

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

PRINTED: 04/04/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155770</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>03/30/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>VILLAS OF GUERIN WOODS</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1002 SISTER BARBARA WAY</b> <b>GEORGETOWN, IN 47122</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
{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Nursing Home Complaints IN00397564, IN00398712, IN00399005 and IN00400688 completed on 2/15/2023, which resulted in an unrelated deficiency cited.</p> <p>This visit was in conjunction with the PSR to Nursing Home Complaint IN00402082 completed on 3/6/2023.</p> <p>Unrelated deficiency - Corrected</p> <p>Complaint IN00402082 - Corrected</p> <p>Survey date: March 30, 2023</p> <p>Facility number: 011509 Provider number: 155770 AIM number: 200909280</p> <p>Census Bed Type: SNF/NF: 63 Residential: 8 Total: 71</p> <p>Census Payor Type: Medicare: 5 Medicaid: 34 Other: 24 Total: 63</p> <p>The 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 PSR to the unrelated deficiency cited during the Investigation of Complaints IN00397564, IN00398712, IN00399005 and IN00400688.</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.

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{F 000}	Continued From page 1  Quality review completed on April 3, 2023.	{F 000}			