

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

PRINTED: 06/28/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/23/2022
NAME OF PROVIDER OR SUPPLIER REHABILITATION CENTER AT HARTSFIELD VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 503 OTIS R BOWEN DR MUNSTER, IN 46321		
(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 the Investigation of Complaints IN00371694, IN00374358, IN00375374, IN00381211 and IN00382586.</p> <p>Complaint IN00371694 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00374358 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00375374 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00381211 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00382586 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: June 21, 22 and 23, 2022</p> <p>Facility number: 010758 Provider number: 155662 AIM number: 200229550</p> <p>Census Bed Type: SNF/NF: 20 SNF: 83 Total: 103</p> <p>Census Payor Type: Medicare: 92 Other: 11 Total: 103</p> <p>Rehabilitation Center at Hartsfield Village was found to be in compliance with 42 CFR Part 483,</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 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00371694, IN00374358, IN00375374, IN00381211 and IN00382586. Quality review completed on 6/27/22.	F 000		