

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157681	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/14/2021
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NAME OF PROVIDER OR SUPPLIER INDIANA SIGNAL HEALTH GROUP SKIL	STREET ADDRESS, CITY, STATE, ZIP CODE 2013 CHESTER BLVD , RICHMOND, Indiana, 47374
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(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
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G0640	<p>Quality assessment/performance improvement</p> <p>CFR(s): 484.65</p> <p>Condition of participation: Quality assessment and performance improvement (QAPI).</p> <p>The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS.</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>Based on record review and interview the agency failed to maintain an effective, ongoing Quality Assessment and Performance Improvement Program in 1 of 1 agencies reviewed.</p> <p>Findings Include:</p> <p>1. A policy titled, "QAPI Policy," dated 7/2020 was provided by Employee C on 12/14/2021 at 12:43 p.m. The policy indicated but was not limited to, "It is the policy of our Agency to have in place, an ongoing quality assurance and performance improvement (QAPI) program that is agency-wide, data-driven, across all aspects of Agency services and programs. The Governing Body will directly be responsible for the administration of the QA (quality assurance) Program and for review of AQ efforts and approving data collection and other QA activities." 2. A policy titled, "QAPI Program," dated 7/2020 was provided by Employee C on</p>	G0640		
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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	TITLE	(X6) DATE
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G0640	Continued from page 1 12/14/2020 at 12:43 p.m. The policy indicated but was not limited to, "It is the policy of the Agency to have in place a program to measure performance and quality of service delivery. The Agency QAPI committee will ongoing, investigate at least one (1) quality indicator as part of the overall Agency QA program, effective July 13, 2018." 3. A document titled, "QAPI Meeting," dated 6/6/2019 was provided by Employee C on 12/14/2021 at 12:43 p.m. The summarized document indicated the last QAPI meeting completed to date. 4. An interview on 12/13/2021 at 12:35 p.m. was completed with Employee B. Employee B confirmed that the last QAPI meeting was completed in 2018. Confirmed that since then, QAPI has not been maintained or implemented within the agency. Confirmed understanding that QAPI is a requirement for condition of participation in Medicare and Medicaid and is also Indiana Signal Health Group's policy.	G0640		