STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151606	A. BUILDING _____ B. WING _____	06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOSPICE AND PALLIATIVE CARE	**7215 E 21ST STREET, SUITE A INDIANAPOLIS, IN 46219**

(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. In conjunction with the Emergency Preparedness survey, a Focused Infection Control Survey was also conducted. Facility #: 012203 CCN: 151606 Survey Dates: 6-22, 6-23, 6-24, 6-25, 6-28, and 6-29-2021 At this Emergency Preparedness survey, Heritage Hospice and Palliative Care, was found to have been in compliance with the Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 418.113; and was found to have been in compliance with the Focused Infection Control requirements in regards to staffing and implementation of staffing during a pandemic. Quality Review Completed on 07/02/2021 by Area 3	E 000		
L 000	INITIAL COMMENTS This visit was for a Federal Recertification and State Relicensure survey of a Hospice provider. Survey Dates 6/22/21 , 6/23, 6/24, 6/25, 6/28, and 6/29/21 Facility # 012203	L 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151606	A. BUILDING _____ B. WING _____	06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOSPICE AND PALLIATIVE CARE	**7215 E 21ST STREET, SUITE A INDIANAPOLIS, IN 46219**

(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	Continued From page 1 Provider # 151606 Medicaid # 201179100 Heritage Hospice and Palliative Care was found to be IN COMPLIANCE with 42CFR 418, in regards to recertification of a hospice agency. Heritage Hospice and Palliative Care was also found to have been IN COMPLIANCE with the state licensure requirements at Indiana Code 16-25-3. Quality Review Completed on 07/02/2021 by Area 3	L 000		