

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157622	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/16/2012
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NAME OF PROVIDER OR SUPPLIER MERCY HOME HEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3235 45TH ST HIGHLAND, IN 46322
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N0000	<p>This visit was a home health agency state licensure survey.</p> <p>Survey Dates: August 13-15, 2012.</p> <p>Facility ID #: 12018.</p> <p>Medicaid Vendor #: N/A.</p> <p>Skilled unduplicated census: 16.</p> <p>Total records reviewed: 5. Closed records: 2. Active records: 3.</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: right;">August 20, 2012</p>	N0000		

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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N0456	<p>410 IAC 17-12-1(e) Home health agency administration/management Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care.</p> <p>Based on agency document review and interview, the agency failed to maintain and evaluate a quality assessment and performance improvement program for 1 of 1 agency which has the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <p>1. Review of agency documents on 8-15-12 at 10:37 AM evidenced a policy titled "QUALITY ASSURANCE / PERFORMANCE IMPROVEMENT", undated. Employee A indicated the policy is current and in use by the agency. The policy describes a plan for the agency to "continuously measure, assess, and to improve the performance of clinical and other processes. This plan will be based on the organization's mission and goals and designed to improve client outcomes and the perceptions of clients/families</p>	N0456	<p>Complete Date: 8/16/2012 1.The Administrator and Agency Supervisor called for a meeting with all the office management staff immediately after the exit interview on 8/16/2012 from 5 to 6 PM to discuss survey findings and plan of correction pertaining to the Quality Assurance program. Complete Date: 8/20/2012 2. A meeting of the Board members was conducted on 8/20/2012 and discussed possible revisions of the QA policy to ensure compliance and adherence to the regulations. Complete Date: 8/22/2012 3. The following policy revisions was presented to the members of Professional Advisory Group who met on 8/21/2012 was approved and recommended to the governing body for final approval and implementation. 4. The home health agency designated Edwin Padron, RN to be the chairperson of the QA program. Job description includes the following but not limited to: -Reviewing the medical records of the active and</p>	08/22/2012			

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	<p>about the quality and value of services. The agency will adopt a performance improvement model to guide the process." The agency was unable to produce the plan that was described in the policy.</p> <p>2. On 8/15/12 at 10:37 AM, Employee B indicated the agency had identified a need for a qualify assurance program.. Employee A was to be in charge of the program. Employee B indicated the agency had failed to institute any process beyond identifying the need and naming the chair person for the program. Employee B indicated no committee meetings had been held due to agency low census, and Employee A reviewed the OBQI reports as needed as the primary person going in to patient homes and altered procedures and processes as needed based on OBQI results. Employee A indicated a committee had been created and from 8-15-12 forward the committee would meet quarterly to develop and revise a plan per policy.</p>		<p>discharged patient charts to monitor activities of the field staff and contract providers relative to quality of patient care. -Follow-up activities and complaints performed in compliance with the QA plans and makes recommendations or institute corrective actions. -Conduct monthly committee meeting or as often as necessary to monitor QA activities or resolve problems related to identified problems pertaining to patient care, clinical documentations and others. 5. The home health agency developed a chart audit worksheet form to be utilized in data gathering to identify potential problems and will be maintained in a clinical records to support continuous QA activities 6. A quarterly or as needed meeting of the board of directors will be done to discuss any relevant issues identified on the QA activities and develop or revise the plan per policy. 7. Should the staff concerned fail to comply with the QA program standard, appropriate disciplinary actions shall be implemented accordingly.</p>		

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N0472	<p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>Based on agency document review and interview, the agency failed to maintain and evaluate a quality assessment and performance improvement program for 1 of 1 agency which has the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <p>1. Review of agency documents on 8-15-12 at 10:37 AM evidenced a policy titled "QUALITY ASSURANCE / PERFORMANCE IMPROVEMENT", undated. Employee A indicated the policy is current and in use by the agency. The policy describes a plan for the agency to "continuously measure, assess, and to improve the performance of clinical and other processes. This plan will be based on the organization's mission and goals</p>	N0472	<p>Complete Date: 8/16/2012 1. The Administrator and Agency Supervisor called for a meeting with all the office management staff immediately after the exit interview on 8/16/2012 from 5:00 – 6:00 PM to discuss survey findings and plan of corrections pertaining to the Quality Assurance program/Performance Improvement. Complete Date: 8/20/2012 2. A meeting of the board members was conducted on 8/20/2012 and discussed possible revisions of the QA/Performance Improvement policy to ensure compliance and adherence to the regulations. 3. The following Performance Improvement measures were discussed and identified indicators to serve as a basis to ensure the quality of care. 4. A quarterly or as needed meeting of the board of directors will be done to discuss the performance</p>	08/20/2012			

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	<p>and designed to improve client outcomes and the perceptions of clients/families about the quality and value of services. The agency will adopt a performance improvement model to guide the process." The agency was unable to produce the plan that was described in the policy.</p> <p>2. On 8/15/12 at 10:37 AM, Employee B indicated the agency had identified a need for a qualify assurance program.. Employee A was to be in charge of the program. Employee B indicated the agency had failed to institute any process beyond identifying the need and naming the chair person for the program. Employee B indicated no committee meetings had been held due to agency low census, and Employee A reviewed the OBQI reports as needed as the primary person going in to patient homes and altered procedures and processes as needed based on OBQI results. Employee A indicated a committee had been created and from 8-15-12 forward the committee would meet quarterly to develop and revise a plan per policy.</p>		improvement outcome and develop a plan for quality indicators that is being partially met by the agency.		

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

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