

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

PRINTED: 10/13/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15K093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ADAPTIVE NURSING AND HEALTHCARE SERVICES INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>702 NORTH SHORE DRIVE, SUITE 103 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>INITIAL COMMENTS</p> <p>This was a Federal home health post condition revisit to a complaint.</p> <p>Complaint IN00333967 Complaint IN00298574 Complaint IN00287842 Complaint IN00277315 Complaint IN00268615</p> <p>Survey Date: October 9th, 2020</p> <p>Facility #: 012872 Medicaid Vendor #: 201084980 Provider #: 15K093</p> <p>Active Census: 833</p> <p>Records Reviewed :7 Personnel Files Reviewed: 6</p> <p>All previously cited deficiencies were corrected</p> <p>Adaptive Nursing and Healthcare Services Inc. continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning August 24, 2020 to August 23, 2022.</p>	{G 000}			
{E 000}	<p>Quality Review completed on 10/13/2020 A4</p> <p>Initial Comments</p>	{E 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.