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

PRINTED: 11/27/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  PARK TERRACE VILLAGE    SUMMARY STATEMENT OF DEFICIENCISS (CAS) ID   PREFIX (EACH DEFICIENCY MUST BE PRECEDED by FULL TAG)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  PARK TERRACE VILLAGE    STREET ADDRESS, CITY, STATE, ZIP CODE			455000	P WING			
PARK TERRACE VILLAGE  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (F 000) INITIAL COMMENTS  Paper compliance survey to the Investigation of Complaints IN00437729, IN00438896, IN00443903, IN00442130, IN00443544 and UAC 16.2-3.1 in regard to the Investigation of Complaints IN027729, IN00438896, IN0043641 survey with resulted in an unrelated deficiency ending on October 3, 2024.  Park Terrace Village was found to be in compliance with 42 CFR 483 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00437729, IN00438896, IN00443903, IN00442130, IN004438096, IN00443903, IN00442130, IN004438096, IN00443903, IN00442130, IN00443806, IN00443903, IN00442130, IN00443544 and				B. WING _			11/26/2024
CXA   ID   SUMMARY STATEMENT OF DEFICIENCIES   (EACH DEFICIENCY MUST BE PRECEDED BY FULL   TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)    FOOD   INITIAL COMMENTS   (F 000)   FOOD   (F 000)   (F 000)	NAME OF PROVIDER OR SUPPLIER						
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  [F 000] INITIAL COMMENTS  Paper compliance survey to the Investigation of Complaints IN00437729, IN00438896, IN00443903, IN00442130, IN00443544 and IN and Incompliance with 42 CFR 483 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Compliants IN00437729, IN00438896, IN00443903, IN004437729, IN00438896, IN00437729, IN00438896, IN00437729, IN00438896, IN0044304, In and Incompliance with 42 CFR 483 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00437729, IN00438896, IN00443903, IN00442130, IN00442544 and	PARK TERRACE VILLAGE						
F 000} INITIAL COMMENTS   Paper compliance survey to the Investigation of Complaints IN00437729, IN00438896, IN00443903, IN00442130, IN00443544 and IN00443641 survey, which resulted in an unrelated deficiency ending on October 3, 2024.  Review date: November 26, 2024  Facility number: 000221  Provider number: 155328  AIM number: 100267620  Park Terrace Village was found to be in compliance with 42 CFR 483 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00437729, IN00438896, IN00443903, IN00442130, IN00443544 and	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
		Paper compliance su Complaints IN004377 IN00443903, IN00442 IN00443641 survey, wurrelated deficiency Review date: November: 155 AIM number: 1002676 Park Terrace Village woompliance with 42 C IAC 16.2-3.1 in regard Complaints IN004377 IN00443903, IN00442	privey to the Investigation of 729, IN00438896, 2130, IN00443544 and which resulted in an ending on October 3, 2024.  Der 26, 2024  21  3328  320  Was found to be in FR 483 Subpart B and 410 dt to the Investigation of 729, IN00438896, 2130, IN00443544 and		DEFICIENCY)	PPROPRIATE	DATE

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.