| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155766 | A. BUILDING _____ B. WING _____ | 09/02/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MAPLE MANOR CHRISTIAN HOME INC | 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<br><br>This visit was for a COVID-19 Focused Infection Control Survey.<br><br>Survey date: September 2, 2021<br><br>Facility number: 000563<br>Provider number: 155766<br>AIM number: 100267610<br><br>Census Bed Type:<br>SNF: 47<br>Total: 47<br><br>Census Payor Type:<br>Medicare: 2<br>Medicaid: 33<br>Other: 12<br>Total: 47<br><br>Maple Manor Christian Home, Inc. was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the COVID-19 Focused Infection Control Survey.<br><br>Quality review completed on September 3, 2021. | F 000 | | |

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