

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IN005332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 400 ERIE PASS AUBURN, IN 46706		
(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 400	Continued From page 1 current Indiana home health agency license. Findings include: 1. The following was 410 Indiana Administrative Code 17-10-1(a): "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." 2. A letter from the Indiana State Department of Health dated 2/28/13 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 June 30, 2013. Enclosed is a renewal application for you to complete and submit with requested documentation and the \$250 license fee to... Please ensure that your application is complete and arrives in advance of your facility's license expiration date." 3. On 6/30/13, the license for Dekalb Health Home Care expired. As of 7/1/13 at 2:30 p.m. EST, the Indiana State Department of Health had not received a renewal application or \$250 licensure fee. 4. On 7/1/13 at 2:35 p.m. EST the administrator was interviewed. The administrator indicated the agency had an active caseload of approximately 80 (eighty) patients and provided care on this date for some of those patients. 5. On 7/1/13 at 2:50 p.m. EST, the administrator was interviewed. The administrator indicated that	N 400		

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N 400	Continued From page 2 the agency had a copy of the hospice application and fee receipt but did not have a copy of a home health renewal application or a fee receipt. The administrator indicated an application and fee payment would be submitted as soon as possible.	N 400		