

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/03/2012	
NAME OF PROVIDER OR SUPPLIER DINAMIC HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7826 CALUMET AVE STE C MUNSTER, IN 46321			
(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			
N0000	<p>This was an offsite licensure investigation survey.</p> <p>Survey Date: 5/2/12</p> <p>Facility Number: 012591</p> <p>Surveyor: Kelly Hemmelgarn RN</p> <p>During this investigation, the agency was found to be operating without a current Indiana Home Health license.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 3, 2012</p>	N0000					

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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N0400	<p>410 IAC 17-10-1(a) Licensure Rule 10 Sec. 1(a) No home health agency shall: (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 license.</p> <p>Findings include:</p> <p>1. A letter from Indiana State Department of Health to the agency dated 12/30/11 states, "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 4/30/12. 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 4/30/12. If you've had a change in Administrator, Alternate Administrator, Nursing Supervisor and/or Alternate Nursing Supervisor, please submit the appropriate documentation below ... Nursing Supervisor -- current resume...please note any information sent incorrectly could</p>	N0400	<p>Renewal application was completed by the backup administrator on 5/4/12. It was mailed to the Indiana State Dept of Health will all required documentation and fees. All patient visits have stopped and agency operations suspended until the renewal license is approved. The administrator has reviewed the licensure requirements and will make sure that the license remains updated. This will be prevented from re-occurring in the future by submitting the renewal application 90-60 days prior to the expiration date. The Administrator will be responsible for the correction and making sure that this will not reoccur in the future. This deficiency was corrected on 5/4/12. The licensed was renewed on 05/11/2012.</p>	05/04/2012			

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	<p>cause delay in the processing of your application"</p> <p>2. On 4/30/12, the license for Dinamic Heath Care Inc. expired.</p> <p>3. As of 5/3/12, Indiana State Department of Health had not received a renewal application or \$250.00 licensure fee.</p> <p>4. The alternate administrator was interviewed on 5/3/12 at 11:05 a.m., and indicated Dinamic was still actively providing services to patients and had just submitted the renewal application in the mail on 5/2/12.</p>						

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N0434	<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 to the agency dated 12/30/11 states, "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 4/30/12. 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 4/30/12. If you've had a change in Administrator, Alternate Administrator, Nursing Supervisor and/or Alternate Nursing Supervisor, please submit the appropriate documentation below ... Nursing Supervisor -- current resume...please note any information sent incorrectly could</p>	N0434	<p>Renewal application was completed by the backup administrator on 5/4/12. It was mailed to the Indiana State Dept of Health with all required documentation and fees. The administrator has reviewed the licensure requirements and will make sure that the license remains updated. This will be prevented from re-occurring in the future by submitting the renewal application 90-60 days prior to the expiration date. The Administrator will be responsible for the correction and making sure that this will not reoccur in the future. This deficiency was corrected on 5/4/12. The license was renewed on 05/11/2012.</p>	05/04/2012			

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