| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155659 | A. BUILDING _____ B. WING _____ | R-C 02/28/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SELLERSBURG HEALTHCARE CENTER | 7823 OLD HWY # 60 SELLERSBURG, IN 47172 |

| (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} | INITIAL COMMENTS<br><br>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00369196, IN00369787, and IN00370341 completed on 1/7/2022.<br><br>This visit was in conjunction with the PSR to Complaint IN00371127 completed on 1/20/22.<br><br>Complaint IN00369196 - Corrected.<br><br>Complaint IN00369787 - Corrected.<br><br>Complaint IN00370341 - Corrected.<br><br>Complaint IN00371127 - Corrected.<br><br>Survey date: February 28, 2022<br><br>Facility number: 010613<br>Provider number: 155659<br>AIM number: 200221040<br><br>Census Bed Type:<br>SNF/NF: 95<br>Total: 95<br><br>Census Payor Type:<br>Medicare: 9<br>Medicaid: 58<br>Other: 28<br>Total: 95<br><br>Sellersburg Healthcare Center was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaints IN00369196, IN00369787, and IN00370341. | {F 000} | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SELLERSBURG HEALTHCARE CENTER** | **7823 OLD HWY # 60 SELLERSBURG, IN 47172** |

| (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} | Continued From page 1<br><br>Quality review completed on March 3, 2022. | {F 000} | | |