DEPARTMENT OF HEALTH AND HUMAN SERVICES						FORM APPROVED		
S FOR MEDICARE & DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING				OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED R 05/11/2023		
	155767							
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			03/11/2023		
			628 N MERI	DIAN RD				
URST HEALTH CAMPUS			GREENFIE	LD, IN 46140				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOU			D BE COMPLETION		
INITIAL COMMENTS		FC	00					
Paper compliance to the Recertification, State Licensure which included a Residential survey completed on February 27, 2023.								
Review Date: May 11, 2023								
Facility number: 005954 Provider number: 155767 AIM number: 201068810								
Springhurst Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper review to the Recertification, State Licensure and Residential survey.								
Quality review comple	eted on May 11, 2023							
							X6) DATE	
	S FOR MEDICARE & DF DEFICIENCIES CORRECTION ROVIDER OR SUPPLIER URST HEALTH CAMPUS SUMMARY STI (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS Paper compliance to Licensure which inclu completed on Februa Review Date: May 1 ⁴ Facility number: 0059 Provider number: 155 AIM number: 201068 Springhurst Health Ca compliance with 42 C 410 IAC 16.2-3.1, in r the Recertification, St Residential survey. Quality review comple	S FOR MEDICARE & MEDICAID SERVICES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDENTIFICATION INITIAL COMMENTS PAPE COMPLICE TO THE RECEDED BY FULL REGULATORY OR LECTORIES INTER NUMBER: IDENTIFY NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION INITIAL COMMENTS INITIAL	S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155767 ROVIDER OR SUPPLIER URST HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS Paper compliance to the Recertification, State Licensure which included a Residential survey completed on February 27, 2023. Review Date: May 11, 2023 Facility number: 005954 Provider number: 155767 AIM number: 201068810 Springhurst Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper review to the Recertification, State Licensure and Residential survey.	S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRU A. BUILDING ROVIDER OR SUPPLIER ISTRET ADD 528 N MERIL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID NINTIAL COMMENTS F 000 Paper compliance to the Recertification, State Licensure which included a Residential survey completed on February 27, 2023. F 000 Review Date: May 11, 2023 Facility number: 005954 Provider number: 155767 AIM number: 201068810 Springhurst Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper review to the Recertification, State Licensure and Residential survey. Quality review completed on May 11, 2023	S FOR MEDICARE & MEDICAID SERVICES 97 DEFICIENCIES (x1) PROVIDER/UPPLICACUA DENTIFICATION NUMBER: (x2) MULTIPLE CONSTRUCTION A BUILDING 155767 8. WING STREET ADDRESS, CITY, STATE, ZIP CODE 528 NMERIDIAR RD GREENFIELD, IN 46140 STREET ADDRESS, CITY, STATE, ZIP CODE 528 NMERIDIAR RD GREENFIELD, IN 46140 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFINIS INFORMATION) INITIAL COMMENTS F 000 Paper compliance to the Recertification, State Licensure which included a Residential survey completed on February 27, 2023. F 000 Paper 201068810 Springhurst Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper review to the Recertification, State Licensure and Residential survey. Springhurst Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper review to the Recertification, State Licensure and Residential survey. Springhurst Health Campus was found to be in completed on May 11, 2023 Springhurst Health Campus was found to be in completed on May 11, 2023	S FOR MEDICARE & MEDICAID SERVICES (2) MULTIPLE CONSTRUCTION DD DEPICIENCIES (2) MULTIPLE CONSTRUCTION 185767 N. WING ROWDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 N MERIDIAN RD DEPICIENCY STREET ADDRESS, CITY, STATE, ZIP CODE 25 N MERIDIAN RD OPERATION No MING URST HEALTH CAMPUS STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STREEMT OF DEPIDINCES DEPICIENCY REGULATORY OR LSC IDENTFYNKE INFORMATION) PREFIX NO CROSS-REFERENCED TO THE APPROPRIA DEPICIENCY CROSS-REFERENCED TO THE APPROPRIA NO CROSS-REFERENCED TO THE APPROPRIA DEPICIENCY PREFIX REVIEW Date: May 11, 2023 F 000 Pacifity number: 005954 F 000 Provider number: 155767 AIM number: 20108810 Springhurst Health Campus was found to be in comparison with 42 CFR Part 483, Subpart Part 483, Subpart Part 481, Campus Health Campus was found to be in comparison with 42 CFR Part 483, Subpart Part 481, Campus Health Campus was found to be in comparison with 42 CFR Part 483, Subpart Part 481, Campus Health Campus was found to be in comparison with 42 CFR Part 483, Subpart Part 481, Campus Health Ca	S FOR MEDICARE & MEDICAD SERVICES OME NO. OPE DEFICIENCIES (X1) PROVIDERBUPLERCUA (X2) MULTPLE CONSTRUCTION (X2) MULTPLE CONSTRUCTION A BULDNA	

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.

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