

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

<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>09/05/2024</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 Date: 09/05/2024</p> <p>Active Census: 417</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>		E0000		
G0000	<p>INITIAL COMMENTS</p> <p>This was a Post-Condition Revisit for the Home Health Agency Recertification Survey conducted on 06/18/2024.</p> <p>Survey Date: 09/05/2024</p> <p>Five previously cited conditions were corrected, and five standard level deficiencies were corrected.</p> <p>Elder's Journey Home Care, LLC was found to be back in compliance with 42 CFR 484 for Home Health Agency Providers.</p> <p>Elder's Journey Home Care, LLC continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning 06/18/2024 to 06/17/2026.</p> <p>QR Complete on 09/09/2024 by A4</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
---	-------	-----------