

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

PRINTED: 02/24/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157663		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 02/23/2021	
NAME OF PROVIDER OR SUPPLIER HOME HELPERS HOME HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 630 NORTH GARDNER ST SCOTTSBURG, IN 47170			
(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 was a Federal home health post condition revisit (PCR) to a complaint survey.</p> <p>Survey Date: February 23rd of 2021</p> <p>Active Census: 157</p> <p>2 previously cited conditions were corrected and 11 previously cited deficiencies were corrected.</p> <p>Home Helpers Home Health was found to be back into compliance with the Condition of Participation 42 CFR 484.60: Care planning, coordination of services, and quality of care, and the Condition of Participation 42 CFR 484.75: Skilled Professional Services. Home Helpers Home Health continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning December 2nd, 2020 and continuing through December 1st, 2022.</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.