

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

PRINTED: 10/12/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155542</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>10/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLOVERLEAF OF KNIGHTSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857</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
E 000	Initial Comments  An investigation of Complaint Number IN00419040 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.  Complaint IN00419040 - No deficiencies related to the allegation were cited.  Survey Dates: 10/05/23 & 10/06/23  Facility Number: 000296 Provider Number: 155542 AIM Number: 100467820  At this Complaint survey, Cloverleaf of Knightsville was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73  The facility has 102 certified beds. At the time of the survey, the census was 63.	E 000			
K 000	Quality Review completed on 10/11/23 INITIAL COMMENTS  An investigation of Complaint Number IN00419040 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).  Complaint IN00419040 - No deficiencies related to the allegation were cited.  Survey Dates: 10/05/23 & 10/06/23  Facility Number: 000296	K 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.

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NAME OF PROVIDER OR SUPPLIER  <b>CLOVERLEAF OF KNIGHTSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>9325 N CRAWFORD ST</b> <b>KNIGHTSVILLE, IN 47857</b>		
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K 000	<p>Continued From page 1</p> <p>Provider Number: 155542</p> <p>AIM Number: 100467820</p> <p>At this Complaint survey, Cloverleaf of Knightsville was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a partial basement was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and in resident rooms on the A wing. Resident rooms in the B and C wings were equipped with battery operated smoke alarms. The facility has a capacity of 102 and had a census of 63 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except the detached laundry building.</p> <p>Quality Review completed on 10/11/23</p>	K 000			