

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

PRINTED: 08/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/26/2021
NAME OF PROVIDER OR SUPPLIER INDIANA HOME CARE PLUS		STREET ADDRESS, CITY, STATE, ZIP CODE 1275 N JACKSON STREET GREENCASTLE, IN 46135	
(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)
{G 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Condition Revisit of a Home Health Provider following a Federal recertification survey that was conducted on 03/15/21.</p> <p>Survey dates: 07/20/21, 07/21/21, 07/22/21, and 07/26/21</p> <p>Facility #: IN005304</p> <p>Provider #: 157113</p> <p>During this post condition revisit, Indiana Home Care Plus was found to be in compliance with 42 CFR 484. Seven (7) conditions were corrected and twenty-four (24) standard deficiencies were corrected.</p> <p>Indiana Home Care Plus continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning March 22, 2021 to March 21, 2023.</p> <p>Quality Review Completed on 8/3/21 by Area 3</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.