

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/28/2014
NAME OF PROVIDER OR SUPPLIER ADARNA HOME HEALTH CARE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1400 EAST JOLIET STREET CROWN POINT, IN 46307		
(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	
{G 000}	<p>INITIAL COMMENTS</p> <p>This revisit was for an extended federal home health recertification survey that was conducted 2/10/13 - 2/13/14.</p> <p>Survey dates: 3/27/14 - 3/28/14</p> <p>Facility #: IN004058</p> <p>Medicaid #: 200473790</p> <p>Surveyor: Ingrid Miller, RN, PHNS Miriam Bennett, RN, PHNS</p> <p>Census: 226 Skilled unduplicated patients in past year</p> <p>Active patients: 83 patients</p> <p>During this survey 2 conditions were corrected and 13 standard level deficiencies were found corrected.</p> <p>Adarna Home Health Care Services, Inc. is precluded from providing its own home health training and competency evaluation program for a period of two years beginning 2/20/2014 - 2/20/16 due to being found out of compliance with the Conditions of Participation 42 CFR 484.14 Organization, services, and administration and 484.36 Home health aide services.</p> <p>Adarna Home Health Care Services, Inc. if in compliance with the Conditions of Participation 42 CFR Part 484 for Home Health Agencies.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 31, 2014</p>	{G 000}			

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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