DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM						FORM APPROVED	
						D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		155367	B. WING		R-C 07/19/2022		
NAME OF PROVIDER OR SUPPLIER			· [	STREET ADDRESS, CITY, STATE, ZIP CODE			
				2905 W SYCAMORE ST			
BRICKYARD HEALTHCARE- SYCAMORE VILLAGE CARE CENTER				КОКОМО, IN 46901			
(X4) ID			ID			(X5) COMPLETION	
PREFIX (EACH DEFICIENCY MUST BE PRECED TAG REGULATORY OR LSC IDENTIFYING IN			PREFIX TAG			DATE	
				DEFICIENCY)			
{F 000}	INITIAL COMMENTS		{F 00	0}			
	Paper compliance to the Investigation of						
	Complaints IN00377639 and IN00378009						
	completed on June 8, 2022.						
	Review Date: July 19, 2022						
	Faclity number: 000258 Provider number: 155367 AIM number: 100289160						
	Brickyard Healthcare-Sycamore Village 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 paper compliance review to the Investigation of Complaints IN00377639 and IN00378009.						
	11100376009.						
		SUPPLIER REPRESENTATIVE'S SIGNATUR		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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