and sustained a skin tear to right shin. The patient attempted to bandage, but could</p>	G 642			

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G 642	Continued From page 9 not stop the bleeding and sought medical treatment at [hospital ER]. The patient reported bleeding through night so returned to [hospital ER] on 5/28/19 for treatment.  Review Client Coordination Note Report dated 6/6/19 evidenced patient #6 fell on 6/6/19 when attempting to get up to go to the bathroom. The patient reported falling backwards while using the walker. The patient reported drowsiness from pain medication and falls asleep and had urine urgency at night. The report indicated a home health aide from another agency [name] moved bedside commode to side of bed but patient forgot commode was next to her.  Review Client Coordination Note Report dated 6/15/19 evidence patient #6 had a substantial decline in 3 or more activities of daily living and that the patient was being discharged due to staffing. Patient #6 was to be readmitted for home care by [name Home Health agency], that contracts with Angels of Mercy.  During an interview on 7/23/19 at 9:10 a.m. inquired to review adverse/incident report for patient #6. The Administrator stated specific incident reports were not filled on patient #6's falls into the EMR system and therefore, it did not trigger a report to track in the QAPI program. On 7/24/19 at 11:30 a.m. the Administrator stated that staff and patient's were educated when and how to report falls and that patient's do not always report occurrences.	G 642			
G 660	17-12-2(a) Executive responsibilities for QAPI CFR(s): 484.65(e)(1)(2)(3)(4)	G 660			

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G 660	<p>Continued From page 10</p> <p>Standard: Executive responsibilities. The HHA's governing body is responsible for ensuring the following:</p> <p>(1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained;</p> <p>(2) That the HHA-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness;</p> <p>(3) That clear expectations for patient safety are established, implemented, and maintained; and</p> <p>(4) That any findings of fraud or waste are appropriately addressed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the Governing Body failed to ensure the governing body maintained documentation of meeting minutes and all those who participated in regards to the quality improvement program (QAPI) for 2018.</p> <p>Findings include:</p> <p>A 01/01/19 Entity #1's policy titled "Organizational Responsibilities and Organizational Charts" was provided by the Administrator on 7/24/19 at 10 a.m. The policy indicated, but was not limited to, ". . . Procedure: . . . 4. The Executive Director, appointed by the Board of Directors through Senior Management delegation serves as the designated person so functioning as the governing body. The Executive Director thus</p>	G 660			

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G 660	Continued From page 11 assumes full legal authority and responsibility for the agency's overall management and operation, provision of all home health services, fiscal operations, review of agency's budget and operational plans and its quality assessment & performance improvement (QAPI) program Executive Director."  During an interview with the Alternate Administrator on 7/23/19 at 3:15 p.m. he/she stated they were the Administrator and Governing Body for the Huntingburg, IN Angels of Mercy office for 2018. When queried for minutes of Governing Body meetings for 2018, he/she responded there are no meeting minutes for 2018.  Review of Agency's Performance Improvement Team/ PAC Meeting Minutes failed to evidence a team meeting minutes sign-in sheet for 2018's 4th quarter. The agency failed to evidence a 1st, 2nd, and 3rd quarter QAPI Team Meeting minutes and attendees list for 2018.  On 7/24/19 at 1:50 p.m. the Administrator stated the 2018 QAPI was done on an annual basis. On 7/24/19 at 2 p.m. Alternate Administrator acknowledged the above findings. When queried for further pertinent documentation, information, or explanation, the Area Executive Director presented nothing further.	G 660			
G 682	17-12-2 (a) Infection Prevention CFR(s): 484.70(a)  Standard: Infection Prevention. The HHA must follow accepted standards of	G 682			

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NAME OF PROVIDER OR SUPPLIER  <b>ANGELS OF MERCY HOMECARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>511 E 4TH ST STE 111 HUNTINGBURG, IN 47542</b>		
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G 682	<p>Continued From page 12</p> <p>practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. This STANDARD is not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to ensure staff appropriately followed infection control practices for bathing patient's and cleaning equipment for 2 of 3 home visits. (Patient 1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. A 04/01/2017 Entity #1's policy titled "Infection Control Plan," states, "Medical Equipment, Device and Supplies Cleaning Compliance: Prevent the transmission of infection through the proper sanitation of medical equipment, devices and supplies such as: stethoscopes, blood pressure cuffs, pulse/ox, ... thermometers ..."</li> <li>2. A 11/19/15 Indiana Nurse Aide Curriculum states, " ... Assist as needed to wash and rinse the entire body going from head to toe. Use a separate washcloth to cleanse the perineal area last ..."</li> <li>3. During a home visit for patient #1 on 7/19/19 at 12:50 p.m. Employee I, a therapist, was observed placing the blood pressure cuff, stethoscope, oxygen saturation device, and thermometer into his/her bag after checking the patient's vital signs. After assisting the patient with exercises, Employee I removed the vital sign equipment from the bag and cleaned the equipment with alcohol wipes then placed the vital sign equipment back into the bag. Employee I failed to disinfect the equipment after taking the patient's vital signs and before placing into the bag.</li> </ol>	G 682			

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G 682	Continued From page 13 4. During a home visit for patient #1 on 7/22/19 at 10 a.m. Employee D, a home health aide, was observed assisting patient #1 with a shower. Employee D used one wash cloth for the entire shower and was observed to wash the patient's back, legs, feet. The patient used the same wash cloth to wash both arms, axillary, under breast, torso, and peri area. The home health aide rinsed the cloth and handed it back to patient for the patient to wash his/her face. The home health aide failed to encourage the patient to use a clean wash cloth or provide a clean wash cloth for his/her face. After the home visit, inquired about the use of one wash cloth to which the aide responded it was a patient preference, but would encourage the patient to use two wash clothes.  5. During an interview on 7/22/19 at 3:15 p.m. the Administrator was made aware of the observations and acknowledged the aide should have used more than one wash cloth for a shower and the therapist should have cleaned equipment after patient use and before placing it into the bag.	G 682			
G 940	17-12-1 (m) Organization and administration of services CFR(s): 484.105  Condition of participation: Organization and administration of services. The HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient's plan of care, for each patient's medical, nursing, and rehabilitative needs. The HHA must assure that administrative	G 940			

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G 940	<p>Continued From page 14</p> <p>and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority, and services furnished.</p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that it did not delegate duties to an outside entities (See G940) and the Governing Body of Angels of Mercy failed to ensure policies that were adopted by the agency and admission documents contained only the name of Angels of Mercy and not that of the another entity (See G942).</p> <p>The cumulative effect of this systemic problem resulted in the agency being out of compliance with the Condition of Participation 484.105 Organization and administration of services.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. A 6/17/19 entity #1 QAPI Team Meeting Minutes was provided by the Administrator on 7/23/19 at 2:30 p.m. The meeting minutes states, "[Name of Entity #4] QAPI Team convened at 12:30 p.m. to review and approve for adoption the following [Name of Entity #1] Agreements: Consulting Services Agreement, Arrangement for [Name of Entity #5] Services Agreement, Arrangement for Telemonitoring Services Agreement, Arrangement for Staffing Services Agreement, Arrangement for [Name of Entity #2] Services Agreement. After review the agreements were approved and adopted unanimously ..."</li> <li>2. A 4/1/18 Arrangement For Entity #2 Services Agreement was reviewed. The Agreement was</li> </ol>	G 940			

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G 940	<p>Continued From page 15</p> <p>between Entity #4 and Entity #1. The agreement states, " ... Diabetes Patient ... those diabetic patients who are identified and enrolled by the Agency in the [Name of Entity #2] Health Check Call process may receive additional patient education performed by a [Name of Entity #2] nurse as ordered by their physician ..." The agreement was signed by Entity #4 By: [name, President] and Entity #1 By: [name, Vice President]." Both the President and Vice President were listed on the ownership information as officers for Entity #1 in Lafayette, Louisiana.</p> <p>3. The clinical record for patient #5, SOC 5/24/19, certification 5/24/19 to 7/22/19 was reviewed 7/22/19 and contained the following:</p> <p>The electronic medical record evidenced an entry made on 6/18/19 at 11:13 a.m. indicating "coding summary audit info web service interface [Name of Entity #3]." The note details state completed 6/18/19 at 11:13 a.m. by non-employee M.</p> <p>The electronic medical record evidenced an entry made on 6/18/19 at 11:38 a.m. indicating a "addition to plan of care valid documentation" was made by non-employee M. The note detail stated Coding Specialist [Name of Entity #1 Lafayette LA address, phone #, web address].</p> <p>4. The clinical record for patient #7, SOC 6/25/19, certification period 6/25/19 to 8/23/19 was reviewed 7/23/19 and contained the following:</p> <p>The electronic medical record evidenced an entry made on 7/2/19 at 1:54 p.m. indicating a "coding summary audit info web service interface [Name of Entity #3]." The note details state completed by</p>	G 940		

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

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G 940	Continued From page 16 non-employee N on 7/2/2019 at 1:54 p.m.  The electronic medical record evidenced an entry made on 7/19/19 at 12 a.m. indicating "[Name of Entity #2] HC Call Summary web service interface [Name of Entity #3]." The note details stated Diabetic HC call canceled for 6/27/19.  During an interview on 7/23/19 at 2:30 p.m., the Administrator and Alternate Administrator inquired what role Entity #1 has with Angels of Mercy. Both stated that Entity #1 was a consulting agency that provided resources only and provided the EMR system. The Administrator was informed that non-employees were making entries into the clinical record. The Administrator stated that Entity #1 provided guidance with QAPI and indicated that Entity #2 was an additional resource for patients. The Administrator explained that Entity #2 auto enrolls during patient start of care assessment. Entity #2 calls the patient, if the patient responds to the call, Entity #2 will follow up with the agency clinician.	G 940			
G 942	410 IAC 17-12-1(b)(1)(2)(3) Governing body CFR(s): 484.105(a)  Standard: Governing body. A governing body (or designated persons so functioning) must assume full legal authority and responsibility for the agency's overall management and operation, the provision of all home health services, fiscal operations, review of the agency's budget and its operational plans, and its quality assessment and performance improvement program.	G 942			

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G 942	<p>Continued From page 17</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the Governing Body of Angels of Mercy failed to ensure policies that were adopted by the agency and admission documents contained only the name of Angels of Mercy and not that of the another entity for 1 of 1 agency.</p> <p>Findings include:</p> <p>1. The following policies &amp; procedures for Angels of Mercy evidenced Entity #1. as the policy/ procedure owner for the following agency policies presented throughout the survey: Angels of Mercy failed to ensure these policies contained their agency name and not that of the consulting agency:</p> <p>Confidentiality of Patient Information Admission Process Incident / Event Reporting Organizational Responsibilities and Organizational Charts Shared Employees Between Entity #1 Providers - Personnel File Patient Assessment, Initial and Reassessment Coordination of Care, From Admit through Discharge Wound Assessment Documentation, and Photography Infection Control Plan Personal Care Home Care Record OASIS (Outcome and Assessment Information Set) Date Capture, Transmission, Verification, Display and Reports On-call Process (To Include During and After Hours Care) Patient Care Contracted Workers Requirement</p>	G 942			

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G 942	<p>Continued From page 18</p> <p>During an interview on 7/19/19 at 10:30 a.m. the Alternate Administrator stated Angels of Mercy adopted Entity #1's policies and procedures and presented a document signed by the Administrator, Medical Director, and Clinical Supervisor.</p> <p>2. The agency's patient admission book cover, reviewed on 7/18/19 stated "Angels of Mercy HomeCare ... [Name of Entity #1 in lower right hand corner]." Page 2 of the book had the name of Entity #1 in the upper left hand corner, and throughout the table of contents on page 3, and within the book in various places, and including on page 14 "[Name of Entity #1] Notice of Privacy Practices" and page 16 "Privacy Officer Entity #1. 901 Hugh Wallis Road South Lafayette, LA 70508." On page 39 of the patient handbook the "Patient Elected Transfer" referenced "[Name of Entity #1] employee", "[Name of Entity #1] anticipated admit date" and "[Name of Entity #1] agency location." On page 40 of the handbook the "[Name of Entity #1] Home Health Personal Emergency Response System (PERS) Acceptance Form" states, "I understand that I have qualified for PERS services as part of my care plan, and that I will receive PERS services, at no charge, while I am a [Name of Entity #1] Home Health patient."</p> <p>The agency's patient admission packet contained a document that states, "Please return this ALF - Authorization for Use and Disclosure of Protected Health Information via mail or fax to: [Name of Entity #1] Attn: Privacy Office 901 High Wallis Road South Lafayette, LA 70508 Fax Number 1-866-632-9050"</p>	G 942			

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G 942	Continued From page 19 3. During an interview on 7/19/19 at 10:30 a.m. the Alternate Administrator/ Area Director provided a document that states, "Policy and Procedure Manual Review and Adoption [signed name of Administrator] [signed name of Medical Director/ Medical Advisor] [signed name of Clinical Manager] date 06/17/19" Inquired as to who adopted what policies, the Alternate Administrator responded that Angels of Mercy adopted Entity #1's policies and that Entity #1 was a consulting agency. The Alternate Administrator also provided a Medical Director Meeting note for 7/3/19 which states "AOM Consulting Agreement Review" signed by the Area Director, Account Executive and FAACP.	G 942			
G1012	17-12-1 (b) Required items in clinical record CFR(s): 484.110(a)(1)  The patient's current comprehensive assessment, including all of the assessments from the most recent home health admission, clinical notes, plans of care, and physician orders; This ELEMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure the agency's policy was followed for incorporating clinical documentation into the clinical record in a timely manner for 1 of 2 records reviewed for wounds. (Patient 3)  Findings include:  A 09/01/17 Entity #1's policy titled "Wound Assessment, Documentation, and Photography," was provided by the Administrator on 7/23/19 at 10:30 a.m. The policy indicated, but was not limited to, "5. If wound photography is used, the	G1012			

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G1012	Continued From page 20 following steps will be taken: ... e. The photo will be uploaded into the patient's electronic medical record and not maintained greater than 72 hours on the device ..."  The clinical record for patient #3, SOC 10/17/19, certification period for 6/14/19 to 8/12/19 was reviewed on 7/19/19 with a diagnosis of laceration left ankle. The clinical record contained the following:  On 7/19/19 the electronic medical record indicated wound photos for the dates of 6/6, 6/14, 7/5 of 2019. The photos were not available for review.  During an interview on 7/19/19 at 4 p.m. the Administrator acknowledged the photos were not uploaded from the tablet and was locked out and not available for review. The Administrator stated emails were sent to Entity #1's IT personnel to help with the issue. On 7/22/19 the wound photos were uploaded into the clinical record for review.	G1012			
G1028	17-15-1 (a)(1)-(7) Protection of records CFR(s): 484.110(d)  Standard: Protection of records. The clinical record, its contents, and the information contained therein must be safeguarded against loss or unauthorized use. The HHA must be in compliance with the rules regarding protected health information set out at 45 CFR parts 160 and 164. This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure the protection of clinical	G1028			

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G1028	<p>Continued From page 21</p> <p>records from unauthorized use for 2 of 7 records reviewed, with the potential to affect all current 17 patient records. (Patient 5 and 7)</p> <p>Findings include:</p> <p>1. A 02/01/12 Entity #1's policy titled "Confidentiality of Patient Information," was provided by the Administrator on 7/24/19 at 10 a.m. The policy indicated, but was not limited to, "Policy: All patient's medical record information will be maintained in a confidential manner ... 1. The patient medical record chart is the property of the agency."</p> <p>2. The clinical record for patient #5, SOC 5/24/19, certification 5/24/19 to 7/22/19 was reviewed 7/22/19 and contained the following:</p> <p>The electronic medical record evidenced an entry made on 6/18/19 at 11:13 a.m. indicating "coding summary audit info web service interface [Name of Entity #3]" The note details state completed 6/18/19 at 11:13 a.m. by non-employee M.</p> <p>The electronic medical record evidenced an entry made on 6/18/19 at 11:38 a.m. indicating a "addition to plan of care valid documentation" was made by non-employee M. The note detail stated Coding Specialist [Name of Entity #1 Lafayette LA address, phone #, web address].</p> <p>3. The clinical record for patient #7, SOC 6/25/19, certification period 6/25/19 to 8/23/19 was reviewed 7/23/19 and contained the following:</p> <p>The electronic medical record evidenced an entry made on 7/2/19 at 1:54 p.m. indicating a "coding summary audit info web service interface Entity</p>	G1028			

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G1028	Continued From page 22 #3" The note details state completed by non-employee N on 7/2/2019 at 1:54 p.m.  The electronic medical record evidenced an entry made on 7/19/19 at 12 a.m. indicating "[Name of Entity #2] HC Call Summary web service interface Entity #3" The note details stated Diabetic HC call canceled for 6/27/19.  4. During an interview on 7/23/19 at 2:30 p.m. the Administrator and Alternate Administrator inquired what role Entity had with Angels of Mercy. Both stated that Entity #1 was a consulting agency that provided resources only and provided the EMR system. The Administrator was informed that non-employees were making entries into the clinical record. The Administrator stated Entity #1 provided guidance with QAPI and indicated that entity #2 was an additional resource for patients. The Administrator explained that Entity #2 auto enrolls during patient start of care assessment. Entity #2 calls the patient, if the patient responds to the call, Entity #2 will follow up with the agency clinician.	G1028			
E 000	Initial Comments  An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 484.102.  Survey Dates: July 18,19, 22, 23, 24 of 2019.  Facility Number: IN005362 Provider Number: 157200  Active Census = 18  At this Emergency Preparedness survey, Angels	E 000			

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E 000	Continued From page 23 of Mercy was found to be in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 484.102.	E 000		