

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157643		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  02/06/2024
NAME OF PROVIDER OR SUPPLIER  PARAGON HOME HEALTH CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE  3310 HICKORY RD STE B-1A, MISHAWAKA, IN, 46545			
(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
N0000	<p>Initial Comments</p> <p>This visit was for a State Complaint Survey of a Home Health Provider conducted by the Indiana Department of Health.</p> <p>Survey Dates: February 5 and 6, 2024.</p> <p>Complaint: 104273: Compliant, with unrelated deficiency cited.</p> <p>12 Month Unduplicated Admissions: 129.</p> <p>This deficiency report reflects State Finding cited in accordance with 410 IAC 17.</p> <p>QR completed by Area 3 on 2/15/2024.</p>	N0000			

N0447	<p>Home health agency administration/management</p> <p>410 IAC 17-12-1(c)(4)</p> <p>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:</p> <p>(4) Ensure the accuracy of public information materials and activities.</p> <p>Based on record review, observation and interview, the administrator failed to ensure that all public information materials were current and accurate in 1 of 1 home health agency.</p> <p>Findings include:</p> <p>1. Review of an agency document titled "Patient Admission Booklet" indicated on the cover page the agency was accredited (a process in which an accrediting body ensures a home health agency has met the required standards). The letter to the patient on page 4 included the hotline number to an accreditation body and the signature page indicated information regarding the accrediting body was discussed</p>	N0447	<p><b>CorrectiveAction:</b></p> <p>In order to correct the above deficiency cited, in a Management meeting on 2/15/2024, the Administrator and Director of ClinicalServices discussed, reviewed, and updated the organization's "PatientAdmission Booklet", to ensure the accuracy of public information materialsand activities.</p> <p>Duringthis management meeting, the deficiency cited under N-0447 was corrected. Theinformation for the accreditation body on the letter to the patient on page 4 andthe signature page of the "Patient Admission Booklet" that included the hotlinenumber to an accreditation body and indicated information regarding theaccrediting body was removed. Only Contact information for the State of IndianaHome Health Hotline for Complaints and contact information for the State of Indianawasretained and updated in the agency's Patient Admission/Orientation Packet.</p>	2024-02-20
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during the initial visit.

2. During a home visit on 02/06/24 at 10:00 AM, observed the Patient Admission Booklet in the home of Patient #1 that evidenced agency accreditation information on the cover page.

3. During an interview on 02/06/24 at 9:15AM, the administrator indicated the agency federal certification was revoked and agency is working on federal recertification and reissuance of accreditation status.

An in-service meeting will be conducted by the Administrator and attended by all staff on 2/20/24 to discuss the agency's "Patient Admission Booklet". During this meeting, deficiencies cited under N-0447 will be reviewed, addressed, and discussed in detail with all staff. All staff will be informed and educated on the presence of the most updated version of the agency's Patient Admission/Orientation Packet which includes only contact information for the State of Indiana Home Health Hotline for Complaints. All staff will be instructed to educate all active and new patients. All newly admitted Patients will receive the most updated version of the agency's Patient Admission/Orientation Packet which includes Contact information for the State of Indiana Home Health Hotline for Complaints. All staff will understand and acknowledge the requirement and importance of the need to

educate Patients on the most updated version of the "agency's PatientAdmission/Orientation Packet" as per agency policy. All active patients willsign/date and return an acknowledgment form stating that they have received the updated agency's Patient Admission/Orientation Packet from clinicians. All newstaff will be oriented to this requirement at the time of hire. This correctiveaction will be implemented on 2/20/2024.

**Measures to assure no recurrence**

Inorder to ensure that there is no recurrence of this deficiency, theAdministrator will utilize an audit tool to keep track of the acknowledgment formthat includes the Contact information for the State of Indiana Home HealthHotline for Complaints and it will be placed in the patient's clinical records.This process will involve our clinicians visiting patients' residences to ensurethat the most updated version of "the agency's Patient Admission/Orientation Packetis present and all active patients

will sign/date and return an acknowledgment form stating that they received education from clinicians.

### **Monitoring**

In order to ensure the implementation and effectiveness of this corrective action, the Administrator will audit 100% active charts to ensure that the clinicians have provided and educated the patients on the most current version of the Patient Admission packet that includes Contact information for the State of Indiana Home Health Hotline for Complaints and that completed acknowledgment form that is signed/dated by the patient is present in the clinical record every week. Reports will be generated and results will be compiled to ensure clinical records focusing on the need to ensure processes have improved. If any deficiencies are identified, they will continue to be addressed with each personnel as needed. This process will continue for the next 30 days until 90-100% compliance is achieved. After 30 days, this process will continue

		<p>to be monitored every quarter and will be included in the quarterly chart audit review. Quarterly audit results will be compiled and sent to the QAPI Committee for review. Once the threshold is met, the Quality Committee will continue to audit 20% of clinical records quarterly to ensure compliance is maintained. The Administrator and QAPI Committee will send a written report to the Governing Body quarterly for their recommendations.</p> <p>The Administrator will be responsible for corrective action of this deficiency, measures to assure no recurrence, and monitoring of this deficiency.</p>	
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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  
Muhammad Chaudhry

TITLE  
Administrator

(X6) DATE  
2/19/2024 4:47:57 PM