

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K023	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER HELP AT HOME SKILLED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6855 SHORE TERRACE SUITE 240, INDIANAPOLIS, Indiana, 46254		
(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
G0000	<p>INITIAL COMMENTS</p> <p>This was a Post-Condition revisit of a home health agency for a complaint survey conducted on 02/07/2024.</p> <p>Complaint: 104307 with deficiencies cited</p> <p>12-Month Unduplicated Skilled Admission: 22</p> <p>Help at Home was found to be back in compliance with 42 CFR 484.50 for Home Health Agency Providers.</p> <p>Based on the Condition-level deficiencies during the Help at Home survey on 02/07/2024, your home health agency was subject to an extended survey pursuant to section 1891 (c)(2)(D) of the Social Security Act on 02/05/2024. Therefore, and pursuant to section 1891 (a)(3)(D)(iii) of the Act, your agency continues to be precluded from operating a home health aide training program, skills competency and/or competency evaluation programs for a period of two years beginning February 7th, 2024 and continuing through February 6th, 2026.</p> <p>QR by Area 3-MG, 04-24-2024.</p>	G0000		
G0750	<p>Home health aide services</p> <p>CFR(s): 484.80</p> <p>Condition of participation: Home health aide services.</p> <p>All home health aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section.</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>IDR changed. Complete.</p>	G0750		03/19/2024
G0760	<p>Classroom and supervised practical training</p> <p>CFR(s): 484.80(b)(1)</p> <p>Home health aide training must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while providing services to an individual</p>	G0760		03/19/2024

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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G0760	Continued from page 1 under the direct supervision of a registered nurse, or a licensed practical nurse who is under the supervision of a registered nurse. Classroom and supervised practical training must total at least 75 hours. This ELEMENT is NOT MET as evidenced by: IDR changed. Complete.	G0760		
G0762	Minimum hours of training CFR(s): 484.80(b)(2) A minimum of 16 hours of classroom training must precede a minimum of 16 hours of supervised practical training as part of the 75 hours. This ELEMENT is NOT MET as evidenced by: IDR changed. Complete.	G0762		03/19/2024
G0766	HHA maintains documentation of training CFR(s): 484.80(b)(4) The HHA must maintain documentation that demonstrates that the requirements of this standard have been met. This ELEMENT is NOT MET as evidenced by: IDR changed. Complete.	G0766		03/19/2024