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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155367 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>R-C<br>**10/11/2022** |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER<br><br>**BRICKYARD HEALTHCARE -SYCAMORE VILLAGE CARE CENTER** | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>**2905 W SYCAMORE ST**<br>**KOKOMO, IN  46901** |
|---|---|

| (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**<br><br> Paper compliance to the Recertification and State licensure survey and the Investigation of Complaint IN00388390 completed on August 22, 2022.<br><br>Review Date:  October 11, 2022<br><br>Faclity number:  000258<br>Provider number:  155367<br>AIM  number:  100289160<br><br>Brickyard Healthcare-Sycamore Village Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the paper compliance review to the Recertification and State licensure survey and the Investigation of Complaint IN00388390. | {F 000} | | |

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