

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157187		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/02/2012	
NAME OF PROVIDER OR SUPPLIER PHYSICIANS HOMECARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 210 PROFESSIONAL CT LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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: February 2, 2012</p> <p>Facility Number: IN005352</p> <p>Surveyor: Kelly Hemmelgarn RN</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 8, 2012</p> <p>During this offsite investigation, the agency was not in compliance with 410 IAC 17-10-1.</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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N0408	<p>410 IAC 17-10-1(d) Licensure Rule 10 Sec. 1(d) Disclosure of ownership and management information must be made to the department at the time of the home health agency's initial request for licensure, for each survey, and at the time of any change in ownership or management. The disclosure must include the names and addresses of the following:</p> <p>(1) All persons having at least five percent (5%) ownership or controlling interest in the home health agency. (2) Each person who is: (A) an officer; (B) a director; (C) a managing agent; or (D) a managing employee; of the home health agency and evidence supporting the qualifications required by this article. (3) The corporation, association, or other company that is responsible for the management of the home health agency. (4) The chief executive officer and the chairman or equivalent position of the governing body of that corporation, association, or other legal entity responsible for the management of the home health agency.</p> <p>Based on record review and interview, the agency failed to ensure Indiana State Department of Health (ISDH) received evidence supporting the qualifications of an alternate nursing supervisor.</p> <p>Findings include:</p> <p>1. A letter dated July 20, 2011, was</p>	N0408	Physicians Homecare, Inc. (PHI) intent is to ensure ISDH receives evidence supporting the qualifications of an Alternate Nursing Supervisor. On 6/17/11 a completed Renewal Application for License was mailed to ISDH including the information required for a change in Alternate Nursing Supervisor (ANS) to Kathy Spurlock. A letter dated 6/23/11 from ISDH confirmed receipt of	02/03/2012	

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	<p>mailed to Physicians Homecare Inc. that stated, "This letter is to confirm receipt of correspondence and/or information regarding staff changes within your agency ... Please see the enclosed attachment for requirements for (pending alternate Nursing Supervisor name). (... for Nursing Supervisor / alternate nursing supervisor / medical director, please submit a resume, criminal history check, and a copy of an applicable license)."</p> <p>2. On October 5, 2011, a call was made to the agency requesting the documents be submitted. The Nursing Supervisor / alternate Administrator indicated the agency would fax the required qualification documents for the new alternate Nursing Supervisor to the Indiana State Department of Health (ISDH). No documents were received.</p> <p>3. On January 20, 2012, another call was made to the agency requesting the documents be submitted. The Nursing Supervisor / alternate Administrator indicated the required qualification documents for the alternate Nursing Supervisor were going to be faxed as soon as possible.</p> <p>4. As of February 2, 2012, ISDH had not received the required qualification documents for the alternate Nursing</p>		<p>information regarding ANS staff change and indicated Kathy Spurlock was on record as PHI's ANS with no further request of information. On 7/13/11 requested documentation was faxed to Debbie Cantrell at ISDH. A letter dated 7/20/11 from ISDH informed PHI Kathy Spurlock was now "PENDING" as ANS and requested supervisory/management healthcare experience. On 9/12/11 Kathy Spurlock submitted her resignation but withdrew the resignation on 9/23/11. On 2/3/12 PHI faxed a more detailed resume for Kathy Spurlock, a current criminal history check and a current license check. On 2/21/12 a letter was again received from ISDH confirming receipt of information regarding the staff change and confirming Kathy Spurlock was on record as PHI's ANS. PHI will insure any requested information concerning management/supervisory changes will be submitted in a timely manner by complying with ISDH Rules and Regulations. The CEO of PHI will be responsible for assuring the timeliness of information submitted for any management/supervisory changes. The deficiency was corrected on 2/3/12 and a letter was received dated 2/21/12 confirming acceptance of submitted information by ISDH. The deficiency and surrounding circumstances are</p>		

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	Supervisor.		being reviewed by an ALJ dated for 6/21/12. Pending the ALJ's determination we respectfully request this deficiency be removed from PHI records if ALJ rules in PHI's favor.		