STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K005	A. BUILDING _____ B. WING _____	R-C 03/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHIO VALLEY HOME HEALTH	1513 STATE ST NEW ALBANY, IN 47150

(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}	INITIAL COMMENTS	{G 000}		

This visit was for a follow up to a Recertification and State Licensure, and a Complaint Survey.

Complaint IN00314881 - Substantiated with findings.

Survey Dates: March 11 and 12, 2020

Facility: IN006094
Medicaid Vendor: 200097860A
Provider: 15K005

Unduplicated Census: 26 skilled
135 home health aide only
16 personal service only
177 total

Current Census: 26 skilled
89 home health aide only
16 personal service only
131 total

Sample Selection:
Home Visits: 1
Total clinical records reviewed: 10

Ohio Valley Home Health is precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning December 31, 2019. The cumulative effect of this systemic problem resulted in the agency being out of compliance with §484.60 Condition of participation: Care planning, coordination of services, and quality of care, and §484.100 Condition of participation: Compliance with Federal, State, and local laws

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{G 000}	Continued From page 1 and regulations related to the health and safety of patients, and §484.80 Condition of participation: Home health aide services. Quality Review Completed 3/18/2020 A4	{G 000}		