Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011479	A. BUILDING: _____ B. WING _____	02/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ORTHOPAEDIC HOSPITAL OF LUTHERAN HEAL	7952 W JEFFERSON BLVD FORT WAYNE, IN 46804

(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) COMPLETE DATE
S 000	INITIAL COMMENTS Facility Number: 011479 Type of Survey: State Licensure Off Site Joint Commission Accreditation Survey Date of Joint Commission On Site Survey - Hospital full survey 02/02-03/2017 Date of ISDH off site review - 04/25/2017 Based on review of the 02/3/2016 Joint Commission Accreditation Survey Report, it has been determined that The Orthopedic Hospital of Lutheran Health meets the requirements for Hospital Licensure in Indiana for 2017.	S 000		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE