

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157590	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2015
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NAME OF PROVIDER OR SUPPLIER GEM CITY HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2346 S LYNHURST AVE STE 301 INDIANAPOLIS, IN 46241
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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 000 Bldg. 00	<p>This was an offsite licensure investigation survey.</p> <p>Survey Date: 3/2/15</p> <p>Facility Number: #011342</p> <p>Surveyor: Kelly Hemmelgarn RN</p> <p>During the offsite investigation, it was determined the agency was not in compliance with 410 IAC 17.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 9, 2015</p>	N 000	No response.	
N 408 Bldg. 00	<p>410 IAC 17-10-1(d) Licensure</p> <p>Rule 10 Sec. 1(d) Disclosure of ownership and management information must be made to the department at the time of the home health agency's initial request for licensure, for each survey, and at the time of any change in ownership or management. The disclosure must include the names and addresses of the following:</p> <p>(1) All persons having at least five percent (5%) ownership or controlling interest in the home health agency.</p> <p>(2) Each person who is:</p> <p>(A) an officer;</p> <p>(B) a director;</p> <p>(C) a managing agent; or</p>			

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.

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	<p>(D) a managing employee; of the home health agency and evidence supporting the qualifications required by this article.</p> <p>(3) The corporation, association, or other company that is responsible for the management of the home health agency.</p> <p>(4) The chief executive officer and the chairman or equivalent position of the governing body of that corporation, association, or other legal entity responsible for the management of the home health agency.</p> <p>Based on document review and interview, the agency failed to ensure the Indiana State Department of Health (ISDH) was notified of management changes (administrator, alternate administrator, nursing supervisor, and alternate supervisor) for 1 of 1 agency.</p> <p>Findings include:</p> <p>On February 27, 2015, the ISDH received notification of staff change with the agency's license renewal application. The notice indicated the current administrator had served as administrator since June 2, 2014 and the alternate administrator had served in this position since September, 29, 2014. The administrator had been employed for 8 months without notice to the ISDH and the administrator for a period of 5 months.</p>	N 408	In response to N tag 408, the agency failed to update the Indiana Department of Health regarding changes in management staff. According to 410 IAC 17-10-1 Licensure, the agency is responsible to report changes in management staff at time of change. This deficiency was rectified on February 27, 2015, as part of the license renewal process. The administrative staff have been educated (on March 12, 2015) by reading the Indiana Administrative Code 410 IAC 17-10-1 (d) Licensure and understand the requirements for reporting. Any future changes in management staff will be reported by the Administrator at time of change using the form provided by the Indiana Department of Health (Agency Staff Change Notification Form), which can be found on the Indiana State Department of Health website. To prevent recurrence an audit will be	03/12/2015			

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N 434 Bldg. 00	<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 10/27/14 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 expire 2/28/15. 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 2/28/15."</p>	N 434	<p>performed monthly to monitor staff change and compliance of code 410 IAC 17-10-1 Licensure. (See attached) The Administrator will be responsible for ensuring this process is followed.</p> <p>In accordance to N tag 434, the agency request for license renewal was not received until 2/27/15. A probationary license was issued effective March 1,2015. The expectation, as stated by the Indiana Department of Health 410 IAC17-11-3, is for applications to be received at least 60 days prior than the expiration of the current license. The application has been submitted and a probationary license has been issued through May 30,2015. Upon receipt of full licensure, the Administrator will be responsible to ensure that future applications for license renewal are submitted in the appropriate time frame. To prevent recurrence an audit will be performed quarterly to monitor compliance of code 410 IAC 17-11-3. (See attached) The Administrator has been educated (on March 12, 2015) by reading rule 11, section3 of the Indiana Administrative Code, Home</p>	03/12/2015	

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	2. The Indiana State Department of Health received the renewal application on 2/27/15, one day prior to the expiration of their license.		Health Agencies, Renewal of home health licensure. The administrator will be responsible to follow this rule.		