

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

PRINTED: 09/06/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155502 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/25/2022 | |
| NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF OWENSVILLE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 7336 W STATE ROAD 165 OWENSVILLE, IN 47665 | | | |
| (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 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00388717. This visit was in conjunction with a Recertification and State Licensure Survey and Investigation of Complaint IN00381809.</p> <p>Complaint IN00388717 - Substantiated. No deficiencies related to the allegations were cited. Complaint IN00381809 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: August 22, 23, 24, 25, 2022</p> <p>Facility number: 000328 Provider number: 155502 AIM number: 100287960</p> <p>Census Bed Type: SNF/NF: 49 Total: 49</p> <p>Census Payor Type: Medicare: 21 Medicaid: 26 Private: 2 Total: 49</p> <p>Transcendent Healthcare of Owensville 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 Complaint IN00388717.</p> <p>Quality review completed on September 2, 2022.</p> | | | F 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.