

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

PRINTED: 10/17/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155486		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/09/2024	
NAME OF PROVIDER OR SUPPLIER MIDDLETOWN NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 131 S 10TH ST MIDDLETOWN, IN 47356			
(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	This was an offsite Licensure Investigation Survey Survey Date: July 9, 2024 Facility: #000343 Provider: #155486 AIM: #100289600 This state finding is cited in accordance with 410 IAC 16.2. Quality review completed July 9, 2024			F 0000			
F 9999 Bldg. 00	16.2-3.1-2(h)(1) - Licenses (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: (1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license. This state rule was not met as evidenced by: 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 30, 2024			F 9999	Tag F 9999 What corrective action(s) will be accomplished for the deficient practice: Middletown Nursing Center will be sure to send the payment for licensure to the correct address. Our renewal application was signed on April 23, 2024. Please see attachment #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: The Administrator and Business Office Manager will ensure that the application is mailed the first week of April, and the address on the		07/11/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jerrold Moore

Administrator

07/11/2024

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 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 30 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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	The state agency received the facility's renewal application and payment post marked June 25, 2025 which was not at least 45 days of the current license expiration date of May 30, 2024.		application for renewal matches the address on the envelope. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: We will continue to do the application process on time. After 30 days of payment being sent, we will follow-up with both the accounts payable department and IDOH, if we have not yet received our renewal. After 30 days we will follow-up weekly with IDOH until we receive our license. By what date the systemic changes will be completed: The application was initially send April 23, 2024. After notification of no payment, the application was sent via email June 25, 2024. On July 1, 2024 the facility was notified that the payment was received.		