

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K101		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/22/2024	
NAME OF PROVIDER OR SUPPLIER ELDER'S JOURNEY HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4334 E 3RD STREET , BLOOMINGTON, Indiana, 47401			
(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 visit was for an Immediate Jeopardy Removal Visit.</p> <p>Date: 07/22/2024</p> <p>12-month Unduplicated Census: 126</p> <p>An Immediate Jeopardy was announced on 06/17/2024 at 11:15 AM at Condition of Participation 42 CFR 484.60 Care Planning, Coordination, and Quality of Care. The Immediate Jeopardy was identified as beginning on 6/06/2024. The Immediate Jeopardy was unremoved at exit on 06/18/2024. The agency's 3rd removal of the Immediacy Plan was accepted on 06/20/2024. On 07/02/2024, the Immediate Jeopardy continued to remain unremoved. The agency's 4th removal of the Immediacy Plan was accepted on 07/10/2024. The agency's 4th Immediate Jeopardy Removal Plan and actions, were confirmed to have removed the immediacy component for the immediate jeopardy on 07/22/2024.</p>		G0000				
G0570	<p>Care planning, coordination, quality of care</p> <p>CFR(s): 484.60</p> <p>Condition of participation: Care planning, coordination of services, and quality of care.</p> <p>Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with accepted</p>		G0570				

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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G0570	<p>Continued from page 1 standards of practice.</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>An Immediate Jeopardy was announced on 06/17/2024 at 11:15 AM at Condition of Participation 42 CFR 484.60 Care Planning, Coordination, and Quality of Care. The Immediate Jeopardy was identified as beginning on 6/06/2024. The Immediate Jeopardy was unremoved at exit on 06/18/2024. The agency's 3rd removal of the Immediacy Plan was accepted on 06/20/2024. On 07/02/2024, the Immediate Jeopardy continued to remain unremoved. The agency's 4th removal of the Immediacy Plan was accepted on 07/10/2024. The agency's 4th Immediate Jeopardy Removal Plan and actions were confirmed to have removed the immediacy component for the immediate jeopardy on 07/22/2024.</p>		G0570				