STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155766	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2021

NAME OF PROVIDER OR SUPPLIER **MAPLE MANOR CHRISTIAN HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **643 W UTICA ST SELLERSBURG, IN 47172**

(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 This visit was for a COVID-19 Focused Infection Control Survey. Survey date: September 24, 2021 Facility number: 000563 Provider number: 155766 AIM number: 100267610 Census Bed Type: SNF/NF: 45 Total: 45 Census Payor Type: Medicare: 2 Medicaid: 34 Other: 9 Total: 45 Maple Manor 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 a Covid-19 Focus Infection Control Survey. Quality review completed on September 28, 2021.	F 000		

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