

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157285	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/01/2023	
NAME OF PROVIDER OR SUPPLIER ADVANTAGE HOME HEALTH CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4008 N WHEELING AVE, MUNCIE, IN, 47304		
(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 State Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Dates: March 1, 2023</p> <p>Unduplicated skilled census: 580</p> <p>At this Emergency Preparedness survey, Advantage Home Health Care, Inc., was found to be out of compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p> <p>QR: Area 2, 3/03/23</p>	E0000		2023-03-24
E0030	Names and Contact Information	E0030	Advantage Home Health Care Inc. will revise the agency's EmergencyPreparedness plan to	2023-03-24

<p>483.73(c)(1)</p> <p>§403.748(c)(1), §416.54(c)(1), §418.113(c)(1), §441.184(c)(1), §460.84(c)(1), §482.15(c)(1), §483.73(c)(1), §483.475(c)(1), §484.102(c)(1), §485.68(c)(1), §485.542(c)(1), §485.625(c)(1), §485.727(c)(1), §485.920(c)(1), §486.360(c)(1), §491.12(c)(1), §494.62(c)(1).</p> <p>[(c) The [facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following:]</p> <p>(1) Names and contact information for the following:</p> <p>(i) Staff.</p> <p>(ii) Entities providing services under arrangement.</p> <p>(iii) Patients' physicians</p> <p>(iv) Other [facilities].</p> <p>(v) Volunteers.</p> <p>*[For Hospitals at §482.15(c) and CAHs at §485.625(c)] The communication plan must include all of the following:</p> <p>(1) Names and contact information for the following:</p> <p>(i) Staff.</p> <p>(ii) Entities providing services under arrangement.</p> <p>(iii) Patients' physicians</p> <p>(iv) Other [hospitals and CAHs].</p> <p>(v) Volunteers.</p>		<p>include a Communication Plan by 3-24-23. This plan will include contact information for staff, patients and/or caregivers, physicians, and volunteers.</p> <p>This Communication Plan will be located not only in the agency's Emergency Preparedness manual but will also be accessible electronically to allow for easy access in an emergency situation.</p> <p>All office staff will be in-serviced on the agency's Communication Plan, the location of the contact information that is included in our Communication Plan and his/her role in the agency's Emergency Preparedness plan by 3-24-23.</p> <p>The administrator will ensure that the Communication Plan is reviewed and updated at least every 2 years.</p>	
---	--	---	--

<p>*[For RNHCIs at §403.748(c):] The communication plan must include all of the following:</p> <p>(1) Names and contact information for the following:</p> <ul style="list-style-type: none"> (i) Staff. (ii) Entities providing services under arrangement. (iii) Next of kin, guardian, or custodian. (iv) Other RNHCIs. (v) Volunteers. <p>*[For ASCs at §416.45(c):] The communication plan must include all of the following:</p> <p>(1) Names and contact information for the following:</p> <ul style="list-style-type: none"> (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers. <p>*[For Hospices at §418.113(c):] The communication plan must include all of the following:</p> <p>(1) Names and contact information for the following:</p> <ul style="list-style-type: none"> (i) Hospice employees. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Other hospices. <p>*[For HHAs at §484.102(c):] The communication plan must include all of the following:</p> <p>(1) Names and contact information for the</p>		<p>The administrator will be responsible for the implementation of this correction by 3-24-23 and to ensure 100% compliance. The administrator will monitor this corrective action to ensure this deficiency is corrected and will not recur.</p>	
--	--	---	--

following:

- (i) Staff.
- (ii) Entities providing services under arrangement.
- (iii) Patients' physicians.
- (iv) Volunteers.

*[For OPOs at §486.360(c):] The communication plan must include all of the following:

(2) Names and contact information for the following:

- (i) Staff.
- (ii) Entities providing services under arrangement.
- (iii) Volunteers.
- (iv) Other OPOs.
- (v) Transplant and donor hospitals in the OPO's Donation Service Area (DSA).

Based on record review and interview, the home health agency failed to include in their Emergency Plan a communication plan with the names and contact information for all staff members and the names and contact information for the patients' physicians, potentially affecting all patients and staff.

Findings include

1. Policy EP-5 "Agency Emergency Preparedness Plan" indicated but not limited to "...The Administrator, or Alternate Administrator will

	<p>procedure...”</p> <p>2. Review of the agency’s Emergency Preparedness Plan failed to evidence a communication plan with the names and contact information of all staff members or the names and contact information for the patients’ physicians.</p> <p>3. During an interview on 03/01/2023 at 04:51 PM, the Administrator confirmed the agency’s Emergency Preparedness Plan did not include the names and contact information for all staff members and did not include the names and contact information for the patients’ physicians and indicated that information was located elsewhere in the agency’s computer system.</p>			
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal and State complaint survey of a HHA Provider.</p> <p>Survey Dates: March 1, 2023</p> <p>Complaint: IN0095996 - unsubstantiated. An unrelated Federal deficiency was cited,</p>	G0000		2023-03-24

<p>and no State deficiencies were cited.</p> <p>12 Month Unduplicated Census: 580</p> <p>Advantage Home Health Care, Inc., was found to be in compliance with 42 CFR 484 and with 410 IAC 17 of a home health survey.</p> <p>QR: Area 2, 3/03/23</p>		
--	--	--

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.

<p>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE</p> <p>Jennifer Heine, RN</p>	<p>TITLE</p> <p>Administrator</p>	<p>(X6) DATE</p> <p>3/9/2023 10:37:07 AM</p>
--	-----------------------------------	--