

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

PRINTED: 09/11/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15K062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/10/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEDIATRIC PLUS HOME HEALTHCARE SERVICES LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>925 MAIN STREET</b> <b>JEFFERSONVILLE, IN 47130</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	
{G 000}	<p><b>INITIAL COMMENTS</b></p> <p>This was a Federal and State home health post certification visit.</p> <p>Survey Dates: September 9th and 10th of 2020.</p> <p>Facility: 012370 Medicare Provider: 15K062 Medicaid Vendor: 201008780</p> <p>Census: 41 skilled</p> <p>Record review: 5</p> <p>Seventeen previously cited federal deficiencies and twenty previously cited state deficiencies were corrected at this visit.</p> <p>Pediatric Plus Healthcare Services of Indiana was found to be in compliance with IAC 17.</p> <p>Pediatric Plus Healthcare Services of Indiana was found to be in compliance with 42 CFR 484 for Home Health Agencies but continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning January 27, 2020 to January 26, 2022.</p> <p>Quality Review completed on 9/11/2020 A4</p>	{G 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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 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.