

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151595	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/04/2013
NAME OF PROVIDER OR SUPPLIER ASERACARE HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 332 W US HWY 30 STE E VALPARAISO, IN 46385		
(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	
L000000	<p>This was an offsite hospice certification investigation survey.</p> <p>Survey Date: 9/4/13</p> <p>Facility Number: 011201</p> <p>Medicaid Number; 200519300B</p> <p>Surveyor: Joyce Elder, MSN, PHNS</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 September 4, 2013</p>	L000000			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151595	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/04/2013
NAME OF PROVIDER OR SUPPLIER ASERACARE HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 332 W US HWY 30 STE E VALPARAISO, IN 46385		
(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	
L000798	<p>418.116 FEDERAL, STATE, LOCAL LAWS & REGULATIONS 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 4/25/13 states, "Dear [administrator's name]: Our records indicate that your hospice program's license to operate in the State of Indiana expire 8/31/13. Enclosed is a renewal application for you to complete and submit with requested documentation and \$100 license fee to: ... Please ensure that</p>	L000798	<p>1.)When notified on September 4, 2013 by ISDH that the license had expired, the executive director (administrator) notified the individual who handles licensure at the AseraCare corporate office.2.)The corporate office contacted ISDH and advised that the renewal would be sent immediately.3.)The renewal was received by ISDH on or about September 6, 2013 as this is the effective date for the current license.4.)The renewed license was received at AseraCare (Facility #011201) on 09/17/2013. To prevent this in the future, the administrator will: 1.)Forward all materials related to licensure to the individual who handles licensure at the AseraCare corporate office when it is received.2.)Contact the individual who handles licensure at the AseraCare corporate office by August 1 as a reminder that the license expires on August 31, 2014.3.)Insure that the renewal is sent to be received by ISDH no later than August 31, 2014.</p>	09/06/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151595	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/04/2013
NAME OF PROVIDER OR SUPPLIER ASERACARE HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 332 W US HWY 30 STE E VALPARAISO, IN 46385		
(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	
	<p>your application is complete and arrives in advance of your hospice program's license / approval to operate expiration 8/31/13 ..."</p> <p>3. On 8/31/13 the license for Aseracare Hospice expired. As of 9/1/13, Indiana State Department of Health had not received a renewal application or \$100.00 licensure fee.</p> <p>4. On 9/4/13 at 2:20 PM, the administrator was informed that the hospice was no longer licensed as the license had expired. The administrator indicated not being aware their hospice license had not been renewed.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151595	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/04/2013
NAME OF PROVIDER OR SUPPLIER ASERACARE HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 332 W US HWY 30 STE E VALPARAISO, IN 46385		
(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	
S000000	<p>This was an offsite licensure investigation survey.</p> <p>Survey Date: 9/4/13</p> <p>Facility Number: 011201</p> <p>Medicaid Number; 200519300B</p> <p>Surveyor: Joyce Elder, MSN, PHNS</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 September 4, 2013</p>	S000000			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151595	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/04/2013
NAME OF PROVIDER OR SUPPLIER ASERACARE HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 332 W US HWY 30 STE E VALPARAISO, IN 46385		
(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	
S000798	<p>418.116 FEDERAL, STATE, LOCAL LAWS & REGULATIONS 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 4/25/13 states, "Dear [administrator's name]: Our records indicate that your hospice program's license to operate in the State of Indiana expire 8/31/13. Enclosed is a renewal application for you to complete and submit with requested documentation and \$100 license fee to: ... Please ensure that</p>	S000798	<p>1.)When notified on September 4, 2013 by ISDH that the license had expired, the executive director (administrator) notified the individual who handles licensure at the AseraCare corporate office.2.)The corporate office contacted ISDH and advised that the renewal would be sent immediately.3.)The renewal was received by ISDH on or about September 6, 2013 as this is the effective date for the current license.4.)The renewed license was received at AseraCare (Facility #011201) on 09/17/2013. To prevent this in the future, the administrator will: 1.)Forward all materials related to licensure to the individual who handles licensure at the AseraCare corporate office when it is received.2.)Contact the individual who handles licensure at the AseraCare corporate office by August 1 as a reminder that the license expires on August 31, 2014.3.)Insure that the renewal is sent to be received by ISDH no later than August 31, 2014.</p>	09/06/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151595	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/04/2013
NAME OF PROVIDER OR SUPPLIER ASERACARE HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 332 W US HWY 30 STE E VALPARAISO, IN 46385		
(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	
	<p>your application is complete and arrives in advance of your hospice program's license / approval to operate expiration 8/31/13 ..."</p> <p>3. On 8/31/13 the license for Aseracare Hospice expired. As of 9/1/13, Indiana State Department of Health had not received a renewal application or \$100.00 licensure fee.</p> <p>4. On 9/4/13 at 2:20 PM, the administrator was informed that the hospice was no longer licensed as the license had expired. The administrator indicated not being aware their hospice license had not been renewed.</p>				