STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K091	A. BUILDING B. WING	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELP AT HOME SKILLED CARE	9025 COLDWATER RD STE 400, FORT WAYNE, IN, 46825

(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
G0000	INITIAL COMMENTS This visit was for a Federal and State complaint survey of a Home Health Care Provider. Survey Dates: June 9 and 10, 2022 Complaint: 62875 - U*nsubstantiated*. Federal and State deficiencies were not cited. An unrelated Federal deficiency was cited. Census: 197 This deficiency report reflects State Findings cited in accordance with 410 IAC 17.	G0000		2022-07-08
G0446	Contact info Federal/State-funded entities 484.50(c)(10)(i,ii,iii,iv,v) Based on document review and interview, the agency failed to provide the contact information for the Quality Improvement	G0446	1) Administrator to educate all staff on 7/1/2022 on contact information for Region IV; Indiana Quality Improvement Organization via Teams virtual meeting and e-mail follow-up, which is Livanta LLC 10820 Guilford Road, Suite 202. Annapolis Junction, MD 20701-1105. Toll Free Beneficiary Helpline: 1-888-524-9900, TTY 1-888-985-8775. Website:¿¿https://www.livantaqio.com/en/states/indiana. Administrator/designee to update Patient Admission Booklet to include the	2022-07-08

	Organization for Region IV, [Indiana is in Region IV] to the patients, with the potential to affect all patients for 1 of 1 agency. Findings include: Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides: (i) Agency on Aging (ii) Center for Independent Living (iii) Protection and Advocacy Agency, (iv) Aging and Disability Resource Center; and (v) Quality Improvement Organization. Review of the agency Patient Handbook failed to identify the federally - funded and state - funded Quality Improvement Organization contact information. During an interview on 6/10/2022 at 3:28 PM, the administrator relayed that the contact information for the Quality Improvement Organization, for Indiana, was not provided to patients of the agency.		above information and to place in the mail to all current clients by 7/8/2022. Educational letter to be provided with booklet to explain the addition of the Quality Improvement Organization contact information within the booklet. 2) RN Case Managers to review current Patient Admission Booklet in each client home, and with all new admissions, to ensure it has appropriate information and contact information included. RN Case Managers to report to Administrator any deficiencies and Administrator/designee will update accordingly. 3) Administrator/designee will be responsible for ensuring the Patient Admission Booklet has all has appropriate information and contact information included and that clients are aware. 4) The deficiency will be corrected by 7/8/2022.	

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE