

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

PRINTED: 12/22/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155662	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/09/2023
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NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER AT HARTSFIELD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP COD 503 OTIS R BOWEN DR MUNSTER, IN 46321
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00414531, IN00415547, IN00417039, IN00417921, IN00420630, and IN00421269. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00414531 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00415547 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417039 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417921 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420630 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421269 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 8 and 9, 2023</p> <p>Facility number: 010758 Provider number: 155662 AIM number: 200229550</p> <p>Census Bed Type: SNF/NF: 16 SNF: 89 Total: 105</p> <p>Census Payor Type: Medicare: 79 Medicaid: 1</p>	F 0000		

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>Other: 25 Total: 105</p> <p>Rehabilitation Center at Hartsfield Village 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 Complaints IN00414531, IN00415547, IN00417039, IN00417921, IN00420630, and IN00421269.</p> <p>Quality review completed on 11/13/23.</p>				