

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157442	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/01/2012
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 S LAFAYETTE ST STE 210 FORT WAYNE, IN 46806
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G0000	<p>This offsite survey was a licensure investigation survey which resulted in violation of this federal regulation.</p> <p>Survey Date: 8/1/12</p> <p>Facility Number: IN008749</p> <p>CCN: 157442</p> <p>Medicaid Number; 200065690A</p> <p>Surveyor: Kelly Hemmelgarn RN</p> <p>During this offsite investigation, the agency was found to be operating without a current Indiana Home Health license.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 8, 2012</p>	G0000		

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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G0118	<p>484.12(a) COMPLIANCE WITH FED, STATE, LOCAL LAWS The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure.</p> <p>Based on document review and interview, the agency failed to ensure it was operating with a current Indiana Home Health Agency license.</p> <p>Findings include:</p> <p>1. The following was Indiana statute for licensure of home health agencies, "IC (Indiana Code) 16-27-1-8 Licensing Sec. (section) 8. (a) To operate a home health agency, a person must first obtain a license from the state health commissioner."</p> <p>2. A letter from Indiana State Department of Health dated 4/3/12, 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 7/31/12. Enclosed is a renewal application for you to complete and submit with requested documentation and \$250 license fee to: ...</p>	G0118	<p>Renewal application and fee submitted 8/1/2012 via USPS Express Mail Service, Tracking number EI639181693US. Delivery confirmed per USPS 8/2/2012, 11:18 am. Administrator will monitor on annual basis to ensure that this deficiency does not recur.</p>	08/01/2012	

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	<p>Please ensure your application is complete and arrives in advance of your facility's license expiration 7/31/12."</p> <p>3. The Indiana State Department of Health did not receive the renewal application by 7/31/12 when the agency's license expired.</p> <p>4. The administrator was called on 8/1/12 at 3:50 p.m. regarding the agency's home health license. When the word license was mentioned the administrator stated, "Oh, shoot! I forgot to send in my license. You [ISDH] even sent me a reminder." The administrator indicated the agency was currently providing services to 185 patients.</p>				

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N0400	<p>410 IAC 17-10-1(a) Licensure Rule 10 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.</p> <p>Based on document review and interview, the agency failed to ensure it was operating with a current Indiana Home Health Agency license.</p> <p>Findings include:</p> <p>1. The following was Indiana statute for licensure of home health agencies, "IC (Indiana Code) 16-27-1-8 Licensing Sec. (section) 8. (a) To operate a home health agency, a person must first obtain a license from the state health commissioner."</p> <p>2. A letter from Indiana State Department of Health dated 4/3/12, 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 7/31/12. Enclosed is a renewal application for you to complete and submit with requested documentation and \$250 license fee to: ... Please ensure your application is complete and arrives in advance of your</p>	N0400	<p>Renewal application and fee submitted 8/1/2012 via USPS Express Mail Service, Tracking number EI639181693US. Delivery confirmed per USPS 8/2/2012, 11:18 am. Administrator will monitor on annual basis to ensure that this deficiency does not recur.</p>	08/01/2012			

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	<p>facility's license expiration 7/31/12."</p> <p>3. The Indiana State Department of Health did not receive the renewal application by 7/31/12 when the agency's license expired.</p> <p>4. The administrator was called on 8/1/12 at 3:50 p.m. regarding the agency's home health license. When the word license was mentioned the administrator stated, "Oh, shoot! I forgot to send in my license. You [ISDH] even sent me a reminder." The administrator indicated the agency was currently providing services to 185 patients.</p>			

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N0434	<p>410 IAC 17-11-3 Renewal of home health licensure Rule 11 Sec. 3 An application for renewal of license shall be filed with the department at least sixty (60) days prior, but not sooner than ninety (90) days before, the expiration date of the current license.</p> <p>Based on document review and interview, the home health agency failed to ensure the renewal application for licensure was filed at least 60 days prior to the expiration of the Indiana home health license.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. A letter from Indiana State Department of Health dated 4/3/12, 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 7/31/12. Enclosed is a renewal application for you to complete and submit with requested documentation and \$250 license fee to: ... Please ensure your application is complete and arrives in advance of your facility's license expiration 7/31/12."</li> <li>2. The Indiana State Department of Health did not receive the renewal application by 7/31/12 when the agency's license expired.</li> <li>3. The administrator was called on 8/1/12</li> </ol>	N0434	<p>Renewal application and fee submitted 8/1/2012 via USPS Express Mail Service, Tracking number EI639181693US. Delivery confirmed per USPS 8/2/2012, 11:18 am. Administrator will monitor on annual basis to ensure that this deficiency does not recur.</p>	08/01/2012			

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