

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157285	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/24/2022
NAME OF PROVIDER OR SUPPLIER ADVANTAGE HOME HEALTH CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 4008 N WHEELING AVE , MUNCIE, Indiana, 47304	
(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
E0000	Initial Comments An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 484.102. Survey Dates: June 20, 21, 22, 23, and 24, 2022 Census: 419 At this Emergency Preparedness survey, Advantage Home Health INC., was found to be in compliance with the Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, at 42 CFR 484.102. QA: Area 2, June 30, 2022	E0000		
G0000	INITIAL COMMENTS This visit was for a Federal Recertification and State Relicensure survey of a home health provider, in conjunction with one complaint. Survey Dates: June 20, 21, 22, 23, and 24, 2022 Complaint 29660: Unsubstantiated; lack of sufficient evidence. Federal and State deficiencies were not cited. Facility ID: IN007116 Provider Number: 152285 Census: 419 Advantage Home Health INC. was found to be in compliance with 42 CFR 484 and 410 IAC 17 of a home health survey. QR: Area 2 June 30, 2022	G0000		

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 reverse for further 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.

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