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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155368 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 05/03/2024 | |
| NAME OF PROVIDER OR SUPPLIER TODD-DICKEY NURSING AND REHABILITATION | | | | STREET ADDRESS, CITY, STATE, ZIP COD 712 W 2ND ST LEAVENWORTH, IN 47137 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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 visit was for for a Recertification and State Licensure survey.</p> <p>Survey Dates: April 29, 30, May 1, 2, and 3, 2024</p> <p>Facility number: 000490 Provider number: 155368 AIM number: 100291320</p> <p>Census bed type: SNF/NF : 60 Total: 60</p> <p>Census payor type: Medicaid: 42 Other: 18 Total: 60</p> <p>Todd-Dickey Nursing and Rehabilitation is in substantial compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, regarding the Recertification and State Licensure Survey.</p> <p>Quality review completed on May 8, 2024.</p> | | | F 0000 | <p>Todd-Dickey Nursing and Rehabilitation is respectfully requesting face to face IDR as the facility disagrees with the scope and severity assigned for F 745.</p> | | |

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