

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

PRINTED: 01/11/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>151558</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 01/08/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KINDRED HOSPICE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>323 METRO AVE EVANSVILLE, IN 47715</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
L 000	<p>INITIAL COMMENTS</p> <p>This visit was for a federal complaint investigation of a deemed hospice agency.</p> <p>Complaint IN00337123 was Substantiated: no deficiencies cited.</p> <p>Survey date: January 8, 2021</p> <p>Facility ID: 009765</p> <p>Unduplicated census: 335 Skilled census Evansville: 31 Skilled census Jasper branch: 29 Active patients residing in ALF: 7 Active patients residing in SNF: 24 Hospice Aide only patients: 0 Homemaker only patients: 0 Total active census: 60</p> <p>Total records reviewed: 4 Home visits: 0</p> <p>Kindred Hospice was found to be in compliance with 42 CFR 418.</p> <p>Quality Review completed on 1/11/2021 A4</p>		L 000		

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

TITLE

(X6) DATE

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.