

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

PRINTED: 08/02/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/31/2017
NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374		
(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 a Post Survey Revisit (PSR) to the Investigation of Complaint IN00226575, Complaint IN00227190, Complaint IN00230907 and Complaint IN00232339 completed on June 16, 2017.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00233531 completed on July 10, 2017.</p> <p>Complaint IN00226575 - Corrected</p> <p>Complaint IN00227190 - Corrected</p> <p>Complaint IN00230907 - Corrected</p> <p>Complaint IN00232339 - Corrected</p> <p>Complaint IN00233531-Not corrected</p> <p>Survey date: July 31, 2017</p> <p>Facility number: 000135 Provider number: 155230 AIM number: 100266820</p> <p>Census Bed Type: SNF/NF: 89 SNF: 3 Total: 92</p> <p>Census Payor Type: Medicare: 8 Medicaid: 60 Other: 24 Total: 92</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 Rosebud Village was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00226575, Complaint IN00227190, Complaint IN00230907 and Complaint IN00232339. Quality review completed on August 1, 2017	{F 000}		