TEXAS
Department of Agi
and Disability Serv

Commissioner
Jon Weizenbaum

November 18, 2015

Administrator
Vibrant Home Health Care Inc
1707 S Broadway Suite #4
Sulphur Springs, TX 75482

Re: License number 011792
Provider number 743171
Survey conducted November 18, 2015

Dear Administrator:

The purpose of this letter is to comply with Texas Health & Safety Code §142.009(g)(2), which requires that:

"After a survey of an agency, DADS will provide the chief executive officer of the agency:
(2) information on the identity, including the signature, of each department representative conducting, reviewing, or approving the results of the survey and the date on which the DADS representative acted on the matter...."

The following department representatives assisted in conducting, reviewing, or approving the survey:

Shannon Hance, RN 11/18/15

Susan Coffelt, RN 11/18/15

Surveyor signature — Date
Leatta Simmons 11/20/15

Technical Reviewer — Date
Brenda Hooker, RN 11/23/15

Program Manager — Date

Other — Date

THIS DOCUMENT IS TO BE RETAINED BY THE HOME HEALTH/HOSPICE AGENCY.

Date Printed: 11/23/2015 2:54:01PM
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	743171	A. BUILDING _____ B. WING _____	11/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIBRANT HOME HEALTH CARE INC	1707 S BROADWAY SUITE #4 SULPHUR SPRINGS, TX 75482

(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
G 000	INITIAL COMMENTS A recertification survey was initiated 11/16/15. The census was: L&C- 46 LHH- 0 LHH/ Dialysis- 3 Total Census- 49 No deficiencies were cited. This provider is in compliance with 42 CFR 484, Requirements for Home Health Agencies	G 000		

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.

TX Department of Aging and Disability Services
Regulatory Services

STATEMENT OF LICENSING VIOLATIONS AND PLAN OF CORRECTION

Form DADS 3724
July 2015

PRINTED: 11/23/2015 2:54:25PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011792	A. BUILDING: _____ B. WING _____	11/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIBRANT HOME HEALTH CARE INC	1707 S BROADWAY SUITE #4 SULPHUR SPRINGS, TX 75482

(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) COMPLETE DATE
Z 000	Initial Comments A relicensure inspection was initiated 11/16/15. The census was: L&C -46 LHH-0 LHH/ Dialysis- 3 Total Census- 49 No violations were cited. This provider is in compliance with 40 TAC, Chapter 97 - Licensing Standards for Home and Community Support Services Agencies.	Z 000		

SOD - State Form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE