DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155770	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2024

NAME OF PROVIDER OR SUPPLIER **VILLAS OF GUERIN WOODS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1002 SISTER BARBARA WAY** **GEORGETOWN, IN 47122**

(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** This visit was for Investigation of Complaint IN00428491. Complaint IN00428491 - No deficiencies related to the allegations are cited. Survey dates: March 6 and 7, 2024 Facility number: 011509 Provider number: 155770 AIM number: 200909280 Census Bed Type: SNF/NF: 58 Residential: 8 Total: 66 Census Payor Type: Medicare: 8 Medicaid: 34 Other: 16 Total: 58 Villas of Guerin Woods was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Nursing Home Complaint IN00428491. Quality review completed on March 8, 2024.	F 000		

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