

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155654	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/07/2023
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NAME OF PROVIDER OR SUPPLIER  ENGLEWOOD HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 2237 ENGLE RD FORT WAYNE, IN 46809
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(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 0000  Bldg. 00	<p>This was an offsite Licensure Investigation Survey</p> <p>Survey Date: June 7, 2023</p> <p>Facility: #000498 Provider: #155654 AIM: #100266110</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed</p>	F 0000		
F 9999  Bldg. 00	<p>16.2-3.1-2(h)(1) - Licenses</p> <p>(h) For the renewal of a license, the director may issue a full license for any period up to one (1) year, issue a probationary license, or deny a license application upon receipt and review of the following requirements:</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on document review, the facility failed to ensure it had timely renewed their license to operate as a health care facility before their current license expired on May 31, 2023.</p> <p>The state agency received the facility's renewal</p>	F 9999	<p>1. What corrective action will be accomplished for the deficient practice? Application and payment by cashier's check was submitted on 05/10/23.</p> <p>1. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? A tickler system will be set to remind of licensure due date 60 days prior to actual due date as a reminder to submit paperwork to meet the regulation.</p>	06/16/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rose Smalley	Regulatory Compliance Director	06/08/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosable 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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	application and payment post marked June 1, 2023, which was not at least 45 days of the current license expiration date of May 31, 2023.		<p>1. How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</p> <p>An Operations Representative at the contracted management company and a representative of Riverview Hospital will set an electronic reminder of facility due date for a minimum of 60 days prior to annual renewal date to complete paperwork and submit timely.</p> <p>1. By what date will the systemic changes be completed. 06/16/23</p>	