Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	747990	10/13/2023
Name of Provider or Supplier	**Street Address, City, State**	
Jj Home Health Services, Inc	346 Oaks Trl Ste 200, Garland, 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)
G0608	Coordinate care delivery CFR(s): 484.60(d)(4) Coordinate care delivery to meet the patient's needs, and involve the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities. This ELEMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure coordination of services between the Agency and all providers involved in the care for 2 (Patients #2 and 3) of 7 patients who received care and services from other providers. This failure meant the agency failed to share information regarding the ongoing care and interventions with PAS agencies. Patient #2: Discharged record review revealed a POC dated 10/30/2021-12/28/2021 with a SOC date 10/30/2021. The POC included in the Psychosocial and Cognitive Status section, “… Pt. is living alone, has a paid primary care giver 30 hrs/week….”

An undated, unsigned, agency form titled, “Coordination of Care” included the following information about the PHC agency: name; phone number and contact person.

The form did not include the care and services provided by the agency or an agency contact person for coordination with services. The form was not signed by an agency employee and was not sent to the PHC agency.

Review of the entire client’s record revealed no documented coordination of care with the patient’s PHC provider.

Patient #3: Discharged record review revealed a POC dated 05/17/2023-07/15/2023 with a SOC date 01/17/2023.

The POC included in the Psychosocial and Cognitive Status section, “… daughter is primary care giver through PHC program for 23 hrs per week…. ”

An undated, agency form titled, “Coordination of Care” included the following information about the PHC agency: name; phone number and contact person.

The form did not include the care and services provided by the agency or an agency contact person for coordination with services. The form was not signed by an agency employee and was not sent to the PHC agency.

Review of the entire client’s record revealed no documented coordination of care with the patient’s PHC provider.

In an interview with the Administrator on 10/13/2023 at 12:15 PM, the surveyor reviewed the survey findings and asked why the agency did not coordinate care with Patient’s #2 and #3 PAS agencies. The Administrator stated the agency usually does coordinate with PAS agencies, but he did not see on the (Coordination of care) forms where the coordination was completed. The Administrator stated he was aware the coordination needed to include informing the PAS agencies of the care and services the patient’s received through his skilled care agency.