| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155481 | A. BUILDING _____ B. WING _____ | C 04/28/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ARBOR TRACE HEALTH & LIVING COMMUNITY** | **3701 HODGIN RD RICHMOND, IN 47374** |

| (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 |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS | F 000 | | |

This visit was for the Investigation of Complaint IN00403518.

Complaint IN00403518 - No deficiencies related to the allegations are cited.

Survey dates: April 27 and 28, 2023

Facility number: 000455
Provider number: 155481
AIM number: 100291010

Census Bed Type:
SNF/NF: 87
SNF: 13
Residential: 27
Total: 127

Census Payor Type:
Medicare: 24
Medicaid: 63
Other: 13
Total: 100

Arbor Trace Health and Living Community was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00403518.

Quality review completed on May 1, 2023

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