

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

PRINTED: 04/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151511	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/06/2022
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 950 N MERIDIAN ST, SUITE 700 INDIANAPOLIS, IN 46204		
(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	{E 000}			
L 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Post-Condition Re-visit survey of a Medicare and Medicaid Hospice Agency.</p> <p>The original Federal Recertification, Emergency Preparedness, and State Re-licensure survey, exit date of 2/15/2022, resulted in an Immediate Jeopardy (IJ), which was identified and announced on 2/15/22 at 9:47 AM, under 42 CFR 418.52 (b)(4) and 42 CFR 418.52 (b)(4)(ii), for Patient Rights. The Immediate Jeopardy was unremoved at the exit date of 2/15/22, because the agency submitted an unacceptable Removal of Immediacy Plan. A second IJ removal plan was found unacceptable on 2/25/22. On 2/28/22, the third Immediacy Removal Plan was accepted. The Immediacy Component of the IJ was removed on-site on 3/8/2022. At that time, One Condition and 2 Standards were determined to be back in compliance, and 2 other Conditions and 12 other Standards remained for determination of compliance at a Post-Condition revisit survey.</p> <p>Survey Dates: 4/4/22, 4/5/22, and 4/6/22</p> <p>During this survey, exit date of 4/6/22, the remaining 2 Conditions and 12 Standards were removed, no new deficiencies were identified, and Indiana University Health Hospice agency was found to have been in compliance with the requirements of 42 CFR 418.52, et seq.</p> <p>QR by Area 3 on 4-13-2022</p>	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.

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