

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157566		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/17/2012	
NAME OF PROVIDER OR SUPPLIER ANGELS OF MERCY HOME CARE PLUS - SOUTH				STREET ADDRESS, CITY, STATE, ZIP CODE 973 EMERSON PARKWAY SUITE D GREENWOOD, IN 46143			
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N0000	<p>This was an off-site home health licensure investigation survey.</p> <p>Survey Date: July 17, 2012</p> <p>Facility Number: 004617</p> <p>Surveyor: Kelly Hemmelgarn RN</p> <p>During this offsite investigation, the agency was not in compliance with 410 IAC 17-10-1 and 410 IAC 17-12-1.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 17, 2012</p>			N0000			

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 record review, the agency failed to ensure Indiana State Department of Health (ISDH) received evidence supporting the qualifications of a nursing supervisor and alternate administrator.</p> <p>Findings include:</p> <p>1. On April 19, 2012, ISDH received a renewal application from Angels of</p>	N0408	The Governing Body mailed a letter (on 7/21/12) dated 7/20/12 to ISDH listing the correct Alt Administrator and Supervising Nurse. The wrong name was inadvertently submitted with the Licensure Renewal Application. There wasn't a change from the previous year's Licensure Renewal Application. The Governing Body will be responsible for ensuring this	07/31/2012	

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	<p>Mercy Home Care Plus - South. The renewal application indicated the name of an individual in the position of alternate administrator and nursing supervisor. This individual was different than who ISDH previously approved and had on record.</p> <p>2. Letter dated April 24, 2012, was mailed to Angels of Mercy Home Care Plus - South that stated, "This letter is to confirm receipt of correspondence and/or information regarding change(s) at your agency. Unfortunately, the Indiana State Department of Health cannot process your request unless the following documentation is received in our office. The Department is requesting information on the following staff: Agency Staff Changes HHA (home health agency) Alternate Administrator (name), Director of Nursing (name). Information requested: A letter clarifying your staffing change. Resume that reflects at least one (1) year supervisory experience in healthcare as defined ... resume that reflects one (1) year supervisory / management experience and (2) years nursing experience ... copy of applicable license ... current limited criminal history check from the Indiana State Police Central Repository ... Please submit the requested information to ensure compliance with Federal and State Rules</p>		deficiency is corrected and will not recur.				

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	<p>and Regulations."</p> <p>3. Letter dated June 5, 2012, was mailed to Angels of Mercy Home Care Plus - South that stated, "RE: Second Notification ... This letter is to confirm receipt of correspondence and/or information regarding change(s) at your agency. Unfortunately, the Indiana State Department of Health cannot process your request unless the following documentation is received in our office. The Department is requesting written notification of staff changes of the following staff: Alternate Administrator (name), Director of Nursing (name). Resume that reflects at least one (1) year supervisory experience in healthcare as defined ... resume that reflects one (1) year supervisory / management experience and (2) years nursing experience ... copy of applicable license ... current limited criminal history check from the Indiana State Police Central Repository ... Please submit the requested information to ensure compliance with Federal and State Rules and Regulations."</p> <p>4. Letter dated June 28, 2012, was mailed to Angels of Mercy Home Care Plus - South that stated, "RE: Third Notification ... This letter is to confirm receipt of correspondence and/or information regarding change(s) at your agency.</p>						

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	<p>Unfortunately, the Indiana State Department of Health cannot process your request unless the following documentation is received in our office. The Department is requesting information on the following staff: Alternate Administrator (name), Director of Nursing (name). Resume that reflects at least one (1) year supervisory experience in healthcare as defined ... resume that reflects one (1) year supervisory / management experience and (2) years nursing experience ... copy of applicable license ... current limited criminal history check from the Indiana State Police Central Repository ... Please submit the requested information to ensure compliance with Federal and State Rules and Regulations ... Failure to submit documents within fifteen (15) days of the date of this letter may result in further action pursuant to IC 16-27-1-12."</p> <p>5. As of July 17, 2012, ISDH had not received the requested information to process the position of alternate administrator and nursing supervisor.</p>			
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N0450	<p>410 IAC 17-12-1(c)(7) Home health agency administration/management Rule 12 Sec. 1(c)(7) The administrator, who may also be the supervising physician or registered nurse required by subsection (d) of this rule, shall do the following: (7) Upon request, make available to the Commissioner or his or her designated agent all: (A) reports; (B) records; (C) minutes; (D) documentation; (E) information; and (F) files; required to determine compliance within seventy-two (72) hours of the request or, in the event the request is made in conjunction with a survey, by the time the surveyor exits the home health agency, whichever is sooner.</p> <p>Based on record review, the agency failed to ensure Indiana State Department of Health (ISDH) received evidence within the requested timeframe to support the qualifications of a nursing supervisor and alternate administrator.</p> <p>Findings include:</p> <p>1. On April 19, 2012, ISDH received a renewal application from Angels of Mercy Home Care Plus - South. The renewal application indicated the name of an individual in the position of alternate administrator and nursing supervisor. This individual was different than who</p>	N0450	N450 The Administrator has changed the procedure for processing all correspondence from Indiana State Department of Health. On 7/31/12 all office staff were educated that when correspondence is received from the Indiana State Department of Health the Administrator is to be called immediately. All Indiana State Department of Health correspondence will be handled directly by the Administrator within the timeframe established by the Indiana State Department of Health.	07/31/2012			

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