STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155763	A. BUILDING _____ B. WING _____	R-C 11/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH RIDGE VILLAGE NURSING & REHABILITATION CENTE	**600 TRAIL RIDGE RD ALBION, IN 46701**

(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}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00306026 and IN00306915 completed on September 27, 2019. This visit was in conjunction with the Investigation of Complaint IN00310130. Complaint IN00306026 - Corrected. Complaint IN00306915 - Corrected. Complaint IN00310130 - Substantiated. No deficiencies related to the allegation are cited. Survey dates: October 31 and November 1, 2019. Facility number: 011296 Provider number: 155763 AIM number: 200827620 Census Bed Type: SNF/NF: 40 Total: 40 Census Payor Type: Medicare: 0 Medicaid: 29 Other: 11 Total: 40 North Ridge 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 PSR to the Investigation of Complaints IN00306026 and IN00306915. Quality review completed November 6, 2019	{F 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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