Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	747966	08/22/2018
Name of Provider or Supplier	**Street Address, City, State**	
Edwards Home Health Inc.	1106 Clayton Lane Ste. 218e, Austin, TX	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
G0000	An Entrance Conference was conducted on 08/21/2018 with the Administrator at 9:35 a.m. The agency representative were informed that the purpose of the visit was a Recertification survey. Written information regarding "What To Expect During Your Agency's Survey" was provided. The agency census was: Austin (Parent): L&CHHS- 0, PAS- 0 An Exit Conference was conducted on 08/22/2018 with the Administrator, CFO (Identifier F), Administrative Assistant (Identifier G) and Administrative Assistant (Identifier H) at 4:15 p.m. The preliminary findings were discussed. The agency was afforded the opportunity to provide additional information. Additional information was not received. Written instructions were provided for submitting a plan of correction within 10 days of the receipt of the Statement of Deficiencies.
G0458	Outcomes/goals have been achieved CFR(s): 484.50(d)(3) The transfer or discharge is appropriate because the physician who is responsible for the home health plan of care and the HHA agree that the measurable outcomes and goals set forth in the plan of care in accordance with 484.60(a)(2)(xiv) have been achieved, and the HHA and the physician who is responsible for the home health plan

of care agree that the patient no longer needs the HHA's services;

This ELEMENT is not met as evidenced by:
Based on record review and interview the agency failed to provide a patient or patient's responsible party with written notice of its intent to transfer or discharge the patient for 7 of 10 discharged patients (Patients #3, #5, #6, #7, #8, #9 and #10) for which records were reviewed.

Failure of the agency to implement and enforce a policy that addressed the requirement to deliver written notice of transfer or discharge has the potential to cause harm to these patients in that they may not receive necessary care and services as ordered or have sufficient time to arrange transfer to a different agency.

Findings Included:

Review of the agency's Policy and Procedure Manual revealed a policy entitled "PE.6 Patient Discharge/Discharge Planning, JCC 031518 L&C," which read in part "c. Agency intending to transfer or discharge a patient will perform the following: i. Provide written notification to the patient, patient's representative (if any), patient's parent, family spouse, significant other or legal representative;"

Review of the clinical record for Patient#3 revealed a start of care date of 01/26/2018 and discharge date of 02/02/2018 for "goals met". The record did not contain documentation that the patient received a written notice of discharge prior to being discharged from the agency.

An Interview was conducted on 05/21/2018 at 4:00 p.m. with the Administrator. Documentation that a written discharge notice was provided to Patient #3 prior to discharge was requested for review. No discharge documentation was provided for review prior to the exit conference on 08/02/2018 at 4:15 p.m.

Review of the clinical record for Patient #4 revealed a start of care date of 12/23/2016 and discharge date of 02/17/2018. Review of record revealed documentation that the patient provided written notice of discharge on 02/17/2018. The agency failed to provide Patient #4 a written notice of discharge prior to being discharged from the agency.

Review of the clinical record for Patient #5 revealed a start of care date of 09/23/2016

	and discharge date of 11/21/2016 for "goals met". The record did not contain documentation that the patient received a written notice of discharge prior to being discharged from the agency. Review of the clinical record for Patient #6 revealed a start of care date of 10/25/2016 and discharge date of 01/24/2017 for "goals met". The record did not contain documentation that the patient received a written notice of discharge prior to being discharged from the agency. Review of the clinical record for Patient #7 revealed a start of care date of 12/03/2014 and discharge date of 05/27/2015 for "goals met". The record did not contain documentation that the patient received a written notice of discharge prior to being discharged from the agency. Review of the clinical record for Patient #8 revealed a start of care date of 01/15/2015 and discharge date of 05/11/2015 for "goals met". The record did not contain documentation that the patient received a written notice of discharge prior to being discharged from the agency. Review of the clinical record for Patient #9 revealed a start of care date of 11/18/2014 and discharge date of 05/18/2018 for "goals met". The record did not contain documentation that the patient received a written notice of discharge prior to being discharged from the agency. Review of the clinical record for Patient #10 revealed a start of care date of 12/23 /2014 and discharge date of 05/11/2015 for "goals met". The record did not contain documentation that the patient received a written notice of discharge prior to being discharged from the agency. An Interview was conducted on 08/22/2018 with the Administrator at 9:30 a.m. Documentation of written discharge notices for Patients #3, #5, #6, #7, #8, #9 and #10 were requested for review. The Administrator acknowledged the agency failed to provide written discharge notices to these patients prior to discharge.
G0642	Program scope CFR(s): 484.65(a)(1),(2) Standard: Program scope. (1) The program must at least be capable of showing

measurable improvement in indicators for which there is evidence that improvement in those indicators will improve health outcomes, patient safety, and quality of care. (2) The HHA must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the HHA to assess processes of care, HHA services, and operations.

This STANDARD is not met as evidenced by:
Based on record review and interview the agency failed to have, implement, and review a quality assessment and performance improvement program consistent with state requirements.

Failure of the agency to maintain a QAPI that included all systems of measurements necessary to comply with state requirements has the potential to result in the agency not being able to effectively utilize data to evaluate and correct identified problems and to revise policies as necessary.

Findings Include:

During an Entrance Conference on 08/21/2018 with the Administrator at 9:35 a.m. documentation of the agency's Quality Assessment and Performance Improvement Program (QAPI) was requested for review.

Review of the agency's policy and procedure manual revealed a policy entitled "QAPI. 1 Quality Assessment & Performance Improvement Program, JCC 011318 L&C", which read in part "The governing body will ensure the QAPI Program: 1. Involves all agency services (including those services provided under contract or arrangement); 2. 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 Agency's performance across the spectrum of care, including the prevention and reduction of medical errors; and 3. Maintains documentary evidence of its QAPI program and activities."

Review of the QAPI documentation provided by the agency revealed the no documentation of a current QAPI program.

An Interview was conducted on 08/22/2018 with the Administrator at 2:30 p.m. Documentation of a QAPI program was requested for review. The Administrator stated the agency has not set up a QAPI program yet and are waiting for their consultant to assist them.