

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

PRINTED: 10/24/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155747</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03, 05, 08, 09</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ADAMS WOODCREST</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 MERCER AVE</b> <b>DECATUR, IN 46733</b>		
(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}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Preoccupancy Survey conducted on 07/07/22 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 10/14/22</p> <p>Facility Number: 000556 Provider Number: 155747 AIM Number: 100290130</p> <p>At this PSR Survey, Adams Woodcrest 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) and 410 IAC 16.2. The new section of the building consisting of Physical Therapy suite in B wing.</p> <p>Quality Review completed on 10/21/22</p>	{K 000}			
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Preoccupancy Survey conducted on 07/07/22 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 10/14/22</p> <p>Facility Number: 000556 Provider Number: 155747 AIM Number: 100290130</p>	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

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{K 000}	Quality Review completed on 10/21/22 INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Preoccupancy Survey conducted on 07/07/22 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).  Survey Date: 10/14/22  Facility Number: 000556 Provider Number: 155747 AIM Number: 100290130  At this PSR Survey, Adams Woodcrest 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) and 410 IAC 16.2. The new section of the building consisting of Activity Room in the common area.	{K 000}			
{K 000}	Quality Review completed on 10/21/22 INITIAL COMMENTS	{K 000}			

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