PRINTED: 01/11/2021 FORM APPROVED

Indiana State Department of Health

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
011506		B. WING		12/14/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL LAFAYETTE, IN 47905					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	N SHOULD BE COMPLETE DATE	
000 INITIAL COMMENTS		S 000			
This visit was for a licensure review for conversion of hospital space to patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-02-HOSP.					
Survey Date: 12/14/2020					
The following patient rooms were converted and met the requirements listed in ISDH CSHCR: Program Advisory Letter: Rooms: AG410, AG411.					
QA: 12/15/20					
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR INITIAL COMMENTS This visit was for a lice conversion of hospital ISDH CSHCR: Progra Number: AC-2020-02 Facility Number: 0118 Survey Date: 12/14/2 The following patient met the requirements Program Advisory Le Rooms: AG410, AG4	ONIVERSITY HEALTH ARNETT HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a licensure review for conversion of hospital space to patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-02-HOSP. Facility Number: 011506 Survey Date: 12/14/2020 The following patient rooms were converted and met the requirements listed in ISDH CSHCR: Program Advisory Letter: Rooms: AG410, AG411.	DEPARTMENT OF CORRECTION DIA 1506 ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 5165 MCCARTY LN LAFAYETTE, IN 47905 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a licensure review for conversion of hospital space to patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-02-HOSP. Facility Number: 011506 Survey Date: 12/14/2020 The following patient rooms were converted and met the requirements listed in ISDH CSHCR: Program Advisory Letter: Rooms: AG410, AG411.	DEFICIENCY) DIATOR D	OTTO DESCRIPTION DESCRIPTION NUMBER: OTHER DISTRICTION NUMBER: OTHER DISTRICTION NUMBER: OTHER DISTRICTION NUMBER: OTHER DISTRICTION NUMBER: OTHER DISTRICT DISTRICT DISTRICT DESCRIPTION CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS S 000 INITIAL COMMENTS S 000 This visit was for a licensure review for conversion of hospital space to patient rooms per ISDH CSHCR: Program Advisory Letter Number: AC-2020-02-HOSP. Facility Number: 011506 Survey Date: 12/14/2020 The following patient rooms were converted and met the requirements listed in ISDH CSHCR: Program Advisory Letter: Rooms: AG410, AG411.

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE