

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157692	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/20/2022
NAME OF PROVIDER OR SUPPLIER ELITE HOME REHAB AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 580 EAST CARMEL DRIVE, SUITE 208 , CARMEL, Indiana, 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
N0000	<p>Initial Comments</p> <p>This visit was for a State Complaint survey (2) of a Deemed Home Health provider.</p> <p>Complaint Number: 26228: Unsubstantiated. No state deficiencies were cited. Complaint Number: 26209: Unsubstantiated. No state deficiencies were cited.</p> <p>Survey Dates: 4/19/22 and 4/20/22</p> <p>Census: 434</p> <p>Elite Home Rehab and Healthcare was found to have been in compliance with 410 IAC 17 in regard to the allegations in the complaints.</p> <p>QR by Area 3 on 4-26-2022</p>	N0000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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