

FACILITY INFORMATION

Facility Name: VALIANT CARDIOPULMONARY
INDEPENDENT

National Provider Identifier(NPI): 1720221765

Address: 1010 W JASPER DR STE 11

City/State/Zip Code: Killeen, TX 76542

Business Telephone Number: 2542135425

Reason for Visit: Revalidation

1. AUTHORIZED REPRESENTATIVE OR INTERVIEWEE

Name of Authorized Representative(s) or
Interviewee(s) 1

Bettie Hankins, Owner, Respiratory Care
Practitioner

Name of Authorized Representative(s) or
Interviewee(s) 2

Name of Authorized Representative(s) or
Interviewee(s) 3

Name of Authorized Representative(s) or
Interviewee(s) 4

2. VISIT DATES

Date of First Visit

11/04/2023



Time of First Visit

11:30 AM

Date of Second Visit

11/29/2023



Time of Second Visit

01:45 PM

3. FACILITY INSPECTION**A. PERFORMANCE STANDARD #3**

Performance standard #3 requires IDTFs to maintain a physical facility on an appropriate site.
(Photograph Required)

Office Suite-Mall

- ☒ Yes
☐ No

Private Residence

- ☐ Yes
☒ No

Other

- ☐ Yes
☒ No

1. Is the ITDF located on an appropriate site?

- ☒ Yes
☐ No

2. Is the IDTF handicap accessible?

- ☒ Yes
☐ No

3. Were there patients in the facility during the inspection?

- ☐ Yes
☒ No

4. If this IDTF is at a fixed location, does the facility contain adequate space for testing, including all tests listed on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and storage of business and medical records?

- ☒ Yes
☐ No
☐ N/A

Office Suite-Office Building

- ☐ Yes
☒ No

Warehouse

- ☐ Yes
☒ No

If "Other", Please Describe

If "No", Please Describe

If "No", Please Describe

If "No", Please Describe

No patients present at time of visit.

If "No", Please Describe

5. If this IDTF is a mobile facility, does the mobile unit have access to facilities for hand washing, adequate patient privacy accommodations, and a home office location for the storage of business and medical records?

- ☐ Yes
- ☐ No
- ☒ N/A

If "No", Please Describe

B. PERFORMANCE STANDARD #4

Performance standard #4 requires IDTFs to have all applicable diagnostic testing equipment available at the physical site (excluding portable diagnostic testing equipment).

1. Does the IDTF maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial/registration numbers, at the physical site?

- ☒ Yes
- ☐ No
- ☐ N/A

If "No", Please Describe

2. Did the IDTF make the portable equipment or mobile unit(s) available for inspection?

- ☒ Yes
- ☐ No
- ☐ N/A

If "No", Please Describe

3. Does the IDTF maintain a current inventory of diagnostic equipment, including diagnostic testing equipment serial/registration numbers?

- ☒ Yes
- ☐ No

If "No", Please Describe

4. Has the IDTF provided updates to the MACs regarding equipment changes in accordance with existing regulation?

- ☒ Yes
- ☐ No

If "No", Please Describe

C. PERFORMANCE STANDARD #5

Performance standard #5 requires IDTFs to maintain a primary business phone under the name of the business.

1. Is the business telephone located at the IDTF or within the home office for the mobile IDTF?

If "No", Please Describe

- ☒ Yes
☐ No

2. Is the business telephone number listed in local telephone directory or is it available through directory assistance?

If "No", Please Describe

- ☒ Yes
☐ No

D. PERFORMANCE STANDARD #6

Performance standard #6 requires IDTFs to have comprehensive liability insurance in the amount \$300,000 per facility.

1. Did the IDTF provide proof of insurance upon request?

If "No", Please Describe

- ☒ Yes
☐ No

E. PERFORMANCE STANDARD #7

Performance standard #7 states that IDTFs must agree not to directly solicit patients; this includes, but is not limited to, a prohibition on telephone, computer, or in-person contacts.

How does the IDTF solicit new business?

Describe:

Ms. Hankins stated she solicits new business by handing out flyers and going to tables at events.

F. PERFORMANCE STANDARD #8

Performance standard #8 requires IDTFs to maintain a protocol regarding beneficiaries' complaints.

1. Does the supplier have a written complaint resolution procedure established?

- ☒ Yes
☐ No

If "No", Please Describe

G. PERFORMANCE STANDARD #9

Performance standard #9 requires IDTFs to post these standards for beneficiary review.

1. Has the IDTF posted the standards found at 42 CFR § 410.33 in the IDTF or home office for a mobile IDTF?

- ☒ Yes
☐ No

If "No", Please Describe

H. PERFORMANCE STANDARD #11

Performance standard #11 requires IDTFs to have their diagnostic equipment calibrated and maintained per manufacturer's equipment instructions and in compliance with applicable manufacturer's suggested maintenance and calibration standards.

1. Does the IDTF have proof that diagnostic equipment has been calibrated and maintained per equipment instructions in accordance with manufacturer's instructions?

- ☐ Yes
☒ No

If "No", Please Describe

The equipment is new and not yet due for calibration.

2. Did the IDTF provide a copy of the maintenance log upon request?

- ☐ Yes
☒ No

If "No", Please Describe

Ms. Hankins stated she did not have a maintenance log. She stated that the equipment was just purchased in August, the machine is not yet due for calibration.

I. PERFORMANCE STANDARD #12

Performance standard #12 requires IDTFs to have technical staff on duty with the appropriate credentials to perform the tests.

1. Can the IDTF furnish the applicable Federal/State licenses and/or certifications for the individuals performing these services?

- ☒ Yes
☐ No

If "No", Please Describe

2. Can technical staff identify the supervising physician(s)?

- ☐ Yes
☒ No

If "Yes", list name(s) of supervising physician(s) that was provided by the technician.

If "No", Please Describe

Notes

Ms. Hankins stated there is no supervising physician at this time. She will provide the new physician information to her MAC.

3. Is the supervising physicians(s) on site?

- ☐ Yes
☒ No

If "No", Please Describe

Ms. Hankins stated there is no supervising physician at this time.

4. Did the IDTF provide a written list of the technician(s) that will be furnishing services at this IDTF upon request?

- ☒ Yes
☐ No

If "No", Please Describe

5. Did the IDTF provide a written list of the supervising physician(s) that will be supervising services at this IDTF upon request?

- ☐ Yes
☒ No

If "No", Please Describe

There is no supervising physician at this time.

J. PERFORMANCE STANDARD #13

Performance standard #13 requires IDTFs to have proper medical record storage and be able to retrieve medical records upon request within 2 business days.

1. Can the IDTF retrieve medical records within 2 business days

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the IDTF have proper medical records storage?

- ☒ Yes
☐ No

If "No", Please Describe

3. How are the records stored?

On-site

- ☒ Yes
☐ No

Electronically

- ☐ Yes
☒ No

Storage Facility

- ☐ Yes
☒ No

Other

- ☐ Yes
☒ No

If "Other", Please Describe

K. PERFORMANCE STANDARD #14

Performance standard #14 requires IDTFs to permit CMS or its Contractors to conduct unannounced on-site inspections to confirm the IDTF's compliance.

1. Is the IDTF accessible during regular business hours?

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the facility maintain posted hours of operation?

- ☒ Yes
☐ No

If "Yes", list hours of operation below:

Monday - Time Open

8:30 AM

Monday - Time Close

2:30 PM

Monday - Appointment Needed

Yes

Tuesday - Time Open

8:30 AM

Tuesday - Time Close

2:30 PM

Tuesday - Appointment Needed

Yes

Wednesday - Time Open

8:30 AM

Wednesday - Time Close

2:30 PM

Wednesday - Appointment Needed

Yes

Thursday - Time Open

8:30 AM

Thursday - Time Close

2:30 PM

Thursday - Appointment Needed

Yes

Friday - Time Open

8:30 AM

Friday - Time Close

2:30 PM

Friday - Appointment Needed

Yes

Saturday - Time Open

N/A

Saturday - Time Close

N/A

Saturday - Appointment Needed

No

Sunday - Time Open

N/A

Sunday - Time Close

N/A

Sunday - Appointment Needed

No

If "No", Please Describe

L. PERFORMANCE STANDARD #15

Performance standard #15 states that with the exception of hospital-based and mobile IDTFs, a fixed-base IDTF is prohibited from the following:

Sharing a practice location with another Medicare-enrolled individual or organization;

Leasing or subleasing its operations or its practice location to another Medicare-enrolled individual or organization; or

Sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization.

1. Does the IDTF share its practice location?

☐ Yes

☒ No

If "Yes", Please Describe

2. Does the IDTF share diagnostic equipment?

☐ Yes

☒ No

If "Yes", Please Describe

3. Does the IDTF lease or sublease its operation or its practice?

☐ Yes

☒ No

If "Yes", Please Describe

4. ADDITIONAL QUESTIONS FOR INSPECTOR

A. Was the inspector able to complete the site visit?

☒ Yes

☐ No

If "No", Please Describe

Additional Comments

First Visit - 11/04/2023 - Site was closed upon first visit. A follow up visit will need to be done within updated hours (listed above).

Second Visit - 11/29/2023 - The door was locked and the lights were out upon arrival. However, Ms. Hankins opened the door upon my knocking. The door sign also said Open. She indicated she needs to update some documents including the name of who will be the new supervising physician. She showed me the EasyOne Pro pulmonary function equipment and 3 liter calibration syringe machine. She said the equipment is self-calibrating; however, she is able to also check the calibration with the calibration syringe.

C. Beyond what is disclosed in this site visit worksheet, was there any evidence obtained during the site visit that could indicate that the supplier is not in compliance with the provisions in 42 CFR 410.33?

☐ Yes

☒ No

If "Yes", Please Describe

D. Photographs Required

Photograph exterior of building (including business sign & hours of operation if possible)



Latitude: 31.101870420417843
Longitude: -97.74675247268542
Date: 11/04/2023 11:34 AM CDT

Photograph interior facility entrance if located within a multiple tenant building (business signs & hours of operation, if possible)



Latitude: 31.101870420417843
Longitude: -97.74675247268542
Date: 11/04/2023 11:37 AM CDT

E. Inspector's Information and Signature

I prepared this document, which is the report of my inspection of the noted facility pursuant to their enrollment in the Medicare program. This report is a true and accurate account of the events that occurred and transpired on the date(s) reported herein that this site visit was performed. I am capable and willing to testify as a witness at a hearing about the content of this report. The foregoing information is based on my personal knowledge or is information provided to me in my official capacity. I declare under penalty or perjury that this information is true and correct to the best of my knowledge and belief.

Executed on

11/29/2023



Signature of Declarant

A handwritten signature in black ink, appearing to be 'Alison Langley'.

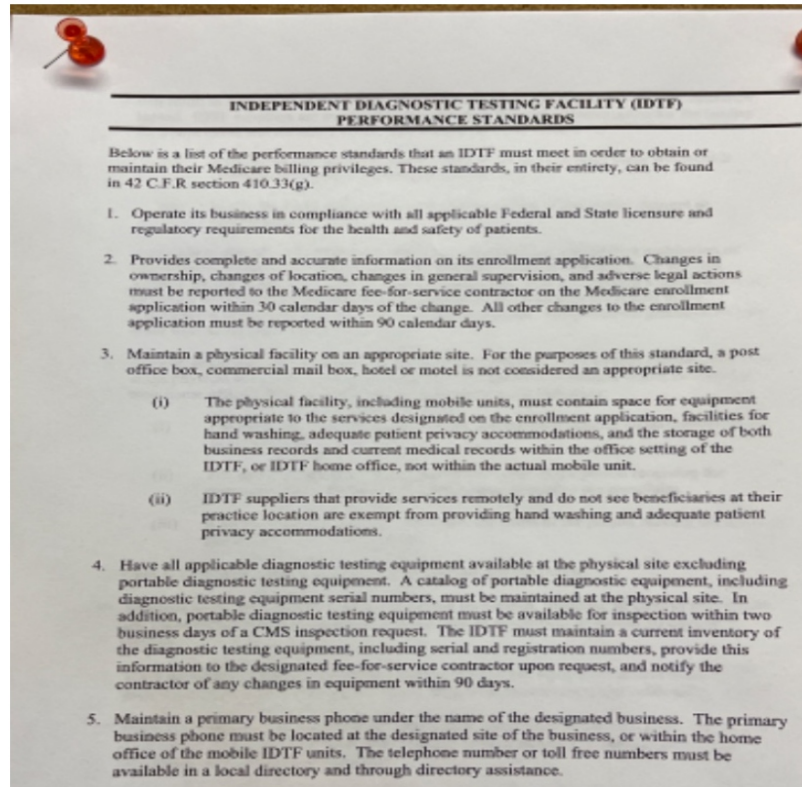
Printed Name

Alison Langley

Organization

Deloitte

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1029. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Latitude: 31.102179888521572
Longitude: -97.74705410540955
Date: 11/29/2023 02:17 PM CST

42 CFR



Latitude: 31.102050312151636
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Date: 11/04/2023 11:43 AM CDT

Address



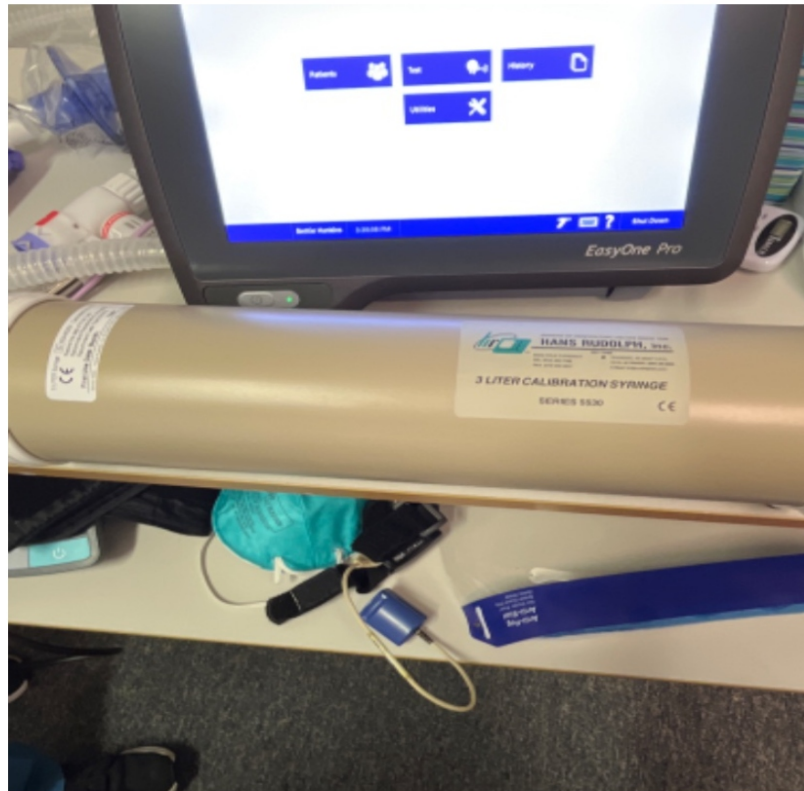
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Business Records Storage



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Date: 11/04/2023 11:34 AM CDT

Business Signage



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Calibration Log

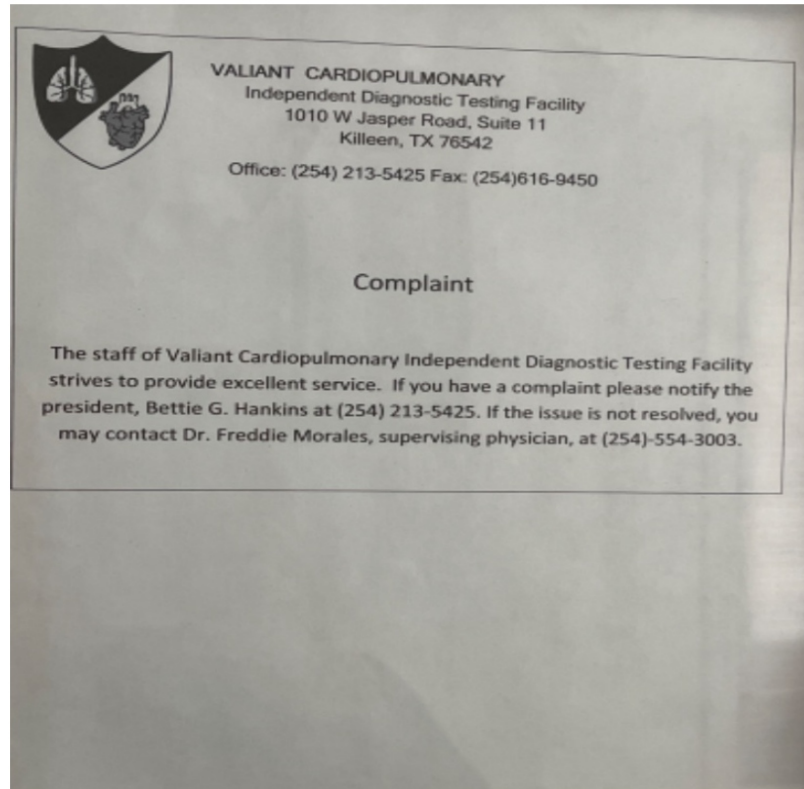
Complaint

The staff of Valiant Cardiopulmonary Independent Diagnostic Testing Facility strives to provide excellent service. If you have a complaint please notify the president, Bettie G. Hankins at (254)702-6089. If the issue is not resolved by the president, Bettie G. Hankins, you may contact Dr. Freddie M. Morales at (254) 554-3003

Comment:

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Date: 11/29/2023 02:39 PM CST

Complaint Forms



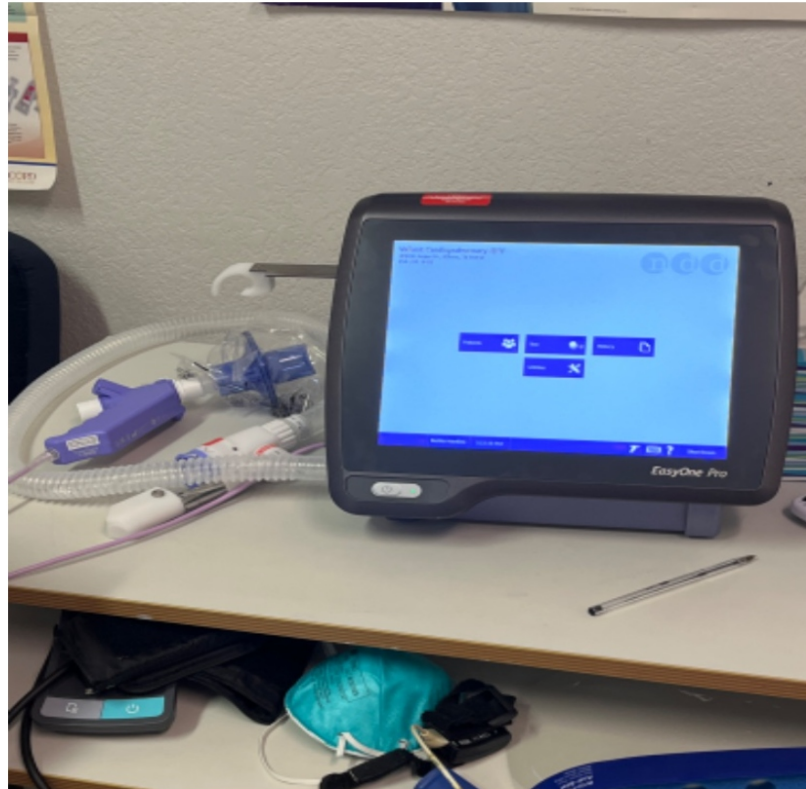
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Complaint Policy



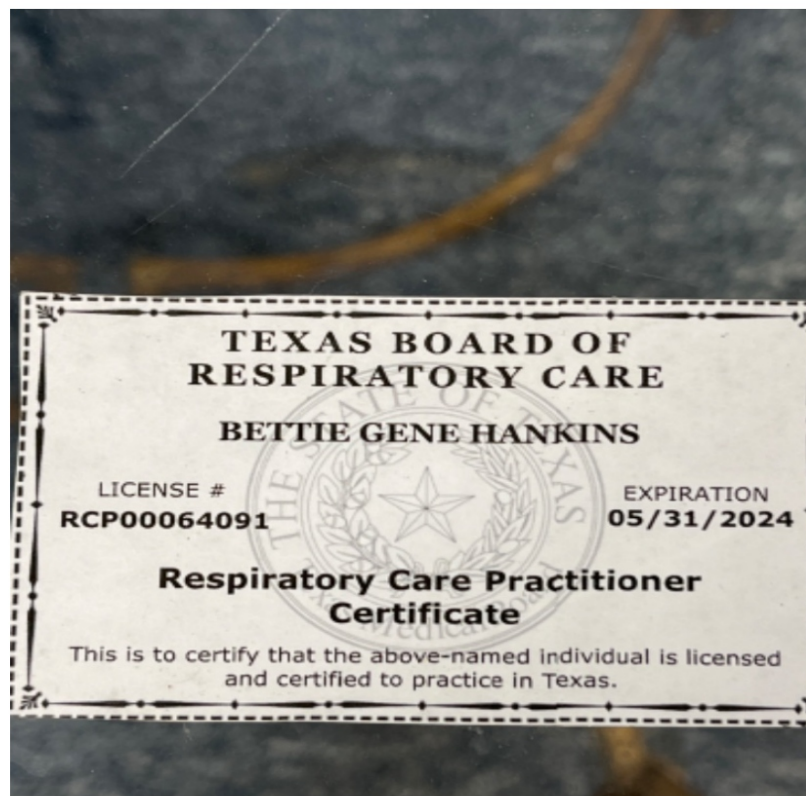
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Disability Access



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Date: 11/29/2023 02:02 PM CST

Equipment



Latitude: 31.10211329395647
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Date: 11/29/2023 02:01 PM CST

Federal/State Licenses



Latitude: 31.10211329395647
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Date: 11/29/2023 01:58 PM CST

Handwashing



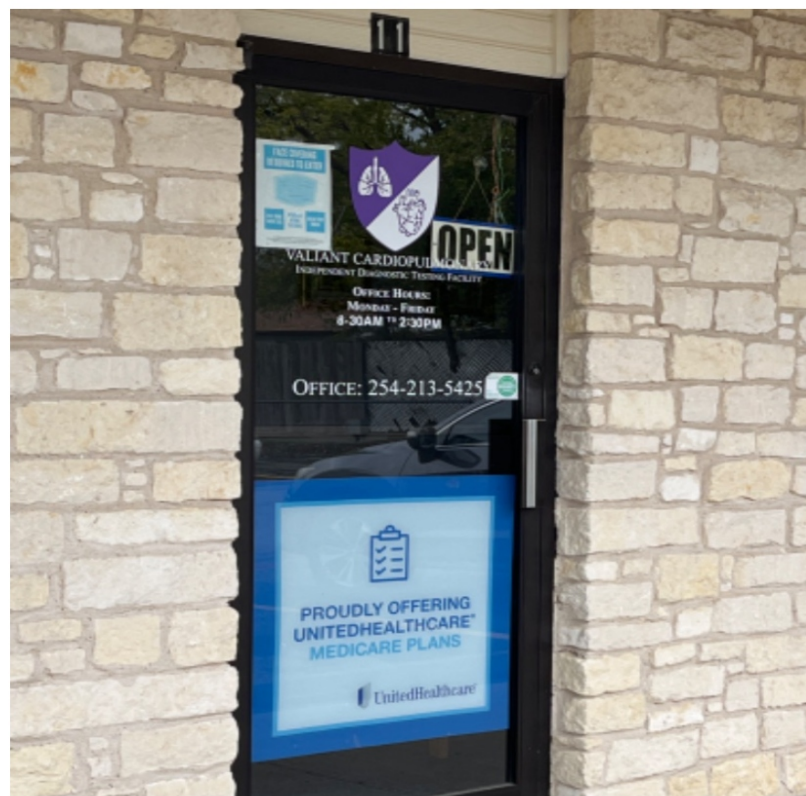
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Handwashing



Latitude: 31.101870420417843
 Longitude: -97.74675247268542
 Date: 11/04/2023 11:36 AM CDT

Hours of Operation



Latitude: 31.102149293902322
 Longitude: -97.74712731695615
 Date: 11/29/2023 01:42 PM CST

If Applicable, 2nd Visit Front Entrance View



Latitude: 31.102149293902322
 Longitude: -97.74712731695615
 Date: 11/29/2023 01:41 PM CST

If Applicable, 2nd Visit Exterior View

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 01/14/2023																										
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST BE ENDORSED. IF SUBSTITUTION IS WANTED, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, CERTAIN POLICIES MAY REQUIRE AN ENDORSEMENT. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement.																														
PRODUCER LON ALBA Commercial Insurance Agency 1001 11th St Dallas, TX 75202-1001 972.443.1111 lon.alba@lonalba.com			CONTACT NAME NAME: [blank] PHONE: [blank] FAX: [blank] E-MAIL: [blank] ADDRESS: [blank]																											
INSURED Valiant Commercial KOTF 1815 W. Jester Dr Ste 11 Dallas, TX 75240-1300			INSURER(S) AFFORDING COVERAGE INSURER A: [blank] NAIC # [blank] INSURER B: [blank] INSURER C: [blank] INSURER D: [blank] INSURER E: [blank] INSURER F: [blank]																											
COVERAGE <table border="1"> <thead> <tr> <th>TYPE OF INSURANCE</th> <th>ADDITIONAL POLICY NUMBER</th> <th>POLICY EFF. DATE (MM/DD/YYYY)</th> <th>POLICY EXP. DATE (MM/DD/YYYY)</th> <th>UNITS</th> </tr> </thead> <tbody> <tr> <td> COMMERCIAL GENERAL LIABILITY A. ☐ CLAIMS MADE ☐ OCCUR B. ☐ AGGREGATE LIMIT ☐ PER POLICY ☐ PERIOD ☐ PER </td> <td>CB-0813541-42</td> <td>06/28/2023</td> <td>06/28/2024</td> <td> EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (SA) \$500,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP \$3,000,000 PHS </td> </tr> <tr> <td> AUTOMOBILE LIABILITY A. ☐ OWNED VEHICLES ONLY ☐ NON-OWNED VEHICLES ONLY B. ☐ OWNED VEHICLES ONLY ☐ NON-OWNED VEHICLES ONLY </td> <td></td> <td></td> <td></td> <td> COMBINED SINGLE LIMIT (SA accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) </td> </tr> <tr> <td> UMBRELLA LIMIT ☐ OCCUR ☐ CLAIMS-MADE EXCESS LIMIT ☐ CLAIMS-MADE </td> <td></td> <td></td> <td></td> <td> EACH OCCURRENCE \$ AGGREGATE \$ MED EXP - EACH ACCIDENT \$ </td> </tr> <tr> <td> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/OWNER EXCLUDED? ☐ YES ☒ NO Mandatory in ME: ☐ YES ☒ NO Description of operations below: </td> <td></td> <td></td> <td></td> <td> MED EXP - EACH ACCIDENT \$ S.S. EACH ACCIDENT \$ S.S. DISEASE - EA EMPLOYEE \$ S.S. DISEASE - POLICY LIMIT \$ </td> </tr> </tbody> </table>						TYPE OF INSURANCE	ADDITIONAL POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	UNITS	COMMERCIAL GENERAL LIABILITY A. ☐ CLAIMS MADE ☐ OCCUR B. ☐ AGGREGATE LIMIT ☐ PER POLICY ☐ PERIOD ☐ PER	CB-0813541-42	06/28/2023	06/28/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (SA) \$500,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP \$3,000,000 PHS	AUTOMOBILE LIABILITY A. ☐ OWNED VEHICLES ONLY ☐ NON-OWNED VEHICLES ONLY B. ☐ OWNED VEHICLES ONLY ☐ NON-OWNED VEHICLES ONLY				COMBINED SINGLE LIMIT (SA accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	UMBRELLA LIMIT ☐ OCCUR ☐ CLAIMS-MADE EXCESS LIMIT ☐ CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ MED EXP - EACH ACCIDENT \$	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/OWNER EXCLUDED? ☐ YES ☒ NO Mandatory in ME: ☐ YES ☒ NO Description of operations below:				MED EXP - EACH ACCIDENT \$ S.S. EACH ACCIDENT \$ S.S. DISEASE - EA EMPLOYEE \$ S.S. DISEASE - POLICY LIMIT \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ADDED 101, Additional Remarks Schedule, may be attached if more space is required)																														
CERTIFICATE HOLDER PROOF OF COVERAGE			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE David McFarland																											

Latitude: 31.102159576963288
 Longitude: -97.7470625120053
 Date: 11/29/2023 01:52 PM CST

Liability Insurance

ACORD
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policyholder must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER:
 CM&F Group Inc.
 110 West 40th Street
 10th Floor, Suite 1000/1001
 New York, NY 10018

INSURED:
 Bettie G. Hankins
 1010 W. Jasper Rd, Suite 11
 Killeen, TX 76542

INSURERS:
 1. **NAME:** CM&F GROUP
PHONE: 1-800-221-4904
EMAIL: info@cmfgroup.com
ADDRESS: 110 West 40th Street, 10th Floor, Suite 1000/1001, New York, NY 10018
 2. **NAME:** MEDICAL PROTECTIVE COMPANY, MPC
ADDRESS: [REDACTED]

COVERAGE:
 CERTIFICATE NUMBER: F41701
 REVISION NUMBER: 02/28/2023

DESCRIPTION OF OPERATIONS (LOCATIONS / VEHICLES) (ACORD 101, Additional Details Schedule, may be attached if more space is required):
 Occurrence Coverage
 Respiratory Care Provider

CERTIFICATE HOLDER:
 Bettie G. Hankins
 1010 W. Jasper Rd, Suite 11
 Killeen, TX 76542

CANCELLATION:
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE:
 [Signature]

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Latitude: 31.102183440395923
 Longitude: -97.74706130648364
 Date: 11/29/2023 02:30 PM CST

Liability insurance

Gmail
 Bettie Hankins <valiantcp7@gmail.com>

Your CM&F Group policy has been bound!
 1 message

CM&F Group <info@cmfgroup.com>
 To: "valiantcp7@gmail.com" <valiantcp7@gmail.com> Fri, Jan 13, 2023 at 12:23 PM

CM&F GROUP
 Division of Specialty Insurance Company, LLC

Dear Bettie G. Hankins,

Thank You for selecting CM&F Group, Inc. as your Malpractice Insurance provider. This policy has been successfully bound and its policy documents will be available in your online account within 24 hours. To access the documents, please visit [Here](#) (if you are a broker or agency, please visit [Here](#)), log in to your account using your credentials, and navigate to the Account Summary tab. Please also take note of the policy information below:

Name: Bettie G. Hankins
 Policy Number: F41701
 Limits of Liability: 1,000,000 / 6,000,000
 Dates of Coverage: 2/28/2023 - 2/28/2024
 Premium Paid (inc. Taxes and Fees): \$378.00

Please contact us at info@cmfgroup.com if you have any concerns or questions.

CM&F GROUP
 Division of Specialty Insurance Company, LLC

CM&F Customer Success Team
 Email: info@cmfgroup.com
 Toll Free: 800.221.4904
www.cmfgroup.com

220 West 40th Street, 10th Floor, Suite 1000-3005
 New York, NY 10018

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Please note that email is not effective to bind or amend coverage or reject a claim until such time as you receive written confirmation from us that your request has been received and processed.

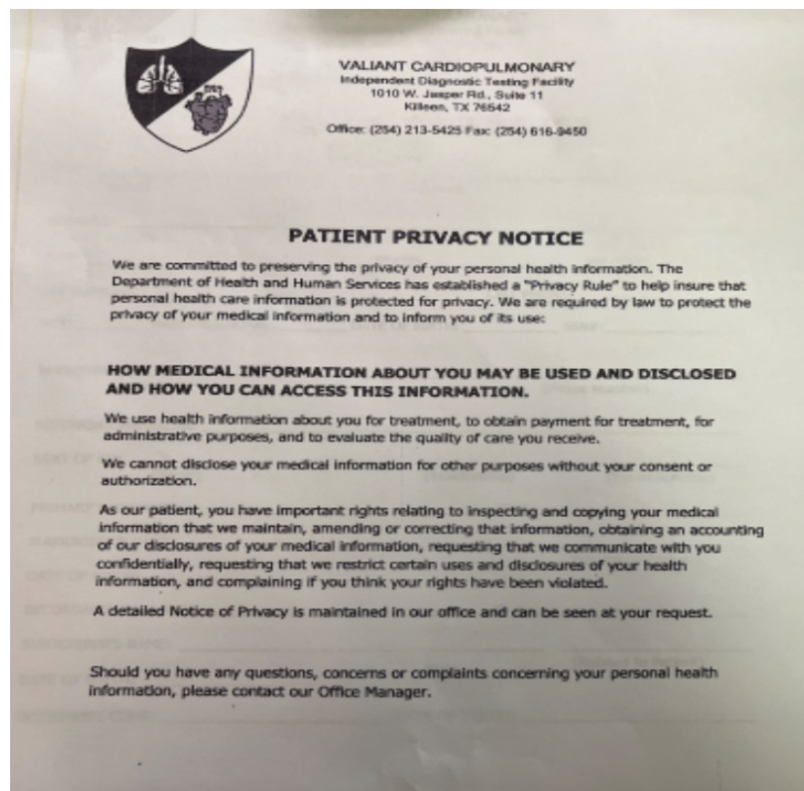
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Malpractice insurance



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Medical Records Storage



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Privacy Accommodation



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Date: 11/29/2023 02:59 PM CST

Privacy Accommodation



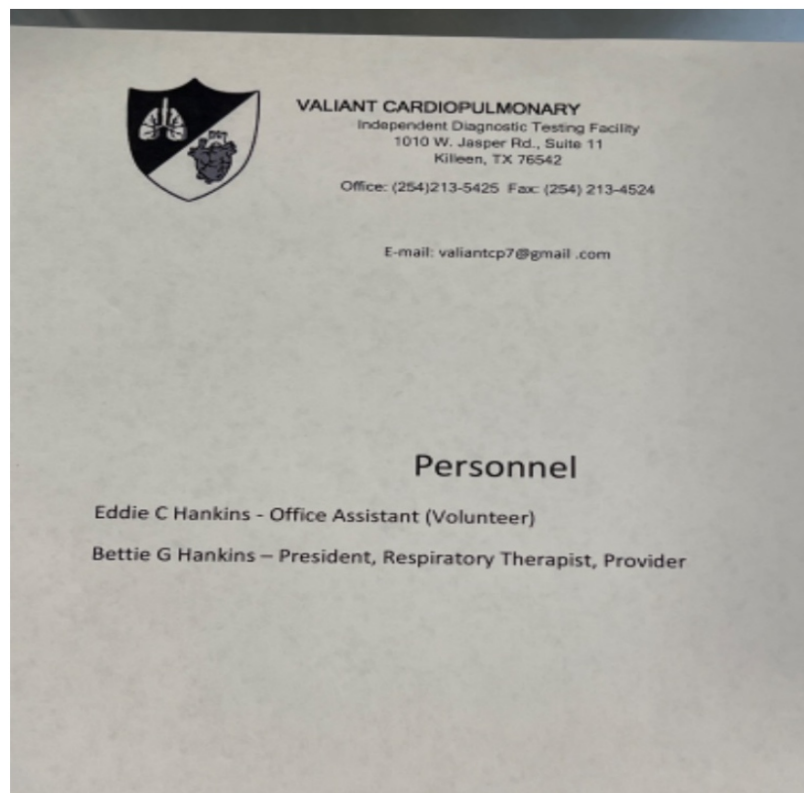
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Serial/Registration Number



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Suite Number



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Technician List