PRINTED: 12/08/2020 FORM APPROVED

Indiana State Department of Health

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  810 E WALNUT ST EVANSVILLE, IN 47734  PRECIN PRECIN 1AC  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCIES  PRECIN 1AC  SUMMARY STATEMENT OF DEFICIENCIES  PRECIN 1AC  SUMMARY STATEMENT OF DEFICIENCIES  PRECIN 1AC  PREC	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  DEACONESS VNA  610 E WALNUT ST EVANSVILLE, IN 47734  (A4) ID PREFIX TAG  INITIAL COMMENTS  EQUILATORY OR LSC IDENTIFYING INFORMATION)  S 000 INITIAL COMMENTS  These were the 2020 ISDH Annual Compliance Surveys based on the Retail Food Establishment Sanitation Requirements.  Facility #: 005939  Two locations: 1) 610 E Walnut St Evansville, IN 47734 2) 611 Harriet St Evansville, IN 47747  Survey Date(s): 12/01/20  These centers for Hospice and Palliative Care were in compliance with 410 IAC 7-24 during their routine				A. BUILDING: _				
DEACONESS VNA  610 E WALNUT ST EVANSVILLE, IN 47734    (X4) ID   SUMMARY STATEMENT OF DEFICIENCIES   EVANSVILLE, IN 47734    (X4) ID   PREFIX   CACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY)    S 000   INITIAL COMMENTS   S 000    These were the 2020 ISDH Annual Compliance   Surveys based on the Retail Food Establishment   Sanitation Requirements.    Facility #: 005939    Two locations:   1) 610 E Walnut St   Evansville, IN 47734   2) 611 Harriet St   Evansville, IN 47747    Survey Date(s): 12/01/20   These centers for Hospice and Palliative Care were   in compliance with 410 IAC 7-24 during their routine   in compliance with 410 IAC 7-24 during their routine   in compliance with 410 IAC 7-24 during their routine   in compliance with 410 IAC 7-24 during their routine   in compliance with 410 IAC 7-24 during their routine   in compliance with 410 IAC 7-24 during their   in compliance with 410 IAC 7-24 during	005939		B. WING		12/01/2020			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE