

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K069	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/13/2014
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NAME OF PROVIDER OR SUPPLIER  GUARDIAN HOME HEALTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1521 S 3RD ST TERRE HAUTE, IN 47802
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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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N000000	<p>This was an offsite licensure investigation survey.</p> <p>Survey Date: 5/13/14</p> <p>Facility Number: #012338</p> <p>Surveyor: Kelly Hemmelgarn RN</p> <p>During this offsite investigation, the agency was found to be operating without a current Indiana Home Health license.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 2, 2014</p>	N000000		
N000400	<p>410 IAC 17-10-1(a) Licensure Rule 10 Sec. 1(a) No home health agency shall:</p> <p>(1) be opened; (2) be operated; (3) be managed; (4) be maintained; or (5) otherwise conduct business; without a license issued by the department.</p> <p>Based on document review and interview, the agency failed to ensure it was operating with a current Indiana Home Health Agency license.</p>	N000400	On 5/14/14, a completed licensure renewal application was delivered to the ISDH with the applicable fee. The agency has included licensure renewal application form completion to the	05/15/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 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.

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	<p>Findings include:</p> <ol style="list-style-type: none"> <li>The following was Indiana statute for licensure of home health agencies, "IC (Indiana Code) 16-27-1-8 Licensing Sec. (section) 8. (a) To operate a home health agency, a person must first obtain a license from the state health commissioner."</li> <li>A letter from Indiana State Department of Health dated 12/23/13, stated "Dear [administrator's name]: Our records indicate that your agency's license to operate a home health agency in the State of Indiana will expire 4/30/14. Enclosed is a renewal application for you to complete and submit with requested documentation and \$250 license fee to: ... Please ensure your application is complete and arrives in advance of your facility's license expiration 4/30/14."</li> <li>The Indiana State Department of Health did not receive the renewal application by 4/30/14 when the agency's license expired.</li> <li>The administrator was called on 5/13/14 at 4:40 p.m. and indicated the agency was currently operational with 17 active patients. The administrator indicated not being aware their license expired on 4/30/14.</li> </ol>		<p>annual agency survey which is done in January-February of each year. The agency has also listed this requirement in the tickler file of the Director of Nurses so she will receive 90 day, 60 day and 30 day reminder notices of the pending expiration of the current home health agency license to operate. The administrator will be responsible for monitoring this correction to ensure it does not recur.</p>				

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N000434	<p>410 IAC 17-11-3 Renewal of home health licensure Rule 11 Sec. 3 An application for renewal of license shall be filed with the department at least sixty (60) days prior, but not sooner than ninety (90) days before, the expiration date of the current license.</p> <p>Based on document review and interview, the home health agency failed to ensure the renewal application for licensure was filed at least 60 days prior to the expiration of the Indiana home health license.</p> <p>Findings include:</p> <p>1. A letter from Indiana State Department of Health dated 12/23/13, stated "Dear [administrator's name]: Our records indicate that your agency's license to operate a home health agency in the State of Indiana will expire 4/30/14. Enclosed is a renewal application for you to complete and submit with requested documentation and \$250 license fee to: ... Please ensure your application is complete and arrives in advance of your facility's license expiration 4/30/14."</p>	N000434	<p>On 5/14/14, a completed licensure renewal application was delivered to the ISDH with the applicable fee. The agency has included licensure renewal application form completion to the annual agency survey which is done in January-February of each year. The agency has also listed this requirement in the tickler file of the Director of Nurses so she will receive 90 day, 60 day and 30 day reminder notices of the pending expiration of the current home health agency license to operate. The administrator will be responsible for monitoring this correction to ensure it does not recur.</p>	07/16/2014			

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	<p>2. The Indiana State Department of Health did not receive the renewal application by 4/30/14 when the agency's license expired.</p> <p>3. The administrator was called on 5/13/14 at 4:40 p.m. and indicated the agency was currently operational with 17 active patients. The administrator indicated not being aware their license expired on 4/30/14.</p>			