

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

PRINTED: 11/08/2019
FORM APPROVED
OMB NO. 0938-0391

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|---|--|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155763 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 11/01/2019 |
| NAME OF PROVIDER OR SUPPLIER NORTH RIDGE VILLAGE NURSING & REHABILITATION CENTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 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} | <p>INITIAL COMMENTS</p> <p>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.</p> <p>Complaint IN00306026 - Corrected.</p> <p>Complaint IN00306915 - Corrected.</p> <p>Complaint IN00310130 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: October 31 and November 1, 2019.</p> <p>Facility number: 011296 Provider number: 155763 AIM number: 200827620</p> <p>Census Bed Type: SNF/NF: 40 Total: 40</p> <p>Census Payor Type: Medicare: 0 Medicaid: 29 Other: 11 Total: 40</p> <p>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.</p> <p>Quality review completed November 6, 2019</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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