STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155152	A. BUILDING **01, 03** B. WING _____	R **05/09/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTICELLO HEALTHCARE	**1120 N MAIN ST** **MONTICELLO, IN 47960**

(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
{E 000}	Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 03/26/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 05/09/24 Facility Number: 000072 Provider Number: 155152 AIM Number: 100287440 At this PSR survey, Monticello Healthcare was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 116 certified beds. At the time of the survey, the census was 77. Quality Review completed on 05/10/24	{E 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/26/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 05/09/24 Facility Number: 000072 Provider Number: 155152 AIM Number: 100287440 At this PSR survey, Monticello Healthcare was found in compliance with Requirements for	{K 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
	155152	A. BUILDING **01, 03** B. WING _____	R **05/09/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTICELLO HEALTHCARE	**1120 N MAIN ST** **MONTICELLO, IN 47960**

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{K 000}	Continued From page 1 Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility is two story building of Type V (111) construction with a partial basement. An additional one-story building was added onto the front of this facility containing resident rooms as well as space for office and administrative purposes and was determined to be Type V (000) construction. The facility was surveyed as two buildings due to the two different construction types. The facility has a fire alarm system with hard wired smoke detection in the basement, corridors, and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has a capacity of 116 and had a census of 77 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered except for the detached shed and a building used for facility storage which were not sprinklered. Quality Review completed on 05/10/24	{K 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/26/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).	{K 000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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
{K 000}	Continued From page 2 Survey Date: 05/09/24 Facility Number: 000072 Provider Number: 155152 AIM Number: 100287440 At this PSR survey, Monticello Healthcare was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility is two story building of Type V (111) construction with a partial basement. An additional one-story building was added onto the front of this facility containing resident rooms as well as space for office and administrative purposes and was determined to be Type V (000) construction. The facility was surveyed as two buildings due to the two different construction types. The facility has a fire alarm system with hard wired smoke detection in the basement, corridors, and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has a capacity of 116 and had a census of 77 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered except for the detached shed and a building used for facility storage which were not sprinklered. Quality Review completed on 05/10/24	{K 000}		