

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157211	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2019
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NAME OF PROVIDER OR SUPPLIER HOME NURSING SERVICES	STREET ADDRESS, CITY, STATE, ZIP COD 528 W WASHINGTON BLVD FORT WAYNE, IN 46802
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(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
N 0000 Bldg. 00	This was an offsite licensure investigation survey. Survey Date: September 17, 2019 Facility Number: #IN005372 During this offsite investigation, the agency was found to be operating without a current Indiana Home Health license	N 0000		
N 0400 Bldg. 00	410 IAC 17-10-1(a) Licensure Rule 10 Sec. 1(a) No home health agency shall: (1) be opened; (2) be operated; (3) be managed; (4) be maintained; or (5) otherwise conduct business; without a license issued by the department. Based on document review and interview, the agency failed to ensure it was operating with a current Indiana Home Health Agency license. Findings include: 1. The following was Indiana statute for licensure of home health agencies, "IC [Indiana Code] 16-27-1-8 Licensing Sec. [section] 8. (a) To operate a home health agency, a person must first obtain a license from the state health commissioner." 2. A letter from Indiana State Department of Health dated May 21, 2019, stated, "Dear [administrator's name]: Our records indicate that	N 0400	Agency mailed license renewal application on 08/30/219. License dated 09/09/2019 received from ISDH on 09/20/2019. The Administrator and the Owner have set up reminders in their Outlook calendars for the month of June to complete and send the license renewal application (60-90 days prior to license expiration).	09/17/2019

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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N 0434 Bldg. 00	<p>your agency's license to operate a home health agency in the State of Indiana will expires August 31, 2019. Enclosed is a renewal application for you to complete and submit with requested documentation and \$250 license fee to: ... Please ensure your application is complete and arrives in advance of your facility's license expiration 8/31/19."</p> <p>3. The Indiana State Department of Health did not receive the renewal application by 8/31/19, when the agency's license expired.</p> <p>4. On 9/17/19 at 9:47 a.m., the agency administrator was interviewed who indicated the agency's current census was approximately 180 patients.</p> <p>410 IAC 17-11-3 Renewal of home health licensure Rule 11 Sec. 3 An application for renewal of license shall be filed with the department at least sixty (60) days prior, but not sooner than ninety (90) days before, the expiration date of the current license.</p> <p>Based on document review and interview, the home health agency failed to ensure the renewal application for licensure was filed at least 60 days prior to the expiration of the Indiana home health license.</p> <p>Findings include:</p> <p>1. A letter from Indiana State Department of Health dated May 21, 2019, stated, "Dear [administrator's name]: Our records indicate that your agency's license to operate a home health agency in the State of Indiana will expires August 31, 2019. Enclosed is a renewal application for</p>	N 0434	<p>Agency mailed license renewal application on 08/30/219. License dated 09/09/2019 received from ISDH on 09/20/2019.</p> <p>The Administrator and the Owner have set up reminders in their Outlook calendars for the month of June to complete and send the license renewal application (60-90 days prior to license expiration).</p>	09/17/2019

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

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	<p>you to complete and submit with requested documentation and \$250 license fee to: ... Please ensure your application is complete and arrives in advance of your facility's license expiration 8/31/19."</p> <p>2. The Indiana State Department of Health did not receive the renewal application by 8/31/19, when the agency's license expired.</p> <p>3. On 9/17/19 at 9:47 a.m., the agency administrator was interviewed who indicated the agency's current census was approximately 180 patients. The administrator indicated the owner was responsible for the renewal application submission.</p>			