| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 000534 | A. BUILDING: _____ B. WING _____ | C 08/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SCENIC HILLS AT THE MONASTERY | 710 SUNRISE DRIVE FERDINAND, IN 47532 |

| (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) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Residential Complaint IN00412493. This visit included the Investigation of Nursing Home Complaint IN00412493.<br><br>Complaint IN00412493: No deficiencies are cited related to the allegations.<br><br>Survey dates: August 16 & 17, 2023<br><br>Facility number: 000534<br><br>Residential Census: 34<br><br>Scenic Hills at the Monastery was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00412493. | R 000 | | |