

Indiana State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>157654</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>08/11/2022</b>	
NAME OF PROVIDER OR SUPPLIER <b>GOLDEN AGE HOME HEALTH CARE LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5080 NORTH STATE ROAD, SUITE F , BARGERSVILLE, Indiana, 46106</b>			
(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
N0000	<p>Initial Comments</p> <p>This was a state re-licensure survey for a deemed home health agency by the Indiana Department of Health.</p> <p>Date of survey: 08-09-22, 08-10-22, and 08-11-2022.</p> <p>Agency ID: 012765</p> <p>CCN: 157654</p> <p>Golden Age Home Health Care, LLC was found to have been IN COMPLIANCE with the rules set forth in 410 IAC 17-9, seq., in regard to State Licensure of a home health agency.</p> <p>QR by Area 3 on 8-15-2022</p>			N0000			

Office of Primary Care and Health Systems Management

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