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

PRINTED: 01/24/2025 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|---|---|-------------------------------|----------------------------|
| | | | | | R-C | | |
| NAME OF PROVIDER OR SUPPLIER | | B. WING | B. WING STREET ADDRESS, CITY, STATE, ZIP CODE | | 01/23/2025 | | |
| NAME OF TROVIDER OR SOFT EIER | | | | | ARKVIEW ST | | |
| PILGRIM MANOR | | | | PLYMOUTH, IN 46563 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | x | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {F 000} | INITIAL COMMENTS | | {F 0 | 00} | | | |
| | Paper Compliance to the Post Survey Revisit to | | | | | | |
| | the Post Survey Revist to the Recertification and | | | | | | |
| | State Licensure Survey and the Investigation of Complaint IN00442061 completed on 1/2/2025. | | | | | | |
| | Review Date: January 23, 2025. | | | | | | |
| | Facility Number: 000030 | | | | | | |
| | Provider Number: 155073 | | | | | | |
| | AIM Number: 100275260 | | | | | | |
| | 42 CFR Part 483, Sul 16.2-3.1, in regard to | the Paper Compliance | | | | | |
| | Review to the Post Si Recertification and St Complaint survey. | urvey Revisit to the tate Licensure Survey and | | | | | |
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| LABORATORY | DIRECTOR'S OR PROVIDER/S | SUPPLIER REPRESENTATIVE'S SIGNATU | RF | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.