STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/02/2026

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 467467, 466822, 467181, 466898, and 467636. Intake 467467 - No deficiencies related to the allegations are cited. Intake 466822 - No deficiencies related to the allegations are cited. Intake 467181 - No deficiencies related to the allegations are cited. Intake 466898 - No deficiencies related to the allegations are cited. Intake 467636 - No deficiencies related to the allegations are cited. Survey date: February 2, 2026 Facility number: 013994	R 0000		

	Residential Census: 103 The Mansion on Main was found to be in compliance with 410 IAC 16.2-5 in regard to the the Investigation of Intakes 467467, 466822, 467181, 466898, and 467636. Quality review completed on February 4, 2026.			

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