

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157643	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2015
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NAME OF PROVIDER OR SUPPLIER PARAGON HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3310 HICKORY RD STE B-1A MISHAWAKA, IN 46545
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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: 2/2/15</p> <p>Facility Number: #012531</p> <p>Surveyor: Kelly Hemmelgarn RN</p> <p>During this offsite investigation, the agency was found to be operating without a current Indiana Home Health license.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 8, 2015</p>	N 000	The agency was not in compliance due to not being able to submit the state license renewal application	
N 400 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</p>	N 400	Once State Surveyor contacted the agency, We received instructions to print renewal application. This was completed	03/09/2015

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.

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	<p>was operating with a current Indiana Home Health Agency license.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The following is Indiana statute for licensure of home health agencies, "IC [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." A letter from Indiana State Department of Health dated 9/26/13 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 1/31/15. 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 1/31/15." The Indiana State Department of Health did not receive the renewal application by 1/31/15 when the agency's license expired. The alternate administrator was called on 2/2/15 at 4:00 p.m., and indicated the agency was currently operational with 65 		<p>and submitted within 24 hours</p> <p>The license was successfully renewed and received by March 09, 2015The new certificate is currently being displayed at the office</p>	

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N 434 Bldg. 00	<p>patients and was unaware their home health license had expired.</p> <p>5. The alternate administrator was interviewed on 2/2/15 at 4:10 p.m., and indicated the administrator was contacted who indicated failure to submit the license renewal application and requested instructions on the process to complete the renewal application.</p> <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. 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. The following is Indiana statute for</p>	N 434	In order to ensure that our agency does not become in default again with State regulations, The administrator has created an online Reminder calendar through Google to ensure proper reminders are set in place (effective 3/9/15)The agency has also scheduled the expiration date in the EMR system that is currently used This system allows the agency to track important	03/09/2015

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	<p>licensure of home health agencies, "IC [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 9/26/13 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 1/31/15. 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 1/31/15."</p> <p>3. The Indiana State Department of Health did not receive the renewal application by 1/31/15 when the agency's license expired.</p> <p>4. The alternate administrator was called on 2/2/15 at 4:00 p.m., and indicated the agency was currently operational with 65 patients and was unaware their home health license had expired.</p> <p>5. The alternate administrator was interviewed on 2/2/15 at 4:10 p.m., and indicated the administrator was contacted</p>		expiration dates (effective 3/9/15)	

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	who indicated failure to submit the license renewal application and requested instructions on the process to complete the renewal application.				