

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

PRINTED: 08/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151501		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/24/2020	
NAME OF PROVIDER OR SUPPLIER CENTER FOR HOSPICE AND PALLIATIVE CARE INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 111 SUNNYBROOK CT SOUTH BEND, IN 46637			
(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 was a State and Federal focused survey for addition of an inpatient unit.</p> <p>Survey Date: 8/24/2020</p> <p>Facility Number: 005934</p> <p>Unduplicated Skilled Census: 0</p> <p>Sample: Record Review With Home Visits: 0 Record Review Without Home Visits: 0 Total Records Reviewed: 0</p> <p>Center for Hospice and Palliative Care Inc., was found to be in compliance with 42 CFR Part 418.100: Hospices that provide inpatient care directly.</p> <p>Quality Review Completed 08/25/2020 Area 1</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.