

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

PRINTED: 06/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151569	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 06/10/2019
NAME OF PROVIDER OR SUPPLIER SPENCER COUNTY HOSPICE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 225 MAIN ST ROCKPORT, IN 47635		
(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 An Emergency Preparedness post re-visit survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 418.113. Survey Date: June 10, 2019 Facility Number: 010652 Provider Number: 151569 Census = 0 active At this Emergency Preparedness post re-visit survey, Spencer County Hospice Inc was found in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 418.113.	{E 000}			
{L 000}	INITIAL COMMENTS This was a Federal hospice post certification and State re-licensure revisit survey. Survey Date: June 10, 2019 Facility: 010652 Medicare Provider: 151569 Census: 0 active/ 21 unduplicated last 12 months Home visit 0/ Record review 1 Spencer County Hospice Inc. was in compliance with Conditions for Coverage 42 CFR Part 418.00 for Hospice.	{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.