

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157700	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/20/2022
NAME OF PROVIDER OR SUPPLIER INDIANA MASONIC HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 690 S STATE STREET , FRANKLIN, Indiana, 46131	
(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 visit was for a State Re-Licensure survey of a Deemed Home Health Provider.</p> <p>Survey Dates: 10-17-22, 10-18-22, 10-19-22, and 10-20-22.</p> <p>Census: 69</p> <p>Indiana Masonic Home Inc. was found to be in compliance with the rules in 410 Indiana Administrative Code 17, et seq. regarding a State Re-Licensure survey of a home health agency.</p> <p>QR by Area 3 on 10-21-2022</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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