

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K097	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/10/2015
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NAME OF PROVIDER OR SUPPLIER 4U HOME HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 W 86TH STREET SUITE 190 INDIANAPOLIS, IN 46260
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 0000 Bldg. 00	<p>This was a home health agency federal recertification survey. This was a partial extended survey.</p> <p>Survey Dates: 7-7, 7-8, 7-9 and 7-10-2015. Partial Extended Dates: 7-8, 7-9, and 7-10-2015.</p> <p>Facility Number: IN012906</p> <p>Medicaid Number: 201126610A</p> <p>Census unduplicated previous 12 months: Skilled: 47 Home Health Aide Only: 1 Personal Care Only: 0 Total: 48</p> <p>Current Census: Skilled: 40 Home Health Aide Only: 1 Personal Care Only: 0 Total: 41</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>QR:JE 7/15/15</p>	G 0000		

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 0159 Bldg. 00	<p>484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the plan of care (POC) correctly identified the start of care (SOC) date and certification period (CP) for 5 of 10 clinical records reviewed (1, 6, 7, 9, and 10).</p> <p>Findings include:</p> <p>1. Agency policy "Care Planning Process", last reviewed/revised 9-30-13, states, "A written plan of care will be initiated within five (5) days of start of care ... Plan of Care: The clinical plan of care includes: ... Other appropriate items</p>	G 0159	G 0159 1. All patient charts will be audited for a correct start of care date, which is the date of the first billable service. All patients out of compliance, will be discharged and re-admitted with a correct start of care date on a new 485, with the first billable visit date as the start of care date. The physician start of care will be sent for signature. This process will be completed by 081015. The Administrator and Director of Clinical Services are responsible to complete this process and all future audits. 2. All skilled clinical staff were re-educated on the policy and procedure for care planning process, admissions, reassessment/recertification, and selecting a start of care date,	08/10/2015

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	<p>... "</p> <p>2. Agency policy "Reassessment/Recertification", last reviewed/revised 9-30-13, states, "The comprehensive assessment must be updated and revised every 60 days beginning with the start of care."</p> <p>3. Clinical record (CR) 1, SOC (defined as 1st billable visit) 10-13-14, contained a POC for the certification period (CP) 6-10 to 8-8-15 under Medicaid prior authorization (PA). The first billable visit, with care furnished, was by a registered nurse on 10-20-14, 7 days after the date identified as the SOC. The SOC should have been 10-20-14 and the CPs should have been 10-20 to 12-18-14, 12-19-14 to 2-16-15, 2-17 to 4-17-15, 4-18 to 6-16-15 and 6-17 to 8-15-15.</p> <p>4. CR 6, SOC 3-11-15, contained a POC for the certification period from 3-11 to 5-9-15 under Medicaid prior authorization (PA). The first billable visit, with care furnished, was by a registered nurse on 3-25-15, 14 days after the date identified as the SOC. The SOC should have been 3-25-15 and the CPs should have been 3-25 to 5-23-15 and 5-24 to 7-22-15.</p> <p>5. CR 7, SOC 12-8-14, contained a POC</p>		<p>which is the date of the first billable service. This was done by 071715. 3. All new admissions and recertifications will be audited for correct start of care dates being the same as the first billable visit date, on an ongoing basis, and will be the practice for this agency. 4. This indicator will be added to the Performance Improvement Program. The audits will be done at time of patient admission, and quarterly random audits will be performed using 10 charts or 10% of the patient records, whichever is larger. The threshold of compliance will be 100%. If at anytime the compliance is less than 100%, staff will be re-educated, and the process will be reviewed. Corrections of verbal orders or other interventions will be done if necessary.</p>	

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	<p>for the certification period from 6-6 to 8-4-15 under Medicaid prior authorization. The first billable visits, with care furnished, was by a registered nurse and a home health aide (HHA) on 12-15-14, 7 days after the date identified as the SOC. The SOC should have been 12-15-14 and the CP should have been 12-15-14 to 2-12-15, 2-13 to 4-14-15, 4-15 to 6-13-15, and 6-14 to 8-12-15.</p> <p>6. CR 9, SOC 4-28-15, contained a POC for the certification period from 6-27 to 8-25-15 under Medicaid prior authorization. The first billable visit, with care furnished, was by a HHA on 5-11-15, 13 days after the date identified as the SOC. The SOC should have been 5-11-15 and the CP should have been 5-11 to 7-9-15.</p> <p>7. CR 10, SOC 6-1-15, contained a POC for the certification period from 6-1 to 7-30-15 under Medicaid prior authorization. The first billable visit, with care furnished, was by a HHA on 6-2-15, 1 day after the date identified as the SOC. The SOC should have been 6-2-15 and the CPs should have been 6-2 to 7-31-15.</p> <p>8. On 7-10-15 at 3:30 PM, the administrator, Employee A, indicated CR 1, 6, 7, 9, and 10 were all under Medicaid</p>			

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G 0334	484.55(b)(1) PA. The administrator indicated CRs 1, 6, 7, 9, and 10's SOC dates were determined by designating the date of the CA as the SOC date, and determining the certification period(s) with the date of the SOC CA (comprehensive assessment) as the first day of the first CP. Administrator indicated recertifications are performed based on the SOC the agency established as the date of the CA and CP(s) were calculated from the SOC CA date. The administrator indicated CR 1, CR 6, CR 7, CR 9, and CR 10 all had the CAs performed before the first billable visit. The administrator indicated the SOC date and CP(s) dates are "other appropriate information" to be included on the POC, and that the SOC dates and CP on the POCs above were not according to federal requirements.				

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Bldg. 00	<p>COMPLETION OF THE COMPREHENSIVE ASSESSMENT</p> <p>The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the comprehensive assessment (CA) was performed within 5 days after the start of care (SOC) for 5 of 10 clinical records reviewed (1, 6, 7, 9, and 10).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Agency policy "Initial and Comprehensive Assessment", last reviewed/revised 9-30-13, states, "A comprehensive patient assessment will be completed within five (5) calendar days of the patient's start of care." Clinical record (CR) 1, physician ordered SOC (defined as 1st billable visit) 10-13-14, contained a POC for the certification period (CP) 6-10 to 8-8-15 under Medicaid Prior Authorization (PA). The first billable visit, with care furnished, was by a registered nurse on 10-20-14, 7 days after the date identified as the SOC. The CA at SOC was dated 10-13-14, 7 days prior to the start of care. 	G 0334	<p>G 0334 1. All patient charts will be audited for a correct start of care date, which is the date of the first billable service, this will include the <u>comprehensive assessment</u>. All patients out of compliance, will be discharged and re-admitted with a correct start of care date on a new 485, the <u>comprehensive assessment</u>, with the first billable visit date as the start of care date. The physician start of care will be sent for signature. This process will be completed by 081015. The Administrator and Director of Clinical Services are responsible to complete this process and all future audits. 2. All skilled clinical staff were re-educated on the policy and procedure for care planning process, admissions, reassessment/recertification, <u>comprehensive assessments</u>, and selecting a start of care date, which is the date of the first billable service. This was done by 071715. 3. All new admissions and recertifications will be audited for correct start of care dates being the same as the first billable visit date, on the 485 and the <u>comprehensive assessment</u>, on an ongoing basis, and will be the practice for</p>	08/10/2015			

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	<p>The SOC should have been 10-20-15 and the CA should have been performed between 10-20 and 10-24-14.</p> <p>3. CR 6, SOC 3-11-15, contained a POC for the CP 3-11- to 5-9-15, under Medicaid PA. The first billable visit, with care furnished, was by a registered nurse on 3-25-15, 14 days after the date identified as the SOC. The CA at SOC was dated 3-11-15, 14 prior to the start of care. The SOC should have been 3-25-15 and the CA should have been performed between 3-25 and 3-29-15.</p> <p>4. CR 7, SOC 12-8-14, contained a POC for the CP 6-6 to 8-4-15 under Medicaid prior authorization (PA). The first billable visit, with care furnished, was by a registered nurse on 12-15-14, 7 days after the date identified as the SOC. The CA at SOC was dated 12-8-14, 7 days prior to the start of care. The SOC should have been 12-15-14 and the CA should have been performed between 12-15 and 12-29-14.</p> <p>5. CR 9, SOC 4-28-15, contained a POC for the CP 6-27 to 8-25-15, under Medicaid PA. The first billable visit, care furnished, was by a HHA on 5-11-15, 13 days after the date identified as the start of care. The CA at SOC was dated 4-29-15, 12 days prior to the start</p>		<p>this agency. 4. This indicator will be added to the Performance Improvement Program. The audits will be done at time of patient admission, and quarterly random audits will be performed using 10 charts or 10% of the patient records, whichever is larger. The threshold of compliance will be 100%. If at anytime the compliance is less than 100%, staff will be re-educated, and the process will be reviewed. Corrections of verbal orders or other interventions will be done if necessary.</p>	

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	<p>of care. The SOC should have been 5-11-15 and the CA should have been performed between 5-11 and 5-15-15.</p> <p>6. CR 10, SOC 6-1-15, contained a POC for the CP 6-1 to 7-30-15, under Medicaid PA. The first billable visit, care furnished, was by a HHA on 6-2-15, 1 days after the date identified as the start of care. The CA at SOC was dated 6-1-15, 1 day prior to the start of care. The SOC should have been 6-2-15 and the CA should have been performed between 6-2 and 6-6-15.</p> <p>7. On 7-10-15 at 3:30 PM, the administrator, Employee A, indicated CRs 1, 6, 7, 9, and 10 were all under Medicaid PA. The administrator indicated CRs 1, 6, 7, 9, and 10 had CAs at SOC performed before the start of care, date of first billable visit, as defined by federal regulations.</p>			

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N 0000 Bldg. 00	<p>This was a home health agency state relicensure survey.</p> <p>Survey Dates: 7-7, 7-8, 7-9 and 7-10-2015.</p> <p>Facility Number: IN012906</p> <p>Medicaid Number: 201126610A</p> <p>Census unduplicated previous 12 months: Skilled: 47 Home Health Aide Only: 1 Personal Care Only: 0 Total: 48</p> <p>Current Census: Skilled: 40 Home Health Aide Only: 1 Personal Care Only: 0 Total: 41</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p>	N 0000		

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N 0524 Bldg. 00	<p>QR:JE 7/15/15</p> <p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the plan of care (POC) correctly identified the start of care (SOC) date and</p>	N 0524	1. All patient charts will be audited for a correct start of care date, which is the date of the first billable service. All patients out of compliance, will be discharged and re-admitted with a correct	08/10/2015

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	<p>certification period (CP) for 5 of 10 clinical records reviewed (1, 6, 7, 9, and 10).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Agency policy "Care Planning Process", last reviewed/revised 9-30-13, states, "A written plan of care will be initiated within five (5) days of start of care ... Plan of Care: The clinical plan of care includes: ... Other appropriate items ... " Agency policy "Reassessment/Recertification", last reviewed/revised 9-30-13, states, "The comprehensive assessment must be updated and revised every 60 days beginning with the start of care." Clinical record (CR) 1, SOC (defined as 1st billable visit) 10-13-14, contained a POC for the certification period (CP) 6-10 to 8-8-15 under Medicaid prior authorization (PA). The first billable visit, with care furnished, was by a registered nurse on 10-20-14, 7 days after the date identified as the SOC. The SOC should have been 10-20-14 and the CPs should have been 10-20 to 12-18-14, 12-19-14 to 2-16-15, 2-17 to 4-17-15, 4-18 to 6-16-15 and 6-17 to 8-15-15. 		<p>start of care date on a new 485, with the first billable visit date as the start of care date. The physician start of care will be sent for signature. This process will be completed by 081015. The Administrator and Director of Clinical Services are responsible to complete this process and all future audits. 2. All skilled clinical staff were re-educated on the policy and procedure for care planning process, admissions, reassessment/recertification, and selecting a start of care date, which is the date of the first billable service. This was done by 071715. 3. All new admissions and recertifications will be audited for correct start of care dates being the same as the first billable visit date, on an ongoing basis, and will be the practice for this agency. 4. This indicator will be added to the Performance Improvement Program. The audits will be done at time of patient admission, and quarterly random audits will be performed using 10 charts or 10% of the patient records, whichever is larger. The threshold of compliance will be 100%. If at anytime the compliance is less than 100%, staff will be re-educated, and the process will be reviewed. Corrections of verbal orders or other interventions will be done if necessary.</p>	

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	<p>4. CR 6, SOC 3-11-15, contained a POC for the certification period from 3-11 to 5-9-15 under Medicaid prior authorization (PA). The first billable visit, with care furnished, was by a registered nurse on 3-25-15, 14 days after the date identified as the SOC. The SOC should have been 3-25-15 and the CPs should have been 3-25 to 5-23-15 and 5-24 to 7-22-15.</p> <p>5. CR 7, SOC 12-8-14, contained a POC for the certification period from 6-6 to 8-4-15 under Medicaid prior authorization. The first billable visits, with care furnished, was by a registered nurse and a home health aide (HHA) on 12-15-14, 7 days after the date identified as the SOC. The SOC should have been 12-15-14 and the CP should have been 12-15-14 to 2-12-15, 2-13 to 4-14-15, 4-15 to 6-13-15, and 6-14 to 8-12-15.</p> <p>6. CR 9, SOC 4-28-15, contained a POC for the certification period from 6-27 to 8-25-15 under Medicaid prior authorization. The first billable visit, with care furnished, was by a HHA on 5-11-15, 13 days after the date identified as the SOC. The SOC should have been 5-11-15 and the CP should have been 5-11 to 7-9-15.</p> <p>7. CR 10, SOC 6-1-15, contained a POC</p>			

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	<p>for the certification period from 6-1 to 7-30-15 under Medicaid prior authorization. The first billable visit, with care furnished, was by a HHA on 6-2-15, 1 day after the date identified as the SOC. The SOC should have been 6-2-15 and the CPs should have been 6-2 to 7-31-15.</p> <p>8. On 7-10-15 at 3:30 PM, the administrator, Employee A, indicated CR 1, 6, 7, 9, and 10 were all under Medicaid PA. The administrator indicated CRs 1, 6, 7, 9, and 10's SOC dates were determined by designating the date of the CA as the SOC date, and determining the certification period(s) with the date of the SOC CA (comprehensive assessment) as the first day of the first CP. Administrator indicated recertifications are performed based on the SOC the agency established as the date of the CA and CP(s) were calculated from the SOC CA date. The administrator indicated CR 1, CR 6, CR 7, CR 9, and CR 10 all had the CAs performed before the first billable visit. The administrator indicated the SOC date and CP(s) dates are "other appropriate information" to be included on the POC, and that the SOC dates and CP on the POCs above were not according to federal requirements.</p>			

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

PRINTED: 07/31/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K097	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 07/10/2015
NAME OF PROVIDER OR SUPPLIER 4U HOME HEALTH INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1717 W 86TH STREET SUITE 190 INDIANAPOLIS, IN 46260		
(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	