

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 006489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2016
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NAME OF PROVIDER OR SUPPLIER CHATEAU OF BATESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 44 CHATEAU BLVD BATESVILLE, IN 47006
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(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 Investigation of Complaint IN00204110.</p> <p>Complaint IN00204110 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: July 20, 2016</p> <p>Facility number: 006489 Provider number: 006489 AIM number: N/A</p> <p>Residential Census: 41</p> <p>Sample: 3</p> <p>Chateau of Batesville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00204110.</p> <p>QR was completed by 99993 on 07/22/16.</p>	R 000		

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