

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

PRINTED: 05/20/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155840		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/15/2025	
NAME OF PROVIDER OR SUPPLIER IGNITE MEDICAL RESORT DYER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1532 CALUMET AVENUE 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
E 000	<p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/15/2025</p> <p>Facility Number: 013462 Provider Number: 155840 AIM Number: 201330210</p> <p>At this Emergency Preparedness survey, Ignite Medical Resort Dyer LLC, was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 100 certified beds. At the time of the survey, the census was 93.</p>			E 000			
K 000	<p>Quality Review completed on 05/19/25</p> <p>INITIAL COMMENTS</p> <p>A Preoccupancy Survey for the conversion of a spa room, toilet room, two storage closets, and approximately 75 square feet of an existing two-bed resident room into a proposed space for delivery of home dialysis services was conducted by the Indiana Department of Health in accordance with 42 CFR 483 Subpart B.</p> <p>This visit was in conjunction with the Life Safety Code Recertification Survey that exited on 05/15/25.</p> <p>Survey Date: 05/15/2025</p>			K 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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K 000	<p>Continued From page 1</p> <p>Facility Number: 013462</p> <p>Provider Number: 155840</p> <p>AIM Number: 201330210</p> <p>At this preoccupancy, Ignite Medical Resort Dyer LLC, was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 483 Subpart B and 410 IAC 16.2.</p> <p>The facility has a capacity of 100 and had a census of 93 at the time of this survey.</p> <p>Quality Review completed on 05/19/25</p>	K 000			