PRINTED: 06/30/2023 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 03 , 04 , 05 , 06 , 07 , 08 | | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|--|------|--|--|----------------------------|
| | | 155770 | B. WING | | | 1 | R / 28/2023 |
| | ROVIDER OR SUPPLIER F GUERIN WOODS | | | 10 | TREET ADDRESS, CITY, STATE, ZIP CODE 102 SISTER BARBARA WAY EORGETOWN, IN 47122 | <u>, </u> | 20,2020 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| {E 000} | Initial Comments | | {E 0 | 000} | | | |
| | Preparedness Surve 05/11/23 was conduct Department of Health 483.73. Survey Date: 06/28/ Facility Number: 011 Provider Number: 15 AIM Number: 20090 | n in accordance with 42 CFR 23 509 55770 9280 | | | | | |
| | survey, Villas of Gue compliance with Eme Requirements for Me Participating Provide 483.73 The facility has 68 ce | nergency Preparedness rin Woods was found in ergency Preparedness edicare and Medicaid rs and Suppliers, 42 CFR ertified beds, with a current | | | | | |
| {K 000} | - | it (PSR) to the Life Safety | {K 0 |)00} | | | |
| | conducted on 05/10// conducted by the Ind accordance with 42 (Survey Date: 06/28/ Facility Number: 01/2 Provider Number: 15 | iana Department of Health in CFR 483.90(a). 23 509 55770 | | | | | |
| | AIM Number: 20090 | 9280 | | | TITLE | | (YE) DATE |

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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.

Facility ID: 011509

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 03 , 04 , 05 , 06 , 07 , 08 | | (X3) DATE SURVEY COMPLETED | |
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| | | 155770 | B. WING | | | R 06/28/2023 | |
| NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS | | | 10 | TREET ADDRESS, CITY, STATE, ZIP CODE 002 SISTER BARBARA WAY EORGETOWN, IN 47122 | <u> </u> | 20/2020 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| {K 000} | found in compliance of Participation in Medic Subpart 483.90(a), Li 2012 edition of the Na Association (NFPA) and 410 IAC 16.2. Vi Chapter 19, Existing This one story facility Type V (111) construct facility has a fire alarm detection in the corric corridors, and all resided facility has a capacity 10 at the time of this vi All areas where resided were sprinkled and all services | villas of Guerin Woods, was with Requirements for care/Medicaid, 42 CFR ife Safety from Fire and the ational Fire Protection 101, Life Safety Code (LSC), illa 1002 was surveyed with Health Care Occupancies. was determined to be of ction and fully sprinkled. The m system with smoke dors, spaces open to the dent sleeping rooms. The rof 10 and had a census of visit. ents have customary access ill areas providing facility ed. eleted on 06/29/23 it (PSR) to the Life Safety and State Licensure Survey 23 and 05/11/23 was iana Department of Health in CFR 483.90(a). | {K C | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03, 04, 05, 06, 07, 08 | | | (X3) DATE SURVEY COMPLETED | |
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| | | 155770 | B. WING | | | 06/ | 28/2023 |
| NAME OF P | ROVIDER OR SUPPLIER | | | 5 | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| VII I AS O | F GUERIN WOODS | | | 1 | 002 SISTER BARBARA WAY | | |
| VILLAG O | COLINIA MOODO | | | (| GEORGETOWN, IN 47122 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| {K 000} | Subpart 483.90(a), Li 2012 edition of the Na Association (NFPA) and 410 IAC 16.2. Vi Chapter 19, Existing I This one story facility Type V (111) construct facility has a fire alarm detection in the corridors, and all residuality has a capacity 10 at the time of this value and all services were sprinkled and all servi | fe Safety from Fire and the ational Fire Protection 101, Life Safety Code (LSC), Illa 1004 was surveyed with Health Care Occupancies. was determined to be of action and fully sprinkled. The maystem with smoke fors, spaces open to the action and had a census of ac | {K C | | | | |
| | found in compliance very Participation in Medic | | | | | | |

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|--|--|---|--|---|---|-----|----------------------------|
| | | 155770 | B. WING | | | l | ⋜ 28/2023 |
| NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS | | | | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 002 SISTER BARBARA WAY SEORGETOWN, IN 47122 | 067 | 20/2023 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| {K 000} | Association (NFPA) and 410 IAC 16.2. Vi Chapter 19, Existing This one story facility Type V (111) construct facility has a fire alarm detection in the corridors, and all residuality has a capacity at the time of this visit All areas where residuere sprinkled and all services were sprinkled and all services were sprinkled A Post Survey Revisicode Recertification a conducted on 05/10/2 | ational Fire Protection 101, Life Safety Code (LSC), illa 1003 was surveyed with Health Care Occupancies. was determined to be of ction and fully sprinkled. The m system with smoke lors, spaces open to the dent sleeping rooms. The of 10 and had a census of 9 t. ents have customary access I areas providing facility ed. leted on 06/29/23 it (PSR) to the Life Safety and State Licensure Survey 23 and 05/11/23 was lana Department of Health in | {K 0 | | | | |
| | Survey Date: 06/28/2 Facility Number: 011 Provider Number: 15 AIM Number: 200909 | 509 5770 | | | | | |
| | At this PSR survey, V found in compliance v Participation in Medic Subpart 483.90(a), Li 2012 edition of the Na | villas of Guerin Woods, was with Requirements for eare/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 101, Life Safety Code (LSC), | | | | | |

| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | I ' ' | IPLE CONSTRUCTION NG 01, 03, 04, 05, 06, 07, 08 | | (X3) DATE SURVEY COMPLETED |
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| | | 155770 | B. WING | | _ | R 06/28/2023 |
| | ROVIDER OR SUPPLIER F GUERIN WOODS | | • | STREET ADDRESS, CITY, S' 1002 SISTER BARBARA W GEORGETOWN, IN 471 | VAY | 33/20/2020 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | ((EACH CORRE CROSS-REFERE | S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY) | DATE |
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| | Code Recertification a conducted on 05/10/2 conducted by the Indiacordance with 42 C Survey Date: 06/28/2 Facility Number: 011 Provider Number: 15 AIM Number: 200909 At this PSR survey, V found in compliance of Participation in Medic Subpart 483.90(a), Li 2012 edition of the Na Association (NFPA) and 410 IAC 16.2. Vi | ana Department of Health in FR 483.90(a). 23 509 5770 | | | | |

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| | | 155770 | B. WING _ | | | R 06/28/2023 |
| | ROVIDER OR SUPPLIER F GUERIN WOODS | | • | STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122 | E | 00/20/2020 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE | |
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| | Type V (111) construct facility has a fire alarm detection in the corridors, and all residuality has a capacity at the time of this visit All areas where reside | ors, spaces open to the dent sleeping rooms. The of 10 and had a census of 9 t. ents have customary access I areas providing facility | | | | |
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| | Code Recertification a conducted on 05/10/2 | ana Department of Health in | | | | |
| | Survey Date: 06/28/2 Facility Number: 011 | | | | | |
| | Provider Number: 15 AIM Number: 200909 | | | | | |
| | found in compliance of Participation in Medic Subpart 483.90(a), Lit 2012 edition of the Na Association (NFPA) 1 and 410 IAC 16.2. Vi Chapter 19, Existing I | are/Medicaid, 42 CFR fe Safety from Fire and the | | | | |

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| NAME OF PR | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP C | CODE | 1 00// | 20/2020 |
| VII I AS O | F GUERIN WOODS | | 1002 SISTER BARBARA WAY | | | | |
| VILLAG O | GOLKIN WOODS | | | GEORGETOWN, IN 47122 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE | TION SHOULD B THE APPROPRIA | | (X5) COMPLETION DATE |
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| | Survey Date: 06/28/2 | 23 | | | | | |
| | Facility Number: 011 Provider Number: 15 AIM Number: 200909 | 5770 | | | | | |
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| | | ction and fully sprinkled. The | | | | | |

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| | | 155770 | B. WING | | | R 06/28/2023 |
| | ROVIDER OR SUPPLIER F GUERIN WOODS | | | STREET ADDRESS, CITY, S 1002 SISTER BARBARA GEORGETOWN, IN 47 | WAY | 00/20/2020 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | X (EACH CORR | R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BI RENCED TO THE APPROPRIA DEFICIENCY) | |
| {K 000} | corridors, and all resi facility has a capacity at the time of this visi All areas where resid | dors, spaces open to the dent sleeping rooms. The rof 8 and had a census of 8 t. ents have customary access Il areas providing facility ed. | {K C | 00} | | |