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)
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.