

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

PRINTED: 11/07/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155767</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>11/06/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGHURST HEALTH CAMPUS</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>628 N MERIDIAN RD</b> <b>GREENFIELD, IN 46140</b>			
(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
F 000	INITIAL COMMENTS  This visit was for the Investigation of Complaints IN00445470 and IN00445952.  Complaint IN00445470 - No deficiencies related to the allegations are cited.  Complaint IN00445952 - No deficiencies related to the allegations are cited.  Survey dates: November 6, 2024  Facility number: 005954 Provider number: 155767 AIM number: 201068810  Census Bed Type: SNF/NF: 32 SNF: 32 Residential: 51 Total: 115  Census Payor Type: Medicare: 29 Medicaid: 23 Other: 12 Total: 64  Springhurst Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regards to the Investigation of Complaints IN00445470 and IN00445952.  Quality review completed on November 6, 2024.			F 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.