

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

PRINTED: 08/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151620	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2020	
NAME OF PROVIDER OR SUPPLIER CARE HOSPICE SERVICES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1119 KEYSTONE WAY N, SUITE 108A CARMEL, IN 46032		
(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	INITIAL COMMENTS This visit was for an investigation survey of a federal complaint at a deemed hospice agency. Complaints: IN 00306243 Substantiated; No Federal deficiencies were cited. Survey dates: 7-30, 7-31, and 8-3-2020 Facility #: 013680 CCN: 151620 Current Census: 56 Clinical record reviews: 3 Home visits: 0 At this survey for the investigation of a federal complaint of a deemed hospice agency, Care Services, LLC, was found to have been in compliance with the Condition of Participation, Organization and Administration, 42 CFR 418. Quality Review completed on 8/5/2020 by Area 3		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.