

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

PRINTED: 11/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151507		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/27/2021	
NAME OF PROVIDER OR SUPPLIER COMPASSUS-INDIANAPOLIS METRO				STREET ADDRESS, CITY, STATE, ZIP CODE 8450 N PAYNE RD STE 100 INDIANAPOLIS, IN 46268			
(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	<p>INITIAL COMMENTS</p> <p>This visit was for a federal and state complaint investigation of a hospice agency.</p> <p>Complaint #: IN 00333246 Substantiated; no findings</p> <p>Survey Dates: 10-25, 10-26, and 10-27-2021</p> <p>Facility #: 005124</p> <p>CCN: 151507</p> <p>Census: field based 69</p> <p>In patient unit (respite, general in-patient, and extended on site) 4</p> <p>Total: 73</p> <p>Compassus-Indianapolis-Metro was found to be in compliance with 42 CFR 418 in regard to a Federal hospice complaint investigation survey, and IC 16-25-3 in regard to a State hospice complaint survey, in relation to patient rights and quality of care.</p> <p>Quality Review completed on 11/05/2021 by Area 3</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.