STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155385	A. BUILDING 00 B. WING	05/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CAMELOT CARE CENTER	1555 COMMERCE ST LOGANSPORT, IN 46947

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: May 3, 4, 5, 8, 9 and 10, 2023 Facility number: 000466 Provider number: 155385 AIM number: 100289810 Census Bed Type: SNF/NF: 6 NF: 82 Total: 88 Census Payor Type: Medicaid: 88 Total: 88 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on May 19, 2023.	F 0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or corrections set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction for this survey. Due to the low scope and severity of the survey finding and the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the providers allegation of compliance. Thus, the provider respectfully requests the granting of paper compliance in lieu of a post survey re-visit. Should additional information be necessary please contact the provider directly.	
F 0912 SS=D Bldg. 00	483.90(e)(1)(ii) Bedrooms Measure at Least 80 Sq Ft/Resident §483.90(e)(1)(ii) Measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms; Based on observation, record review and	F 0912	F0912	05/24/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
James D. Sizemore	HFA/Administrator	05/24/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	interview, the facility failed to provide at least 80 square feet (sq. ft) per resident for 1 of 33 resident rooms in the facility. (Rooms 16) Finding includes: During the initial facility observation, on 5/3/23 at 11:45 a.m., Room 16 was found to have three beds. Facility documentation of room size certification, requested on 5/3/23, and provided by the Administrator on 5/5/23 upon entrance, indicated the following: 1. Room 16, 3 beds/NF 237.9 Sq.ft./79.3 sq.ft. for each resident. During an interview, on 5/5/23 at 10:30 a.m., the Administrator indicated a room size waiver had been requested in the past and was granted. 3.1-19(l)(2)(A)		It is the policy of Camelot Care Center to provide at least 80 square feet per Resident in multiple Resident Rooms, and at least 100 square feet in a single Resident room. Residents in room 16 were found not to meet this requirement; however a waiver was in effect for the room. A letter has been sent to Indiana State Department Health (ISDH) to request the room waiver continue for these same rooms (see attachment A). All Residents in rooms 16 have privacy; comfort and adequate space to provide nursing care as evidenced by Room 16 are occupied with 3 Residents who can be safely transferred from wheelchair to bed without any problems. All Residents residing in these rooms are unable to ambulate independently and are dependent upon staff for all transferring to wheelchair/bed and transported to their destination. Room 16 is equipped with privacy screens, a comfortable bed environment and adequate spaces.	