

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

PRINTED: 09/01/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155335</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/28/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>OSSIAN HEALTH CARE AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 DAVIS RD</b> <b>OSSIAN, IN 46777</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
{E 000}	Initial Comments  A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 07/10/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.  Survey Date: 08/28/23  Facility Number: 000228 Provider Number: 155335 AIM Number: 100266650  At this PSR Survey, Ossian Health Care and Rehabilitation Center, was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.  The facility has 100 certified beds. At the time of the survey, the census was 86.	{E 000}		
{K 000}	Quality Review completed on 08/31/23 INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/10/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).  This visit was conducted in conjunction with the PSR for Life Safety Code Complaint Investigation of Complaint IN00412273  Survey Date: 08/28/23  Facility Number: 000228 Provider Number: 155335	{K 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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{K 000}	Continued From page 1 AIM Number: 100266650  At this Life Safety Code Survey, Ossian Health Care and Rehabilitation Center, was found in compliance with the Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.90(a).  The facility has 100 certified beds. At the time of survey the census was 86.  Quality Review completed on 08/31/23	{K 000}		