

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2015
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NAME OF PROVIDER OR SUPPLIER QUALITY HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3060 VALLEY FARMS RD INDIANAPOLIS, IN 46214
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N 0000 Bldg. 00	<p>This was an offsite licensure investigation survey.</p> <p>Survey Date: 10/5/15</p> <p>Facility Number: #008690</p> <p>During this offsite investigation, the agency was found to be operating without a current Indiana Home Health license.</p>	N 0000	<p><u>"This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Quality Home Care as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies"</u></p>	
N 0400 Bldg. 00	<p>410 IAC 17-10-1(a) Licensure Rule 10 Sec. 1(a) No home health agency shall:</p>			

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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	<p>(1) be opened; (2) be operated; (3) be managed; (4) be maintained; or (5) otherwise conduct business; without a license issued by the department.</p> <p>Based on document review and interview, the agency failed to ensure it was operating with a current Indiana Home Health Agency license.</p> <p>Findings include:</p> <p>1. The following was Indiana statute for licensure of home health agencies, "IC [Indiana Code] 16-27-1-8 Licensing Sec. [section] 8. (a) To operate a home health agency, a person must first obtain a license from the state health commissioner."</p> <p>2. A letter from Indiana State Department of Health dated 5/26/15, stated, "Dear [administrator's name]: Our records indicate that your agency's license to operate a home health agency in the State of Indiana will expire 8/31/15. Enclosed is a renewal application for you to complete and submit with requested documentation and \$250 license fee to: ... Please ensure your application is complete and arrives in advance of your facility's license expiration 9/30/15."</p>	N 0400	N400 On October 6, 2015, The Executive Director hand delivered the Renewal Application for License to Operate a Home Health Agency and a cashier's check in the amount of \$250 for the renewal fee to the Indiana State Department of Health office at #2 North Meridian, Indianapolis Indiana. At the time of delivery she was given documentation of receipt of check and application. The Executive Director will be responsible for implementing the licensure renewal process within the appropriate time frame in order to remain in compliance with the licensure regulations.	10/06/2015			

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N 0434 Bldg. 00	<p>3. The Indiana State Department of Health did not receive the renewal application by 9/30/15 when the agency's license expired.</p> <p>4. The administrator was contacted on 10/5/15 at 2:30 p.m., and indicated the agency was currently operational with approximately 60 patients. The administrator indicated being responsible for the completion of the licensure renewal application.</p> <p>410 IAC 17-11-3 Renewal of home health licensure Rule 11 Sec. 3 An application for renewal of license shall be filed with the department at least sixty (60) days prior, but not sooner than ninety (90) days before, the expiration date of the current license.</p> <p>Based on document review and interview, the home health agency failed to ensure the renewal application for licensure was filed at least 60 days prior to the expiration of the Indiana home health license.</p> <p>Findings include:</p> <p>1. A letter from Indiana State Department of Health dated 5/26/15, stated, "Dear [administrator's name]: Our records indicate that your agency's license to operate a home health agency in the State of Indiana will expire 9/30/15.</p>	N 0434	N434 On October 6, 2015, The Executive Director hand delivered the Renewal Application for License to Operate a Home Health Agency and a cashier's check in the amount of \$250 for the renewal fee to the Indiana State Department of Health office at #2 North Meridian, Indianapolis Indiana. At the time of delivery she was given documentation of receipt of check and application. The Executive Director will be responsible for implementing the licensure renewal process within the appropriate time frame in order to remain in compliance with the licensure regulations.	10/06/2015

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N 0447 Bldg. 00	<p>Enclosed is a renewal application for you to complete and submit with requested documentation and \$250 license fee to: ... Please ensure your application is complete and arrives in advance of your facility's license expiration 9/30/15."</p> <p>2. The Indiana State Department of Health did not receive the renewal application by 9/30/15 when the agency's license expired.</p> <p>3. The administrator was contacted on 10/5/15 at 2:30 p.m., and indicated the agency was currently operational with approximately 60 patients. The administrator indicated being responsible for the completion of the licensure renewal application.</p> <p>410 IAC 17-12-1(c)(4) Home health agency administration/management Rule 12 Sec. 1(c)(4) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (4) Ensure the accuracy of public information materials and activities.</p> <p>Based on interview and record review, the agency failed to ensure the phone greeting of the agency's phone number accurately identified the name of the agency being contacted for 1 of 1 phone contacts made.</p>	N 0447	N447 The Executive Director and/or designee will be responsible for reporting the change in phone number for Quality Home Health from 317-291-1112 to the new number 317-299-3437,	11/02/2015			

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. The Indiana State Department of Health's database was reviewed and indicated the agency's phone number was 317- 291-1112. 2. On 10/5/15 at 2:30 p.m., the agency number on record was contacted and an individual answered the phone call and stated, "The Harrison's". When the recipient of the call was queried about the number dialed they stated the caller may be trying to reach Quality Home Care Inc. and both share the same phone number. The individual indicated The Harrison's owned the building and was similar to an assisted living. The call was transferred to the home health agency owner and was then interviewed. The administrator confirmed the accuracy of the phone number in the Indiana State Department of Health's database for the agency. When queried about the lack of identification of the agency in the phone greeting the administrator indicated they do not receive calls from patients outside of their building. The administrator indicated the agency should consider modifying the greeting to ensure any public individual would know they had correctly connected with the agency when the number was contacted. 		<p>to the Indiana State Department of Health, clients, and vendors. In order to ensure the accuracy of public information materials, Quality Home Care will have a separate phone line that will ring directly to the QHC office during normal business hours. After normal business hours there will be voice mail access to contact Director of Nursing available after normal business hours.</p> <p>All changes will be implemented by November 2, 2015.</p>				

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

PRINTED: 10/26/2015

FORM APPROVED

OMB NO. 0938-0391

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