STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151523	A. BUILDING _____ B. WING _____	C 12/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCISCAN HOSPICE CARE	**1300 ALBANY STREET BEECH GROVE, IN 46107**

(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 A Focused Infection Control survey was conducted by the Indiana Department of Health in accordance with 42 CFR 418.113, for Hospice. Survey Date: 12-22-2020 Facility Number: 006347 Provider Number: 151523 At this Focused Infection Control Survey, Franciscan Hospice Care, was found to have been in compliance with the requirements of the Condition for Coverage of Hospice, 42 CFR 418.113, in relation to implementation of emergency staffing and emerging infectious organism infection prevention and infection control (COVID-19 pandemic.)organism infection prevention and infection control (COVID-19 pandemic.) Quality Review completed on 01/07/2021 by Area 3	E 000		
L 000	INITIAL COMMENTS This visit was for a Federal Complaint survey of a deemed Hospice provider. Complaint #: IN00341290 - Unsubstantiated Survey Date: 12-22-2020 Facility Number: 006347	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
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 Number: 151523 During this survey, Franciscan Hospice Care was found to be in compliance with Condition for Participation, 42 CFR 418.60 Infection Control. Quality Review completed on 01/07/2021 by Area 3	L 000		