STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANSION ON MAIN, THE	1420 EAST MAIN STREET, NEW ALBANY, , 47150

(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 the Investigation of Intakes IN00463716, IN00464163 and IN00464169. Intake IN00463716 - No deficiencies related to the allegations are cited. Intake IN00464163 - No deficiencies related to the allegation is cited. Intake IN00464169 - No deficiencies related to the allegation is cited. Survey dates: October 8 and 9, 2025 Facility number: 013994 Residential Census: 93 The Mansion on Main was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 463176, 464163 and 464169. Quality review completed on	R 0000		

	October 15, 2025.			

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