

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/04/2011
NAME OF PROVIDER OR SUPPLIER SAMARA MEMORY CARE AT GREENTREE KOKOMO		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 S DIXON RD KOKOMO, IN 46902		
(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
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00085209 completed on February 3, 2011.</p> <p>Complaint IN00085209 - corrected</p> <p>Survey date: April 4, 2011</p> <p>Facility number: 011366 Provider number: 011366 AIM number: N/A</p> <p>Survey team: DeAnn Mankell, R.N.</p> <p>Census bed type: Residential: 35 Total: 35</p> <p>Census payor type: Other: 35 Total: 35</p> <p>Sample: 4</p> <p>Samara Memory Care at Greentree Kokomo was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Findings cited during the Investigation of Complaint IN00085209.</p> <p>Quality review completed on April 5, 2011 by Bev Faulkner, RN</p>	{R 000}		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE