STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155512	A. BUILDING **01** B. WING _____	R-C **10/02/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION LIVING SACRED HEART VILLAGE	**515 N MAIN ST** **AVILLA, IN 46710**

(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}	INITIAL COMMENTS A Post Survey Revisit (PSR) for the Complaint Investigation Number IN00415890 conducted on 08/28/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Complaint IN00415890 - Corrected Survey Date: 10/02/23 Facility Number: 000404 Provider Number: 155512 AIM Number: 100290810 At this PSR survey, Ascension Living Sacred Heart Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, LSC, Chapter 19, existing Health Care Occupancies and 410 IAC 16.2. This one-story facility with a partial basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detector in the resident rooms. the facility is partly protected by a type II EES 200 kW diesel powered generator. The facility has a capacity of 133 and had a census of 75 at the time of this survey. Quality Review completed on 10/03/23	{K 000}		

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