STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A011	A. BUILDING **01** B. WING _____	R **02/03/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESPECIALLY KIDZ HEALTH & REHAB	**2325 S MILLER ST** **SHELBYVILLE, IN 46176**

(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
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/08/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 02/03/23 Facility Number: 000273 Provider Number: 15A011 AIM Number: 100267870 At this PSR survey, Especially Kidz Health & Rehab was found in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) 2012 Edition and 410 IAC 16.2. The original building, Building 01, and the 2009 addition, Building 02, were each surveyed with Chapter 19, Existing Health Care Occupancies as one building. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and in resident sleeping rooms 17 through 30. Battery operated smoke detectors are installed in all other resident sleeping rooms. The facility has a capacity of 130 and had a census of 128 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility storage services which	{K 000}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{K 000}	Continued From page 1 were not sprinklered. Quality Review completed on 02/06/23	{K 000}		