

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

PRINTED: 12/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155761	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 11/24/2021
NAME OF PROVIDER OR SUPPLIER BROWNSBURG MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2 E TILDEN BROWNSBURG, IN 46112		
(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 Complaints IN00364490 and IN00364839 completed on October 15, 2021, which resulted in a Partially Extended Survey - Substandard Quality of Care - Immediate Jeopardy.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00367322.</p> <p>Complaint IN00364490 - Corrected.</p> <p>Complaint IN00364839 - Corrected.</p> <p>Complaint IN00367322 - Substantiated. Federal deficiencies related to the allegations are cited at F656.</p> <p>Survey dates: November 23 and 24, 2021</p> <p>Facility number: 011367 Provider number: 155761 AIM number: 200851590</p> <p>Census Bed Type: SNF/NF: 95 Total: 95</p> <p>Census Payor Type: Medicare: 5 Medicaid: 74 Other: 16 Total: 95</p> <p>Brownsburg Meadows 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</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 Investigation of Complaints IN00364490 and IN00364839. Quality review completed on December 2, 2021.	{F 000}		