

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

PRINTED: 09/18/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155525</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>09/11/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SHADY NOOK CARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>36 VALLEY DR</b> <b>LAWRENCEBURG, IN 47025</b>			
(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 000	INITIAL COMMENTS  This visit was for the Investigation of Complaints IN00441615 and IN00439979. This visit included an Covid-19 Infection Control Survey.  Complaint IN00441615 - No deficiencies related to the allegations were cited.  Complaint IN00439979 - No deficiencies related to the allegations were cited.  Survey date: September 11, 2024.  Facility number: 000304 Provider number: 155525 AIM number: 100266810  Census Bed Type: SNF/NF: 85 Total: 85  Census Payor Type: Medicare: 4 Medicaid: 63 Other: 18 Total: 85  Shady Nook Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00441615 and IN00439979.  Quality review completed on September 17, 2024.			F 000			

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.