

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157596		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  08/13/2012	
NAME OF PROVIDER OR SUPPLIER  INCARE HOME HEALTHCARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 425 JOLIET ST STE 312 DYER, IN 46311			
(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 off-site home health licensure investigation survey.</p> <p>Survey Date: August 13, 2012</p> <p>Facility Number: 007377</p> <p>Surveyor: Kelly Hemmelgarn RN</p> <p>During this offsite investigation, the agency was not in compliance with 410 IAC 17-12-1.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 14, 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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N0450	<p>410 IAC 17-12-1(c)(7) Home health agency administration/management Rule 12 Sec. 1(c)(7) The administrator, who may also be the supervising physician or registered nurse required by subsection (d) of this rule, shall do the following: (7) Upon request, make available to the Commissioner or his or her designated agent all: (A) reports; (B) records; (C) minutes; (D) documentation; (E) information; and (F) files; required to determine compliance within seventy-two (72) hours of the request or, in the event the request is made in conjunction with a survey, by the time the surveyor exits the home health agency, whichever is sooner.</p> <p>Based on document review, the agency failed to ensure Indiana State Department of Health (ISDH) received evidence supporting the qualifications of a nursing supervisor and alternate administrator.</p> <p>Findings include:</p> <p>1. On July 10, 2012, the ISDH mailed to Incare Home Healthcare Inc. a letter that stated, "RE: Third Notification ... This letter is to confirm receipt of correspondence and/or information regarding changes(s) at your agency. Unfortunately, the Indiana State Department of Health cannot process your</p>	N0450	<p>N 0450 - THE GOVERNING BODY HAS HIRED QUALIFIED STAFF FOR THE ADMINISTRATOR, ALTERNATE ADMINISTRATOR, DIRECTOR OF NURSING AND ALTERNATE DIRECTOR OF NURSING EFFECTIVE AUGUST 30, 2012. ADMINISTRATOR IS NOW TASHA DUHAMELL, ALTERNATE ADMINISTRATOR IS NOW GRESYL LOPEZ, DIRECTOR OF NURSING IS DEBORAH LEEMAN, AND THE ALTERNATE DIRECTOR OF NURSING IS NOW GRESYL LOPEZ.</p> <p>THE GOVERNING BODY, ADMINISTRATOR, AND SUPERVISOR WILL CONTINUOUSLY INSURE THAT</p>	09/11/2012			

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	<p>request unless the following documentation is received in our office on the Alternate Director of Nursing ... current Current Limited Criminal History Check ... OR Current National Criminal History Check from the Indiana State Police if the individual has resided outside Indiana during the two (2) year immediately before the date the individual was hired."</p> <p>2. On July 23, 2012, the ISDH received a fax from Incare Home Healthcare that stated, "July 21, 2012 ... Incare Home Healthcare Inc. 425 Joliet St., Suite 312, Dyer, Indiana 46311, Provider number 15-7596, has hired a new Alternate Director of Nursing. Her name is (pending alternate director of nursing). Her credentials are attached."</p> <p>3. Letter dated July 27, 2012, was mailed to Incare Home Healthcare that stated, "This letter is to confirm receipt of correspondence and/or information regarding change(s) at your agency. Unfortunately, the Indiana State Department of Health cannot process your request for your alternate director of nursing position until the following documentation is received in our office for (pending alternate director of nursing). Your agency must submit a current National Criminal History Check for</p>		<p>THESE POSITIONS WILL STAY FILLED. IF NOTICE IS GIVEN FOR ONE OF THE POSITIONS, THE GOVERNING BODY WILL INSURE THAT THE POSITION WILL BE FILLED BEFORE THE NOTICE IS UP.</p> <p>THE GOVERNING BODY, ADMINISTRATOR AND SUPERVISOR WILL MONITOR TO MAKE SURE THIS DEFICIENCY WILL NOT RECUR.</p> <p>Date of Completion: September 11, 2012</p>		

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	<p>(pending alternate director of nursing). Upon review of the information submitted by your agency it shows that your candidate lives or has lived outside Indiana during the two (2) year immediately before the date of employment with your agency ... Please submit the requested information to ensure compliance with Federal and State Rules and Regulations. Failure to submit documents within fifteen (15) days of the date of this letter may result in further action pursuant to IC (Indiana Code) 16-27-1-12."</p> <p>5. As of August 13, 2012, ISDH had not received the requested information to process the position of alternate nursing supervisor, a period of 17 days.</p>				