

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

PRINTED: 06/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155491</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>06/01/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAJESTIC CARE OF CONNERSVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1029 E 5TH STREET</b> <b>CONNERSVILLE, IN 47331</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><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00378410, completed on 4-29-2022.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaints IN00375643 and IN00376246 and resulted in an unrelated deficiency, completed on 3-29-2022.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00381610.</p> <p>Complaint IN00378410 - Corrected. Complaint IN00375643 - Corrected Complaint IN00376246 - Corrected Unrelated deficiency-Corrected Complaint IN00381610-Substantiated no deficiencies</p> <p>Survey dates: May 31 and June 1, 2022</p> <p>Facility number: 000316 Provider number: 155491 AIM number: 100286370</p> <p>Census Bed Type: SNF/NF: 106 Total: 106</p> <p>Census Payor Type: Medicare: 12 Medicaid: 63 Other: 31 Total: 106</p> <p>Majestic Care of Connerville was found to be in compliance with 42 CFR Part 483 Subpart B and</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 1 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaints IN00378410.  Quality review completed June 3, 2022	{F 000}		