

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 157318	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OR SUPPLIER PREFERRED HOME HEALTH CARE, INC		STREET ADDRESS, CITY, STATE, ZIP COD 6920 PARKDALE PLACE, SUITE 110 INDIANAPOLIS, IN 46254		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PART II PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 0000 Bldg. 00	<p>A Focused Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 494.102 due to recent developments of the COVID-19 pandemic.</p> <p>Survey Dates: 8/17/2020</p> <p>Facility Number: IN005731</p> <p>Provider Number: 157318</p> <p>At this Focused Infection Control Emergency Preparedness survey, in regards to staffing, implementation of staffing, & infection control, Preferred Home Health Care, Inc. was not found to be in compliance with 42 CFR 484.102 Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers for Home Health Agencies.</p> <p>Quality Review Completed on 09/01/2020 by Area 3</p>	E 0000	<p>G-0000 At the Focused Infection Control Emergency Preparedness survey, in regard to staffing, implementation of staffing and infection control Preferred Home health Care Services was found to be in compliance with 42 CFR 484.70 Infection Prevention and Control during office and home visit. Please correct name on our survey has Tendercare Home Health Services. Thank you</p> <p>Completion Date 8/28/2020</p>	
E 0024 Bldg. 00	<p>403.748(b)(6), 416.54(b)(5), 418.113(b)(4), 441.184(b)(6), 482.15(b)(6), 483.475(b)(6), 483.73(b)(6), 484.102(b)(5), 485.625(b)(6), 485.68(b)(4), 485.727(b)(4), 485.920(b)(5), 491.12(b)(4), 494.62(b)(5)</p> <p>Policies/Procedures-Volunteers and Staffing</p> <p>[(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years (annually for LTC).] At a minimum, the policies and procedures must address the following:]</p> <p>(6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.</p> <p>*[For RNHCIs at §403.748(b):] Policies and procedures. (6) The use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency.</p> <p>*[For Hospice at §418.113(b):] Policies and procedures. (4) The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.</p> <p>Based on record review and interview, the agency failed to develop and implement COVID- 19 emergency preparedness policies and procedures which addressed staffing strategies during a COVID- 19 emergency.</p> <p>The findings include:</p> <p>Record review on 8/28/2020 of the agency's emergency preparedness plan failed to evidence staffing strategies during and COVID- 19</p>	E 0024	E-0024 Emergency Staffing Plan and Pandemic Emergency Staffing Plan was developed and implemented with the updated Emergency Management Plan Policy No. 6-037.1. The administrator in serviced all staff on 9/10/2020. The facilities must develop and implement emergency preparedness policies and procedures. Completed in-service completed with staff regarding	09/18/2020

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G 0000 Bldg. 00	<p>emergency.</p> <p>During an interview on 8/28/2020 at p.m., the administrator indicated there was not a policy and procedure which addressed staffing strategies in the event of an emergency included in the agency's emergency preparedness binder.</p> <p>This visit was for a Focused Infection Control Survey of a Medicare Home Health Agency.</p> <p>Survey date: 08/28/2020</p> <p>Facility #: IN005731</p> <p>Provider #: 157318</p> <p>Home visits conducted: 1</p> <p>At this Focused Infection Control Emergency Preparedness survey, in regards to staffing, implementation of staffing, & infection control, Tendercare Home Health Services was found to</p>	G 0000	<p>with changes to COVID 19 client care in the Emergency Staffing Plan on 9/18/2020.</p> <p>The policies and plans will be reviewed and updated annually by the Board of Directors and QAPI.</p> <p>The Emergency Management Plan Evaluation Form will be completed annually during a Drill or during actual event.</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>G-0000 At the Focused Infection Control Emergency Preparedness survey, in regard to staffing, implementation of staffing and infection control Preferred Home health Care Services was found to be in compliance with 42 CFR 484.70 Infection Prevention and Control during office and home visit. Please correct name on our survey has Tendercare Home Health Services. Thank you</p> <p>Completion Date 8/28/2020</p>	

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	be in compliance with 42 CFR 484.70 Infection Prevention and Control			