

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15K101</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>02/17/2022</b>	
NAME OF PROVIDER OR SUPPLIER <b>ELDER'S JOURNEY HOME CARE LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401</b>			
(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
E0000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Dates: February 14th, 15th, 16th, and 17th of 2022.</p> <p>Census: Skilled Services 113 Home Health Aide Only Services 98 Personal Services 65 Total # of Active Patients 389</p> <p>At this Emergency Preparedness Survey, Elder's Journey Home Care LLC, was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p> <p>QR Completed 2/23/2022 A4</p>			E0000			
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal recertification and State re-licensure in conjunction with a complaint survey.</p> <p>Survey Dates: February 14th, 15th, 16th, and 17th of 2022.</p> <p>Active Census: 389</p> <p>Unduplicated Admission for the last 12 months: 694</p> <p>Sample Selection: 4 Record reviews with home visits 7 Record reviews without home visits</p> <p>Complaint # 31966--Unsubstantiated</p> <p>Elder's Journey LLC was found to be in compliance with 42 CFR 410.</p>			G0000			

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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