

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/27/2025	
NAME OF PROVIDER OR SUPPLIER CHATEAU OF BATESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 44 CHATEAU BLVD, BATESVILLE, , 47006					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to Investigation of Intake IN00461828 completed on June 25, 2025. Intake IN00461828 - Corrected Survey date: August 27, 2025 Facility number: 006489 Residential Census: 42 Chateau of Batesville was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Intake IN00461828. Quality review completed on September 3, 2025. This visit was for a Post Survey Revisit (PSR) to Investigation of Intake IN00461828 completed on June 25, 2025. Intake IN00461828 - Corrected Survey date: August 27, 2025	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

Facility number: 006489 Residential Census: 42 Chateau of Batesville was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Intake IN00461828. Quality review completed on September 3, 2025.			
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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