

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151599	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/01/2012
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NAME OF PROVIDER OR SUPPLIER PREMIER HOSPICE & PALLIATIVE CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11550 N MERIDIAN STREET CARMEL, IN 46032
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L0000	<p>This was an offsite certification investigation survey.</p> <p>Survey Date: 6/1/12</p> <p>Facility Number: 007409</p> <p>CCN: 151599</p> <p>Medicaid Number; 200990000A</p> <p>Surveyor: Kelly Hemmelgarn RN</p> <p>During this offsite investigation, the agency was found to be operating without a current Indiana hospice license.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 1, 2012</p>	L0000	Upon receipt of telephone notification immediate action was taken to submit renewal application and fee.	

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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L0798	<p>418.116 FEDERAL, STATE, LOCAL LAWS & REGULATIONS</p> <p>The hospice and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations related to the health and safety of patients. If State or local law provides for licensing of hospices, the hospice must be licensed.</p> <p>Based on document review and interview, the agency failed to ensure it was operating with a current Indiana hospice license.</p> <p>Findings include:</p> <p>1. The following was the Indiana statute for licensure of hospice facilities, "IC (Indiana Code) 16-25-3-1 License required for facilities...(b) A person not described in subsection (a) who provides hospice services in Indiana must be licensed by the state department under this chapter...."</p> <p>2. A letter from Indiana State Department of Health dated 2/1/12 states, "Dear [administrator's name]: Our records indicate that your hospice program's license to operate in the State of Indiana expire 5/31/12. Enclosed is a renewal application for you to complete and submit with requested documentation and \$100 license fee to: ... Please ensure that your application is complete and arrives</p>	L0798	<p>License renewal application and fee were submitted to Indiana State department of Health on 06/01/12 License certificate was issue and received on 06/08/12. Effective date 06/05/12 - 05/31/13. PLAN OF CORRECTION completed 07/18/12 . The program administrator and Corporate Compliance Officer will share responsibility to insure annual renewal of licensure and timely submission of renewal application and fees. 1. a log will be maintained and placed in a binder labeled "LICENSE RENEWAL APPLICATIONS". The log will contain the following information: License effective date License expiration date Renewal notification date Application completed date Fee attached date Application mailed date License certificate received date 2. The Corporate Compliance Officer will review the log quarterly to insure compliance</p>	07/18/2012			

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	<p>in advance of your hospice program's license / approval to operate expiration 5/31/12 ..."</p> <p>3. On 5/31/12 the license for Premier Hospice & Palliative Care Llc expired. As of 6/1/12, Indiana State Department of Health had not received a renewal application or \$100.00 licensure fee.</p> <p>4. On 6/1/12 at 11:50 a.m., the executive director was interviewed and indicated the administrator was in Phoenix, AZ, but would have her contact Indiana State Department of Health. The executive director indicated the Indianapolis location was currently providing hospice services to 92 patients and the Kokomo multiple location site was providing hospice services to 48 patients. The executive director indicated not being aware their hospice license expired on 5/31/12.</p> <p>5. On 6/1/12 at 2:35 p.m., the administrator was interviewed. The administrator indicated the compliance officer was sending via federal express the renewal application and \$100.00 licensure fee.</p>						

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