

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 06/07/2012
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NAME OF PROVIDER OR SUPPLIER  TENDER LOVE HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5401 BROADWAY SUITE C MERRILLVILLE, IN 46410
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N0000	<p>This visit was for an initial state licensure survey.</p> <p>Survey Dates: 6/5, 6/6, and 6/7/12.</p> <p>Facility #: 012827.</p> <p>Medicaid Vendor #: N/A.</p> <p>Surveyor: Janet Brandt, RN, PHNS.</p> <p>Number of records reviewed: 3 Open records: 3. Closed records: 0. Unduplicated census: 3.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 12, 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 interview and review of policy and documents, the agency failed to implement, maintain, and evaluate a quality assessment and performance improvement program that evaluated the care provided to patients for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had developed a quality assurance program.</li> <li>2. On 6/5/12 at 2:15 PM, Employee A indicated the agency had not yet developed a program for quality assurance.</li> <li>3. The policy titled "Quality Assurance Policy" dated April 6, 2012, states, "TLHS (Tender Love Home Services)</li> </ol>	N0456	N_0456A QA program has been developed by Tender Love Home Services, LLC. The Administrator and Assistant Administrator will be responsible for ensuring that quality appropriateness of patient care will be ongoing. We have performed a QA assessment on one of our current patient's and after this was done and patient made aware of the things she should avoid or do; her management of care concerning her diagnosis was much better and showed an improvement.	06/13/2012			

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	will have documentation of the QA (Quality Assurance) performance improvement program."			

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N0458	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations.</p> <p>Based on personnel file review and interview, the agency failed to ensure the home health aide registration was current for 1 of 1 home health aide personnel record reviewed with the potential to affect all patients receiving home health aide services.</p> <p>Findings include:</p> <p>1. Personnel record F failed to evidence the employee's home health aide registration was current.</p> <p>2. Employee A, on 6/6/12 at 10:00 AM CST, indicated the home health aide registration for Employee F expired on</p>	N0458	N_0458 The Administrator/Assistant Administrator of Tender Love Home Services, LLC has put in policy for all CNA/HHA registry to be checked prior to hiring and if CNA does not have Home Health Aide certificate or certification Tender Love Home Services, LLC will administer appropriate competency test and skilled performance. They will also be registered with the state. We will also ensure that the HHA/CNA renew both their certificates prior to expiration date, to ensure State/Federal compliance regulations. It will be kept in each employee's personnel record.	06/13/2012			

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	<p>11/3/11 and the agency had not followed it's own policy.</p> <p>3. The agency policy titled "Policy for Personnel" dated 4/6/12, indicated by Employee A to be the agency's current policy, states, "Home Health Aide certification will also be tracked to ensure compliance with state/federal regulations."</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 interview and review of policy and documents, the agency failed to implement, maintain, and evaluate a quality assessment and performance improvement program that evaluated the care provided to patients for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had developed a quality assurance program.</li> <li>2. On 6/5/12 at 2:15 PM, Employee A indicated the agency had not yet developed a program for quality assurance.</li> </ol>	N0472	N_0472 The Administrator/Assistant Administrator and Staff (RN, LPN, HHA/CNA, PT) at Tender Love Home Services, LLC will diagnosis quality problems and focus on quality improvement strategies by systematically developing statements to assist doctors and patient decisions about appropriate health care for specific clinical circumstances. Next we will rely on qualitative reasoning and emphasize on clinical content, making sure to include patient preferences. After that is done we will look at conditions in improving quality of service delivery, so that it will be effective and enhance population health to spend effort in the wisest manner because it would be easier to control how the team here at Tender Love Home Services, LLC performs a treatment than it is to control	06/13/2012			

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	3. The policy titled "Quality Assurance Policy" dated April 6, 2012, states, "TLHS (Tender Love Home Services) will have documentation of the QA (Quality Assurance) performance improvement program."		patient compliance. Tender Love Home Services, LLC, will use a quality assessment and performance improvement program that will utilize objective measures.				