

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157469	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/01/2013
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NAME OF PROVIDER OR SUPPLIER FAMILY HOME HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 9150 E 109TH AVENUE SUITE 3A CROWN POINT, IN 46307
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(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
N000000	<p>This was an offsite state licensure investigation survey.</p> <p>Survey Date: 7/1/13</p> <p>Facility Number: 009481</p> <p>CCN: 157469</p> <p>Medicaid Number: 200097290</p> <p>Surveyor: Randy Snyder</p> <p>During this offsite investigation, the agency was found to be operating without a current Indiana home health agency license.</p> <p>QA: Linda Dubak, R.N. July 2, 2013</p>	N000000		

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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N000400	<p>410 IAC 17-10-1(a) Licensure Rule 10 Sec. 1(a) No home health agency shall:</p> <p>(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 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."</p> <p>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,</p>	N000400	<p>Plan of correction for lapsed IN State licensure: - Responsible party: V. Welty - Completed 7/01/2013 - Actions taken: 1. ISDH contacted Agency on 7/01/13 stating that Home Health license had expired on 6/30. 2. Agency contacted ISDH on 7/01/13, confirming expiration date of 6/30 for Home Health licensure and stated that the error would be corrected immediately. 3. Renewal application was immediately filled out and, along with a check for \$250, was sent FedEx priority overnight to the State of IN. 4. Agency received a letter and receipt from ISDH stating all requirements were met for renewal and awarded such on 7/02/13. Letter was dated and received on 7/02/2013. Plan of correction for lapsed IN State licensure: - Responsible party: V. Welty - Completed: 7/01/2013 - Steps to prevent future deficiency: 1. Spreadsheet created listing</p>	07/01/2013			

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	<p>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."</p> <p>3. On 6/30/13, the license for Family Home Health Services 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.</p> <p>4. On 7/1/13 at 2:42 p.m. EST S1 was interviewed. S1 indicated the administrator was not available and S1 would have someone contact the Indiana State Department of Health.</p> <p>5. On 7/1/13 at 3:00 p.m. EST, S2 was interviewed. S2 indicated the agency was open, operational and seeing patients on this date. S2 indicated an application and fee payment would be submitted as soon as possible.</p>		<p>dates of necessary renewals for IN State licensure and other compliance related renewal dates which will be re viewed monthly by ComplianceCoordinator.</p> <p>2. Alert notice set up using current electronic calendar system to warn of impending IN State Home Health licensure expiration on 6/01/14 and yearly thereafter.</p>		