

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157158	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/12/2022
NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH HOME C			STREET ADDRESS, CITY, STATE, ZIP CODE 950 N MERIDIAN ST STE 700 , INDIANAPOLIS, Indiana, 46204	
(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
G0000	<p>INITIAL COMMENTS</p> <p>This visit was a Federal complaint investigation of a deemed home health agency. A State Relicensure survey was completed in conjunction with the complaint survey.</p> <p>Complaint #IN0071247: Unsubstantiated; no deficiencies were cited.</p> <p>Survey dates: 8/4, 8/5, 8/8, 8/9, 8/19, 8/11, and 8/12/22 The survey exit date was extended to 8/12/22 for receipt of the information requested during the survey.</p> <p>Indiana University Health Home Care was found to be in compliance with the Conditions of Participation for Home Health Agencies 42 CFR 484 et seq.</p> <p>QR by Area 3 on 8-17-2022</p>	G0000		

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 reverse for further 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.

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