STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	157483	A. BUILDING _____ B. WING _____	R 02/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDS HOME HEALTH CARE INC	**110 N 15TH ST VINCENNES, IN 47591**

(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 This visit was for a federal home health post certification revisit survey. Survey Date: February 21, 2019. Facility ID: IN009488 Provider # 157483 Medicaid Vendor ID: 200198250 Census: 14 Sample: 4 records reviewed/ 0 home visits Friends Home Health Care Inc., was found to be in compliance with 42 CFR 484 but continues to be precluded from providing its own home health aide training and/or competency evaluation program for a period of two (2) years beginning 01/07/19 to 01/07/21, for being out of compliance with Condition of Participation 42 CFR 484.75 Skilled professional services.	{G 000}		
{E 000}	Initial Comments An Emergency Preparedness post certification revisit survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 484.102. Survey Date: February 21, 2019. Facility Number: IN009488 Provider Number: 157483 Census = 14 At this Emergency Preparedness post certification survey, Friends Home Health Care,	{E 000}		

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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{E 000}	Continued From page 1 INC., was found to be in compliance with the Conditions of Participation 42 CFR 484.102 Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers.	{E 000}		