

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  WABASH MIAMI HOME HEALTH CARE & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 ASH ST STE B WABASH, IN 46992
---	---

(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	<p>This was an offsite licensure investigation survey.</p> <p>Survey Date: 9/8/15</p> <p>Facility Number: #003359</p> <p>During this offsite investigation, the agency was found to be operating without a current Indiana Home Health license.</p>	N 0000		
N 0400  Bldg. 00	<p>410 IAC 17-10-1(a) Licensure Rule 10 Sec. 1(a) No home health agency shall:</p> <p>(1) be opened; (2) be operated; (3) be managed; (4) be maintained; or (5) otherwise conduct business; without a license issued by the department.</p> <p>Based on document review and interview, the agency failed to ensure it was operating with a current Indiana Home Health Agency license.</p> <p>Findings include:</p> <p>1. The following was Indiana statute for licensure of home health agencies, "IC</p>	N 0400	The administrator is responsible for ensuring that the agency has a current license in place. The administrator requested a check from corporate office 9/9/15 and it will be mailed 9/9/15 along with the licensure renewal application. The administrator has set up a process with accounts payable in the corporate office in which each check request sent to them, they will scan a copy of the check being mailed out and email it to the	09/18/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  WABASH MIAMI HOME HEALTH CARE & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 ASH ST STE B WABASH, IN 46992
---	---

(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
	<p>[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."</p> <p>2. A letter from Indiana State Department of Health dated 4/27/15, 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 8/31/15. 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 8/31/15."</p> <p>3. The Indiana State Department of Health did not receive the renewal application by 8/31/15 when the agency's license expired.</p> <p>4. The administrator was contacted on 9/8/15 at 9:30 a.m., and indicated the agency was currently operational with approximately 28 patients. The administrator indicated being responsible for the completion of the licensure renewal application and forwarding to corporate office's accounts payable for payment of licensure fee.</p>		<p>administrator prior to mailing. This will ensure the administrator that the check for payment has been sent. Patients seen from 9/1/15 through date of SBOH letter confirming licensure renewal, will be managed and billed using our certified licensure 005275, which is current.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/08/2015	
NAME OF PROVIDER OR SUPPLIER  WABASH MIAMI HOME HEALTH CARE & HOSPICE				STREET ADDRESS, CITY, STATE, ZIP CODE 400 ASH ST STE B WABASH, IN 46992			
(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 0434  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 4/27/15, 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 8/31/15. 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 8/31/15."</p> <p>2. The Indiana State Department of Health did not receive the renewal application by 8/31/15 when the agency's</p>	N 0434	The administrator is responsible for ensuring that the agency has a current license in place. The administrator requested a check from corporate office 9/9/15 and it will be mailed 9/9/15 along with the licensure renewal application. The administrator has set up a process with accounts payable in the corporate office in which each check request sent to them, they will scan a copy of the check being mailed out and email it to the administrator prior to mailing. This will ensure the administrator that the check for payment has been sent. All licensure renewals will be processed 60 days prior to expiration date of license. Patients seen from 9/1/15 through date of SBOH letter confirming licensure renewal, will be managed and billed using our certified licensure 005275, which is current.	09/18/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/08/2015	
NAME OF PROVIDER OR SUPPLIER  WABASH MIAMI HOME HEALTH CARE & HOSPICE				STREET ADDRESS, CITY, STATE, ZIP CODE 400 ASH ST STE B WABASH, IN 46992			
(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 0451 Bldg. 00	<p>license expired.</p> <p>3. The administrator was contacted on 9/8/15 at 9:30 a.m., and indicated the agency was currently operational with approximately 28 patients. The administrator indicated being responsible for the completion of the licensure renewal application and forwarding to corporate office's accounts payable for payment of licensure fee.</p> <p>410 IAC 17-12-1(c)(8) Home health agency administration/management Rule 12 Sec. 1(c)(8) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (8) Ensure that a qualified person is authorized in writing to act in the administrator's absence.</p> <p>Based on interview and record review the agency failed to ensure the alternate administrator was knowledgeable about the operations of the home health agency to perform job duties the absence of the administrator.</p> <p>Findings include:</p>	N 0451	The administrator is responsible for ensuring that the alternate administrator is knowledgeable about the operations of the home health agency and able to perform the job duties in the absence of the administrator. The administrator has met with the alternate administrator, nursing supervisor and alternate nursing supervisor to re-educate them on the difference between the	09/10/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  WABASH MIAMI HOME HEALTH CARE & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 ASH ST STE B WABASH, IN 46992
---	---

(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
	<p>1. A letter from Indiana State Department of Health dated 4/27/15, 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 8/31/15. 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 8/31/15."</p> <p>2. The Indiana State Department of Health did not receive the renewal application by 8/31/15 when the agency's license expired.</p> <p>3. The agency was contacted on 9/8/15 at 9:15 a.m., to determine the operational status of the agency due to the expiration of the home health's license on 8/31/15. The receptionist indicated the administrator was not available but the alternate administrator was available. The alternate administrator was queried about the current operation of the state licensed agency, as there is also a state licensed/certified home health agency at the same location. The alternate administrator indicated needing to place the call on hold and when returned to the call indicated not being aware of the</p>		certified and state only home health licensures. They were also re-educated on how to access a patient roster and clinical documentation for both licenses as well.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  WABASH MIAMI HOME HEALTH CARE & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 ASH ST STE B WABASH, IN 46992
---	---

(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
	<p>operational status of the state licensed only home health agency and would need to contact the administrator, but the administrator was out of the office until 9/9/15. When queried regarding the scenario of a surveyor entering the building on 9/8/15 to conduct a survey of the state licensed only home health and what information the alternate administrator could provide (i.e. patient roster, charts) for purpose of sample selection, she indicated she would need to attempt to contact the administrator as they were unaware of the difference between the two agencies at the same location to guide a surveyor.</p> <p>4. The administrator was interviewed on 9/8/15 at 9:30 a.m., and indicated the need to educate the alternate administrator regarding the operational status of the state licensed only home health agency.</p>			