Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	747985	05/16/2023
Name of Provider or Supplier	**Street Address, City, State**	
Kinesis Home Health Care Llc	1000 Heritage Center Circle Ste 160, Round Rock, TX	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
G0000	An Entrance Conference was conducted on 5/11/2023 at 9:40 a.m. with the Administrator/ Supervising Nurse and the Office Manager. The agency representatives were informed that the purpose of the visit was a recertification survey. The agency census was: Round Rock (Parent): Licensed &Certified Home Health Services- 23 Licensed Home Health Services-0 Personal Assistance Services-0 An Exit conference was conducted on 5/16/2023 at 12:25. p.m. with the Administrator, Alternate Administrator and Office Manager. The preliminary findings were discussed. The agency was afforded the opportunity to provide additional information. Written instructions were provided for submitting a plan of correction within 10 days of receiving the Statement of Deficiencies.

Abbreviations:

SN- Skilled Nursing

PT- Physical Therapy

OT- Occupational Therapy

COTA- Certified Occupational Therapy Assistant

ST or SLP- Speech Therapy

SW- Social Worker

Adm- Administrator

Alt Adm- Alternate Administrator

SVN- Supervising Nurse

EMR- Electronic Medical Record

QOW- Every other week

w- week

QAPI- Quality Assessment and Performance Improvement