STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155220	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DYER NURSING AND REHABILITATION CENTER	**601 SHEFFIELD AVE DYER, IN 46311**

(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	F 000		

This visit was for the Investigation of Nursing Home Complaints IN00453758, IN00454225, and IN00455534. This visit included the Investigation of Residential Complaint IN00455516.

This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and the PSR to the Investigation of Complaints IN00450533 and IN00451791 completed on 2/11/25. This visit included the PSR to the State Residential Licensure Survey completed on 2/11/25.

Complaint IN00453758 - No deficiencies related to the allegations are cited.

Complaint IN00454225 - No deficiencies related to the allegations are cited.

Complaint IN00455534 - No deficiencies related to the allegations are cited.

Complaint IN00455516 - No deficiencies related to the allegations are cited.

Complaint IN00450533 - Corrected

Complaint IN00451791 - Corrected

Survey dates: March 25 and 26, 2025

Facility number: 000125
Provider number: 155220
AIM number: 100266740

Census Bed Type:
SNF/NF: 118

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
	155220	A. BUILDING _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DYER NURSING AND REHABILITATION CENTER	**601 SHEFFIELD AVE DYER, IN 46311**

(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	Continued From page 1 Residential: 35 Total: 155 Census Payor Type: Medicare: 16 Medicaid: 92 Other: 10 Total: 118 Dyer Nursing And Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the to the Investigation of Complaints IN00453758, IN00454225, and IN00455534. Quality review completed on 3/31/25.	F 000		