

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 200231350A	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/26/2022	
NAME OF PROVIDER OR SUPPLIER PREFERRED HOME HEALTH CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6920 PARKDALE PLACE, SUITE 110, INDIANAPOLIS, IN, 46254		
(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
E0000	<p>Initial Comments</p> <p>An Emergency Preparedness survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102 for a Home Health Agency.</p> <p>Survey Dates: 10/24/22, 10/25/22, and 10/26/22</p> <p>Facility # 005731</p> <p>At this Emergency Preparedness survey, Preferred Home Care was found to have been in compliance with 42 CFR 484.102 Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers for Home Health Agencies.</p>	E0000		

	QR by Area 3 on 10-27-2022			
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for the second Federal Post Condition revisit and a follow-up to a State Re-licensure survey of a Medicare Home Health Agency following the original Recertification and State Re-licensure survey conducted on 6/9/2022, with the first Post Condition revisit survey exit date of 9/16/2022.</p> <p>Survey Dates: 10/24/22, 10/25/22, and 10/26/22</p> <p>Census: 425</p> <p>During this survey, 2 Condition level deficiencies, 2 Standard level deficiencies, and 1 Element deficiency were corrected. No new deficiencies were cited. Both Conditions - 42 CFR 484.102 (Emergency Preparedness) and 42 CFR 484.50 (Patient Rights) were determined to be back in compliance and all Standard-level deficiencies were corrected.</p> <p>Preferred Home Health Care,</p>	G0000		

Inc. was found to have been in compliance with 42 CFR 184 et seq. and 410 IAC 17 et seq. in regard to the requirements for home health agencies.

Based on the Condition-level deficiencies during the 6/9/2022 survey, your Home Health Agency was subject to a partial or extended survey pursuant to section 1891(c)(2)(D) of the Social Security Act on 6/9/2022. Therefore, and pursuant to section 1891(a)(3)(D)(iii) of the Act, your agency continues to be precluded from operating a home health aide training, skills competency, and/or competency evaluation program for a period of two years beginning 6/9/2022 and continuing through 6/8/2024.

QR by Area 3 on 10-27-2022

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