

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

PRINTED: 04/15/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>151524</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/08/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>REID HEALTH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1100 REID PKWY STE 125</b> <b>RICHMOND, IN 47374</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	
E 000	Initial Comments  An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 418.113.  Survey Dates: April 6th, 7th, and 8th of 2021  Census = 644  At this Emergency Preparedness survey, Reid Health was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 418.113.	E 000			
L 000	Quality Review completed on 4/15/2021 A4 INITIAL COMMENTS  This visit was for a recertification survey, focused COVID-19 Infection Control survey, and a complaint investigation of a hospice agency.  Complaint IN00271523 Substantiated: no deficiencies cited.  Survey dates: April 6th, 7th and 8th of 2021.  Unduplicated 12 month census: 644  At this survey, Reid Health was found to be in compliance with 42 CFR 418.	L 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.