

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24123491	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER COMFORT HOME HEALTH LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1815 S PLATE STREET , KOKOMO, Indiana, 46902	
(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
N0000	Initial Comments This survey is a desk review of a home health provider. Date: August 21, 2024	N0000		
N0434	Renewal of home health licensure CFR(s): 410 IAC 17-11-3 Rule 11 Sec. 3 An application for renewal of license shall be filed with the department at least sixty (60) days prior, but not sooner than ninety (90) days before, the expiration date of the current license. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review, the agency failed to ensure that they renewed their home health license within 60 days before the expiration date. Findings include: Review of the National Database, this provider's home health license was due to be renewed by May 31, 2024. The Indiana Department of Health received this provider's renewal application on June 13, 2024.	N0434		

Office of Primary Care and Health Systems Management

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