

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

PRINTED: 10/18/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155614</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>10/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN HILLS OF NEW ALBANY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150</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}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) Investigation of Complaint IN0000205663.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00212179 completed on October 14, 2016.</p> <p>Complaint IN00205663 - Corrected</p> <p>Complaint IN00212179. Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 13 &amp; 14, 2016</p> <p>Facility number: 000321 Provider number: 155614 AIM number: 100286130</p> <p>Census bed type: SNF/NF: 123 SNF: 10 Total: 133</p> <p>Census payor type: Medicare: 10 Medicaid: 91 Other: 32 Total: 133</p> <p>Sample: 3</p> <p>Lincoln Hills of New Albany was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00205663.</p> <p>Quality review completed by 34233 on October</p>	{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.

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{F 000}	Continued From page 1	{F 000}		
{F9999}	17, 2016.	{F 000}		
	FINAL OBSERVATIONS	{F9999}		