

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157081	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/10/2022
NAME OF PROVIDER OR SUPPLIER ACME HEALTH SERVICE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6302 N RUCKER RD STE J , INDIANAPOLIS, Indiana, 46220	
(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 Re-licensure survey of a deemed Home Health Agency.</p> <p>Survey Dates: 8-8, 8-9, and 8-10-22.</p> <p>Census: 36</p> <p>Acme Home Health was found to have been in compliance with the rules of 410 IAC 17, in regard to a State Re-licensure survey.</p> <p>QR by Area 3 on 8-15-2022</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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