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

PRINTED: 12/07/2022 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLER   STREET ADDRESS, CITY, STATE, ZIP CODE   2225 SMILLER ST   SHEEDYVILLE, RT   44176   SHEEDYVILLE, REGULATORY OR USE IDENTIFYING INFORMATION)   PREFIX TAG   TROUBERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DESCRIPTION OF CROSS-REFERENCED TO THE APPROPR	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			
NAME OF PROVIDER OR SUPPLIER  ESPECIALLY KIDZ HEALTH & REHAB  (X4) ID PREFIX TAG  (A) ID PREFIX TAG  INITIAL COMMENTS  Paper compliance to the Recertification, State Licensure and Investigation of Complaint IN00390697 Survey completed on November 3, 2022  Review Date: December 6, 2022  Facility Number: 100267870  Especially Kidz Health & Rehab was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper compliance review to the Recertification, State Licensure and Complaint Investigation Survey.			454044					
ESPECIALLY KIDZ HEALTH & REHAB  (XA) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOUND INITIAL COMMENTS  Paper compliance to the Recertification, State Licensure and Investigation of Complaint IN00390697 Survey completed on November 3, 2022  Review Date: December 6, 2022  Facility Number: 155AO11 AIM Number: 100267870  Especially Kidz Health & Rehab was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper compliance review to the Recertification, State Licensure and Complaint Investigation Survey.				D. WING _	12/00/2022			06/2022
SHELBYVILLE, IN 46176   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COMPLETION DATE	NAME OF PI	ROVIDER OR SUPPLIER				E, ZIP CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 000 INITIAL COMMENTS  Paper compliance to the Recertification, State Licensure and Investigation of Complaint IN00390697 Survey completed on November 3, 2022  Review Date: December 6, 2022  Facility Number: 155AO11 AIM Number: 100267870  Especially Kidz Health & Rehab was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper compliance review to the Recertification, State Licensure and Complaint Investigation of State Licensure and Complaint State Licensure and Complaint State Licensure and Complaint Number: 100267870  Especially Kidz Health & Rehab was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper compliance review to the Recertification, State Licensure and Complaint Investigation Survey.	ESPECIALLY KIDZ HEALTH & REHAB							
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Licensure and Investigation of Complaint IN00390697 Survey completed on November 3, 2022  Review Date: December 6, 2022  Facility Number: 000273 Provider Number: 155AO11 AIM Number: 100267870  Especially Kidz Health & Rehab was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the paper compliance review to the Recertification, State Licensure and Complaint Investigation Survey.	F 000	INITIAL COMMENTS		F	F 000			
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Quality review completed December 6, 2022		and 410 IAC 16.2-3.1, in regard to the paper compliance review to the Recertification, State						
		Quality review comple	eted December 6, 2022					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	LABORATORY	DIDECTORIO OD DDOVIDEST	CUIDDUIED DEDDECENTATIVEIQ CICALATIV	DE				(VC) 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.