

| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>                        |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><b>15K003</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING  | (X3) DATE SURVEY COMPLETED<br><b>12/09/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><b>OPTUM WOMEN'S AND CHILDREN'S HEALTH, LLC</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7440 WOODLAND DRIVE 1ST FLOOR , INDIANAPOLIS, Indiana, 46278</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                            |
| E0000   | Initial Comments<br><br>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 484.102.<br><br>Survey Dates: 12/06/2024 and 12/09/2024.<br><br>Active Census: 34<br><br>At this Emergency Preparedness survey, Optum Women's & Children's Health, LLC was found in compliance with Emergency Preparedness Requirements for a Medicaid Participating Providers and Suppliers, 42 CFR 484.102. | E0000   |   |   |
| G0000   | INITIAL COMMENTS<br><br>This visit was for a Federal Recertification and State Re-Licensure of a Home Health Provider.<br><br>Survey Dates: 12/06/2024 and 12/09/2024.<br><br>12-Month Unduplicated Skilled Admissions: 325<br><br>Optum Women's & Children's Health, LLC was found to be in compliance with 42 CFR 484 and 410 IAC 17 of a home health survey.<br><br>QR completed by Area 3 on 12/10/2024.                                       | G0000   |   |   |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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