

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005939	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/01/2020
NAME OF PROVIDER OR SUPPLIER DEACONESS VNA		STREET ADDRESS, CITY, STATE, ZIP CODE 610 E WALNUT ST EVANSVILLE, IN 47734		
(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) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>These were the 2020 ISDH Annual Compliance Surveys based on the Retail Food Establishment Sanitation Requirements.</p> <p>Facility #: 005939</p> <p>Two locations: 1) 610 E Walnut St Evansville, IN 47734 2) 611 Harriet St Evansville, IN 47747</p> <p>Survey Date(s): 12/01/20</p> <p>These centers for Hospice and Palliative Care were in compliance with 410 IAC 7-24 during their routine kitchen sanitation inspections.</p>	S 000		

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

TITLE

(X6) DATE