

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/28/2016
NAME OF PROVIDER OR SUPPLIER ANGELS OF MERCY HOMECARE			STREET ADDRESS, CITY, STATE, ZIP CODE 511 E 4TH ST STE 111 HUNTINGBURG, IN 47542		
(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 survey was a revisit following a home health federal recertification survey on 7-28-16, 7-29-16, 8-1-16, and 8-2-16</p> <p>Survey date: December 28, 2016</p> <p>Facility #: 005362</p> <p>Medicaid Vendor #: 201054680</p> <p>Medicare Provider # 15-7200</p> <p>Angels of Mercy Homecare was found to be out of compliance with the Conditions of Participation 42 CFR 484.14 Organization, Services, and Administration; 42 CFR 484.18 Acceptance of Patients, Plan of Care, and Medical Supervision; 42 CFR 484.30 Skilled Nursing Services; and 42 CFR 484.55 Comprehensive Assessment of Patients.</p> <p>Angels of Mercy Homecare is precluded from providing its own home health aide training and/or competency evaluation program for a period of two (2) years beginning 8-2-16 due to being found out of compliance with the Conditions of Participation 42 CFR 484.14 Organization, Services, and Administration; 42 CFR 484.18 Acceptance of Patients, Plan of Care, and Medical Supervision; 42 CFR 484.30 Skilled Nursing Services; and 42 CFR 484.55 Comprehensive Assessment of Patients.</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.