

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

PRINTED: 06/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/07/2022
NAME OF PROVIDER OR SUPPLIER OUR HOSPICE OF SOUTH CENTRAL INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2626 E 17TH ST COLUMBUS, IN 47201		
(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 An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 418.113. Survey Dates: June 2nd, 3rd, 6th, and 7th of 2022 Unduplicated 12 month census: 1593 Active Census: 247 Inpatient Census: 7 At this Emergency Preparedness survey, Our Hospice of South Central Indiana Inc. was found in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 418.113.	E 000			
L 000	QR Completed 6/15/2022 INITIAL COMMENTS This visit was for a Federal Recertification and State Relicensure survey of a Hospice Provider. Survey Dates: June 2nd, 3rd, 6th, and 7th of 2022 Unduplicated 12 month census: 1593 Active Census: 247 Inpatient Census: 7 Our Hospice of South Central Indiana Inc. was found to be in compliance with 42 CFR 418 and IC 16-25 et. sq. in regard to a Hospice Federal Recertification and State Relicensure survey.	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.