

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2025
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154011 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04 B. WING _____ | (X3) DATE SURVEY COMPLETED R 07/02/2025 |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER INCOMPASS HEALTHCARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 285 BIELBY RD LAWRENCEBURG, IN 47025 | |
| (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 |
| {E 000} | Initial Comments | {E 000} | | |
| {K 000} | <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted between 05/19/25 - 05/20/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 07/02/25</p> <p>Facility Number: 005176 Provider Number: 154011 AIM Number: 200147890A</p> <p>At this PSR Life Safety Code survey, Incompass Healthcare was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> <p>The Incompass Healthcare was located on the non-sprinklered first floor, East Wing, of a three story, partially sprinklered hospital with a basement of Type I (332) construction. There is a 2 hour fire separation wall between the hospital and the Incompass Healthcare. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard-wired smoke detectors in all patient sleeping rooms. The facility has a capacity of 16 and had a census of 11 at the time of this survey.</p> <p>Quality Review completed on 07/03/25</p> | {K 000} | | |

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

TITLE

(X6) DATE

07/14/2025

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 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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| {K 000} | INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey that exited on 05/20/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b). Survey Date: 07/02/25 Facility Number: 005176 Provider Number: 154011 AIM Number: 200147890A At this PSR Life Safety Code survey, Incompass Healthcare In Patient unit was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. The In Patient Center was located on the non sprinklered first floor, East Wing, of a three story, partially sprinklered hospital with a basement of Type I (332) construction. There is a 2 hour fire separation wall between the hospital and the Incompass Healthcare. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all patient sleeping rooms. The facility has a capacity of 16 and had a census of 11 at the time of this survey. | | {K 000} | | |
| | Quality Review completed on 07/03/25 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety | | | | |

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| {K 000} | <p>Continued From page 2</p> <p>Code Recertification Survey that exited on 05/20/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 07/02/25</p> <p>Facility Number: 005176 Provider Number: 154011 AIM Number: 200147890A</p> <p>At this PSR Life Safety Code survey, Incompass Healthcare IDDT Unity House was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> <p>The IDDT Unity House was located above the In Patient unit on the sprinklered second floor, East Wing, of a three story, partially sprinklered hospital with a basement of Type I (332) construction. There is a 2 hour fire separation wall between the hospital and the Incompass Healthcare. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all patient sleeping rooms. The facility has a capacity of 16 and had a census of 11 at the time of this survey.</p> <p>Quality Review completed on 07/03/25</p> <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey that exited on</p> | {K 000} | {K 000} | {K 000} |

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| {K 000} | <p>Continued From page 3</p> <p>05/20/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 07/02/25</p> <p>Facility Number: 005176 Provider Number: 154011 AIM Number: 200147890A</p> <p>At this PSR Life Safety Code survey, Incompass Healthcare 281 Building was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> <p>The 281 Building was separate from Main center located on the ground floor of a three story sprinklered building with a basement of Type III (222) construction. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. This is an Administrative building. There are no resident rooms.</p> <p>Quality Review completed on 07/03/25</p> | {K 000} | | |