Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	014092	A. BUILDING: ______ B. WING ______	R 01/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADMIRAL HOME HEALTH	**5730 DR MLK BLVD** **ANDERSON, IN 46013**

(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) COMPLETE DATE
{N 000}	Initial Comments This was a second revisit for State Only Initial Home Health Agency for licensure. The first attempt was on 11-6-17 at 10:00 AM. The surveyor arrived at Agency and met with the office manager and administrator. They reported there were no active patients. The surveyor's immediate supervisor notified regarding the agencies failure to have any active patients. Supervisor informed the agency the survey would not be conducted until the agency had at least 1 patient for review during survey process. The agency will submit their letter of readiness by email for a future survey before their provisional license extension expires 1-26-18. The second revisit for State Only Initial Home Health agency for licensure was conducted on 1-23-18 and 1-25-18. All state deficiencies were corrected and no new deficiencies were noted. The current provision license extention expires on 4-26-18. Dates of survey: 1-23-18 and 1-25-18 Facility # 014092 Active census: 2 Home visits: 2 Active chart review with home visit : 2 Discharge charts reviewed: 1 Total charts reviewed: 3	{N 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE