STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155243	A. BUILDING _____ B. WING _____	C 03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC CARE OF LAFAYETTE	**300 WINDY HILL DR LAFAYETTE, IN 47905**

(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	F 000		

This visit was for the Investigation of Complaints IN00401155, IN00403208, IN00403951, IN00401914 and IN00400620. This visit was also included a COVID-19 Focused Infection Control Survey. This visit was also included a COVID-19 Focused Infection Control Survey.

Complaint IN00401155 - No deficiencies related to the allegations are cited.

Complaint IN00403208 - No deficiencies related to the allegations are cited.

Complaint IN00403951 - No deficiencies related to the allegations are cited.

Complaint IN00401914 - No deficiencies related to the allegations are cited.

Complaint IN00400620 - No deficiencies related to the allegations are cited.

Survey dates: March 15, 16, 20 and 21, 2023.

Facility number: 000147
Provider number: 155243
AIM number: 100266900

Census Bed Type:
SNF/NF: 106
Total: 106

Census Payor Type:
Medicare: 15
Medicaid: 86
Other: 5
Total: 106

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155243	A. BUILDING _____ B. WING _____	C 03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC CARE OF LAFAYETTE	**300 WINDY HILL DR LAFAYETTE, IN 47905**

(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	Continued From page 1 Majestic Care of Lafayette 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 IN00401155, IN00403208, IN00403951, IN00401914 and IN00400620 and the Covid 19 Infection Control Survey. Quality review was completed on March 27, 2023.	F 000		