

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155385	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/15/2022
NAME OF PROVIDER OR SUPPLIER  CAMELOT CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 1555 COMMERCE ST LOGANSPORT, IN 46947		
(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 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 9, 10, 13, 14 and 15, 2022.</p> <p>Facility number: 000466 Provider number: 155385 AIM number: 100289810</p> <p>Census Bed Type: SNF/NF: 6 NF: 81 Total: 87</p> <p>Census Payor Type: Medicaid: 87 Total: 87</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed June 22, 2022.</p>	F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or corrections set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p> <p>Please find enclosed the plan of correction for this survey. Due to the low scope and severity of the survey finding and the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the providers allegation of compliance. Thus, the provider respectfully requests the granting of paper compliance in lieu of a post survey re-visit. Should additional information be necessary please contact the provider directly.</p>		
F 0912 SS=D Bldg. 00	<p>483.90(e)(1)(ii) Bedrooms Measure at Least 80 Sq Ft/Resident §483.90(e)(1)(ii) Measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms;</p>	F 0912	It is the policy of Camelot Care	06/27/2022	

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>Based on record review, observation and interview, the facility failed to provide at least 80 square feet (sq. ft) per resident in 1 of 33 resident rooms in the facility. (Room 16).</p> <p>Finding includes:</p> <p>During the initial facility observation, on 6/9/22 at 11:30 a.m., Room #16 was found to have three beds.</p> <p>Measurement of Room #16 indicated the following:</p> <p>Room #16 had 3 beds/237.3 square feet/79.1 square feet per resident.</p> <p>During an interview, on 6/9/22 at 12:30 p.m., the Administrator indicated a room size waiver had been requested in March of 2020 and was granted.</p> <p>3.1-19(1)(2)(A)</p>		<p>Center to provide at least 80-square feet per Resident in multiple Resident room, and at least 100 square feet in a single Resident room.</p> <p>Residents in room 1, 16, 18 and 19 were found not to meet this requirement; however a waiver was in effect for these rooms.</p> <p>A letter has been sent to the Indiana Department of Health (IDOH) requesting the waiver to continue for these rooms. (See attachment 1/Rm Waiver Variance Request)</p> <p>All residents in rooms 1, 16, 18 and 19 have privacy, comfort and adequate space to provide nursing care as evidenced by Room 1 and 16 are occupied by 3 Residents who can be safely transferred from wheelchair to bed without any problems. Rooms 18 and 19 are occupied with 4 Residents which have adequate space to provide nursing care and can safely be transferred from wheelchair to bed without any problems. All Residents residing in these rooms are unable to ambulate independently and are dependent upon staff for all transferring to wheelchair/bed and transported to their destination. All 4 rooms are equipped with privacy screens, a comfortable bed environment and adequate space.</p>	

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

PRINTED: 08/16/2022  
FORM APPROVED  
OMB NO. 0938-039

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