						PRIN'	TED:	12/22/2023	
DEPARTMENT OF HEALTH AND HUMAN SERVICES							FORM APPROVED		
CENTERS FOR MEDICARE & MEDICAID SERVICES						OM	B NO. 0	938-039	
STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	a. building <u>00</u>			COMPLETED			
		155662	B. WING			11/09/2023			
NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER AT HARTSFIELD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 503 OTIS R BOWEN DR MUNSTER, IN 46321					
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION			(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD BE		COMI	PLETION	

REHABILITATION CENTER AT HARTSFIELD VILLAGE (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID PROVIDER'S PLAN OF CORRECTION (X5)	NAME OF I	PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD				
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG SOSS-REFERENCED TO THE APPROPRIATE COMPLETION DATE PRODO Bidg. 00 This visit was for the Investigation of Complaints IN00414531, IN00415703, IN00417039, IN00417921, IN00420630, and IN00412507 ins visit included a COVID-19 Focused Infection Control Survey. Complaint IN00415547 - No deficiencies related to the allegations are cited. Complaint IN00417921 - No deficiencies related to the allegations are cited. Complaint IN00417921 - No deficiencies related to the allegations are cited. Complaint IN00412030 - No deficiencies related to the allegations are cited. Complaint IN00412030 - No deficiencies related to the allegations are cited. Complaint IN0042030 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00421209 - No deficiencies related to the allegations are cited. Complaint IN00	REHABII	LITATION CENTER AT HARTSFIELD VILLAGE	503 OTIS R BOWEN DR MUNSTER, IN 46321				
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Medicaid: 1							
		Medicaid: 1					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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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 B. WING		00	(X3) DATE SURVEY COMPLETED 11/09/2023		
NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER AT HARTSFIELD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 503 OTIS R BOWEN DR MUNSTER, IN 46321				
(X4) ID	SUMMARY S	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
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TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG		DEFICIENCY)		DATE	
	Other: 25							
	Total: 105							
	Rehabilitation Center found to be in comp Subpart B and 410 I Investigation of Con	er at Hartsfield Village was bliance with 42 CFR Part 483, AC 16.2-3.1 in regard to the implaints IN00414531, 117039, IN00417921, IN00420630, pleted on 11/13/23.						

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 6S0311 Facility ID: 010758 If continuation sheet Page 2 of 2