

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

PRINTED: 09/27/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157605	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2019
NAME OF PROVIDER OR SUPPLIER FIRST CHOICE HOME HEALTH SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6 N MORGAN BLVD STE 101 VALPARAISO, IN 46383		
(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>INITIAL COMMENTS</p> <p>This visit was to conduct a Federal Recertification survey.</p> <p>Facility ID: 007135</p> <p>Provider #: 157605</p> <p>Visit dates: 9/24/19</p> <p>Active Patients: 0</p> <p>Initial Comments: The agency office was not open, unmanned, and not operational, when the surveyor arrived on 9/24/19 at 1:20 PM and exited on 9/24/19 at 2:45 PM.</p> <p>The Indiana State Department of Health documents evidenced the agency had declared open office hours: Tuesdays and Thursdays, from 10 AM - 2 PM.</p> <p>On 9/24/19, Tuesday, at 1:20 PM, it was observed that a sign on the door of the agency read that the staff were currently out of the office and to call 219 - 464-4443 to request an appointment. Person A, a receptionist for the office adjoining the home health agency office indicated no one was in the First Choice Home Health Office today and indicated staff from agency had been at the office yesterday. The office was not manned and no one was there in the agency office.</p> <p>On 9/24/19 at 1:40 PM, the administrator of the agency indicated ability to drive up to the agency today. He was about 2 hours away in Lafayette, IN. He indicated working in office in Valparaiso</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.

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G 000	Continued From page 1 about once or twice a week. He had no active patients at this agency. He indicated that it was too expensive to have the office open regularly when no patients were on service. He indicated license is not current and has not had office open during operational hours with no patients on census. There was a change in ownership and now there was no license to operate. The administrator stated, "You can see that?" when asked about the reason for the OASIS transmissions in July 2019. The administrator indicated OASIS transmissions occurred in July 2019 and indicated financial concerns due to cost of software company bills concerning these OASIS transmissions. The administrator indicated trying to hire front office / intake person and hoped to have this person in place by October 15, 2019. When asked about discharge of patients, the administrator indicated all patients had been discharged by July 1, 2019. There was no number of discharges mentioned. He indicated had nurse consultant, Person B, working with the agency. He indicated an administrator, alternate administrator, clinical nursing supervisor and alternate clinical nursing supervisor were in place in the agency. A review of the Casper Report from 3/1/19 - 8/31/19 evidenced 42 records processed from 3/1/19 - 7/26/19 including 11 records in July 2019. 10 of 11 records were accepted and 1 record was rejected in July 2019.	G 000			
E 000	Initial Comments This visit did not occur. Facility ID: 007135	E 000			

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