

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

PRINTED: 03/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155735	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/09/2023
NAME OF PROVIDER OR SUPPLIER ASHFORD PLACE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 N RILEY HWY SHELBYVILLE, IN 46176		
(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}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revist (PSR) to the PSR completed on 2/8/23 to the Recertification and State License Survey and the PSR to the PSR to the Investigation of Complaint IN00385727 completed on 1/11/23. This visit included the PSR to the PSR completed on 2/8/23 to the State Residential Survey completed on 1/11/23.</p> <p>Complaint IN00385727 - corrected</p> <p>Survey dates: March 9, 2023</p> <p>Facility number: 004268 Provider number: 155735 AIM number: 200504460</p> <p>Census Bed Type: SNF/NF: 34 SNF: 17 Residential: 25 Total: 76</p> <p>Census Payor Type: Medicare: 13 Medicaid: 28 Other: 10 Total: 51</p> <p>Ashford Place Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard the PSR to the PSR to the Recertification and State License and the PSR to the PSR to the Investigation of Complaint IN00385727.</p> <p>Quality review completed on March 14, 2023</p>	{F 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.