

Indiana State Department of Health

| | | | | |
|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005052 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 07/06/2021 |
| NAME OF PROVIDER OR SUPPLIER FRANCISCAN HEALTH MOORESVILLE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HADLEY RD MOORESVILLE, IN 46158 | | |
| (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) COMPLETE DATE |
| S 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the investigation of a State licensure hospital complaint.</p> <p>Complaint Number: IN00248683</p> <p>Unsubstantiated: Lack of sufficient evidence.</p> <p>Survey Date: 07/06/2021</p> <p>Facility Number: 005052</p> <p>Franciscan Health Mooresville is in compliance with 410 IAC 15-1.5-10, Utilization Review and Discharge Planning Services, Hospital Licensure Rules.</p> <p>QA: 7/13/2021</p> | S 000 | | |

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE