



TEXAS
Health and Human
Services

Texas Health and Human Services Commission

Charles Smith
Executive Commissioner

November 29, 2017

Administrator
Freedom At Home Dialysis Llc
810 E Ralph Hall Parkway #150
Rockwall, TX 75032

Re: License number 015759

Dear Administrator:

Enclosed is the Texas Health and Human Services Commission (HHSC) Form-3724, Statement of Licensing Violations, for the **Health Survey** conducted on **November 9, 2017**, which states that your agency meets the licensing standards in the Texas Administrative Code, Title 40, Part 1, Chapter 97, as a licensed **Home Health**.

Please keep this copy for your records.

Sincerely,

A handwritten signature in black ink that reads "Charlayne Burns RN". The signature is written in a cursive style.

Charlayne Burns, RN
HCSSA Program Manager
Regulatory Services, Region 03

clb

Enclosure

**STATEMENT OF LICENSING VIOLATIONS
AND PLAN OF CORRECTION**

PRINTED: 11/28/2017 6:25:23PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2017
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NAME OF PROVIDER OR SUPPLIER FREEDOM AT HOME DIALYSIS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 810 E RALPH HALL PARKWAY #150 ROCKWALL, TX 75032
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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) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>An entrance conference was conducted on 11/01/17 at 10:52 a.m. with the agency Supervising Nurse, Employee B. The agency Administrator, Employee A, was contacted via telephone upon the surveyor's entrance to the agency, and arrived at the agency within an hour the start of the survey. The agency staff was informed that the purpose of the contact was to conduct an initial licensing survey for the category of Licensed Home Health with Dialysis. The "Home and Community Support Services Agencies (HCSSAs), What To Expect During Your Agency's Survey" was provided and explained. The information card providing instructions on how to complete the on-line comment survey was provided.</p> <p>The agency's census was: Licensed Home Health with Dialysis: 2</p> <p>An exit conference was conducted on 11/09/17 at 3:30 p.m. with the agency Administrator-Employee A, Supervising Nurse-Employee B, Chief Operating Officer-Owner A, Chief Executive Officer-Owner B, and Home Program Director-Employee C. The preliminary findings were discussed with the agency administration, and the agency was informed that the surveyor had determined the agency to be in compliance with the Texas Administrative Code Chapter 97, Licensing Standards for Home and Community Support Services Agencies. No violations would be written.</p>	Z 000	<p><i>Printed in Arlington Texas</i></p>	

SOD - State Form
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE



November 29, 2017

Administrator
Freedom At Home Dialysis Llc
810 E Ralph Hall Parkway #150
Rockwall, TX 75032

Re: License number 015759
Provider number
Survey conducted November 9, 2017


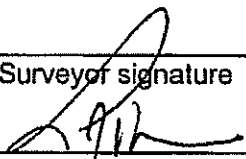
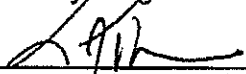
Dear Administrator:

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, HHSC 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 HHSC representative acted on the matter...."

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

 Charlayne Burns RN PM	11/27/17
Surveyor signature	Date
	
Surveyor signature	Date
	11.29.2017
Technical Reviewer	Date
_____	_____
Program Manager	Date
_____	_____
Other	Date

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