

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K036	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/07/2012
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NAME OF PROVIDER OR SUPPLIER MAXIM HEALTHCARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 233 QUARTERMASTER COURT JEFFERSONVILLE, IN 47130
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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
N0000	<p>This was an off-site home health licensure investigation survey.</p> <p>Survey Date: September 7, 2012</p> <p>Facility Number: 007982</p> <p>Surveyor: Kelly Hemmelgarn RN</p> <p>During this offsite investigation, the agency was not in compliance with 410 IAC 17-10-1.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 7, 2012</p>	N0000	<p>On 9/14/2012, the Jeffersonville Director of Clinical Services and the Director of Business Operations reviewed and understand company policy on "Compliance with Policy and Regulation" as well as well as Indiana regulations specific to 410 IAC 17-10-1d (Licensure). At the time of any change in ownership or management, the Director of Clinical Services or Director of Business Operations will ensure that notification of the ISDH will occur as required by company policy and state regulations.</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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N0408	<p>410 IAC 17-10-1(d) Licensure 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. (2) Each person who is: (A) an officer; (B) a director; (C) a managing agent; or (D) a managing employee; of the home health agency and evidence supporting the qualifications required by this article. (3) The corporation, association, or other company that is responsible for the management of the home health agency. (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 interview and review of records, the agency failed to ensure the Indiana State Department of Health (ISDH) was notified of a change in management (administrator and nursing supervisor) for 1 of 1 agency.</p> <p>Findings include:</p>	N0408	On 9/14, the Director of Clinical Services submitted the names of the new administrator, the alternate administrator, and the alternate Director of Clinical Services, along with proof of RN Licensure, Background Checks, and resumes to the Maxim Corporate Licensure Department. The Corporate Licensure Department then submitted this same documentation to the ISDH	09/14/2012	

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	<p>1. On 8/30/12 at 2:40 p.m., Administrator A contacted the ISDH and inquired if she was still listed as the active administrator and nursing supervisor of Maxim Healthcare Services, Inc, Jeffersonville. Administrator A indicated she no longer worked for Maxim Healthcare Services Inc., Jeffersonville, in any capacity.</p> <p>2. On 8/30/12 at 2:45 p.m., Aspen Central Office indicated Administrator A was listed as Maxim Healthcare Service's active administrator and nursing supervisor. There was no correspondence from Maxim Healthcare Service providing notice of a change in administrator or nursing supervisor.</p> <p>3. On September 4, 2012, the ISDH received a letter from Administrator which indicated, "My name is [Administrator A] and I was employed with Maxim Healthcare from April 2007 until July 13, 2012 as a Registered Nurse. I was listed as the Administrator and Nursing Supervisor for the Jeffersonville office. ... Today I was looking at the home care directory on the ISDH site and noted that I still listed as the Administrator for the Jeffersonville office ... I am no longer an employee with Maxim Healthcare."</p>		<p>on 9/14/12. At this time, the state of Indiana has been notified of the changes in leadership at the Jeffersonville Indiana office.</p> <p>The Jeffersonville Director of Clinical Services and the Director of Business Operations have reviewed and understand company policy on "Compliance with Policy and Regulation" as well as well as Indiana regulations specific to 410 IAC 17-10-1d (Licensure). At the time of any change in ownership or management, the Director of Clinical Services or Director of Business Operations will ensure that notification of the ISDH will occur as required by company policy and state regulations. This will ensure this issue does not occur again.</p>				