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

PRINTED: 11/22/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER ARBOR TRACE HEALTH & LIVING COMMUNITY (A4) ID PREFEX TAGS (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAGS TO INITIAL COMMENTS This visit was for the Investigation of Complaint IN00447369. Complaint IN00447369 - No deficiencies related to the allegations are cited. Survey dates: November 16, 2024 Facility number: 000455 Provider number: 155481 All M number: 000291010 Census Bed Type: SNF:NF: 84 SNF: 9 Residential: 26 Total: 119 Census Payor Type: Medicaid: 60 Other: 13 Total: 93 Arbor Trace Health & Living Community was found to be in compiliance with 42 CFR Part 483, Subpart B and 410 IAC 162-31 in regards to the Investigation of Complaint IN00447369. Quality review completed on November 21, 2024.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER ARBOR TRACE HEALTH & LIVING COMMUNITY (X4) ID PREFIX TAG IRCHMOND, IN 47374 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG FOUR INITIAL COMMENTS FOUR INITIAL COM			155481	B. WING			C 1/16/2024	
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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.