

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 07/28/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VITAL HOME & HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2834 C 45TH STREET HIGHLAND, IN 46322
---	---

(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 a State home health complaint investigation revisit survey for survey conducted on 6/8/15.</p> <p>Survey Date: 7/28/15</p> <p>Facility ID: IN002870</p> <p>Facility unduplicated census: 20</p> <p>Active Patients: 0</p> <p>Eight deficiencies were found to be corrected, one deficiency was recited this survey.</p> <p>QA; LD, R.N.</p>	N 0000		
N 0444 Bldg. 00	<p>410 IAC 17-12-1(c)(1) Home health agency administration/management Rule 12 Sec. 1(c) An individual need not be a home health agency employee or be present full time at the home health agency in order to qualify as its administrator. The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (1) Organize and direct the home health agency's ongoing functions. Based on Interview, agency documents, and agency policy review, the agency</p>	N 0444	Correction to cited deficiency: Unscheduled Governing Body Meeting for appointment of	08/28/2015

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 07/28/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VITAL HOME & HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2834 C 45TH STREET HIGHLAND, IN 46322
---	---

(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>failed to ensure an administrator was available to direct the day to day functions of the agency.</p> <p>Findings</p> <p>1. Interview on 7/28/15 at 1:00 PM, with employee B, clinical nursing director, indicated there is not an administrator available to direct the day to day functions of the agency at this time.</p> <p>2. Interview on 7/28/15 at 4:30 PM with employee B, clinical nursing director, indicated that the governing body will hold an emergency meeting to determine if the agency will seek to hire another administrator and remain open or close the agency.</p> <p>5. Agency policy titled "Administrator" dated dated 11/09/00, revised 11-11-00 and 11-11-05, states, "1.0 PURPOSES 1.1 Establish the qualifications, appointment process and duties of the agency administrator 1.2 Ensure a qualified administrator organizes and directs the ongoing functions of the agency ... 3.2.1 Organizes and directs the ongoing functions of the agency at all times "</p>		<p>Administrator to direct day to day functions of the agency on 8/25/15. Please refer to additional documentation submitted: Governing Body Meeting Minutes, Governing Body Meeting sign in sheet and Organizational Chart Prevention of cited deficiency from recurring in the future: Governing Body will appoint replacement Administrator prior to current Administrator effective resignation date to ensure an administrator available to direct the day to day functions of the agency. Responsible Persons: Governing Body Members</p>	