

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

PRINTED: 05/28/2024

FORM APPROVED

OMB NO. 0938-039

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|---|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155653 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 03/18/2024 | |
| NAME OF PROVIDER OR SUPPLIER HARBOR HEALTH & REHAB | | | | STREET ADDRESS, CITY, STATE, ZIP COD 5025 MCCOOK AVE EAST CHICAGO, IN 46312 | | | |
| (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: March 18, 2024 Facility: #000108 Provider: #155653 AIM: #100267410 This state finding is cited in accordance with 410 IAC 16.2. Quality review completed March 18, 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 February 29, 2024. The state agency received the facility's renewal application and payment post marked March 5, | | | F 9999 | Harbor Health and Rehab Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. 9999- Renewal Licenses What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No residents were directly affected by this deficient practice. Administrator received education on ensuring to submit all | | 03/21/2024 |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | | TITLE | | (X6) DATE | |
| Rick Walworth | | | | HFA | | 03/26/2024 | |

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 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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| | 2024, which was not at least 45 days of the current license expiration date of February 29, 2024. | | applications timely to state agencies request. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; No residents were affected by this deficiency. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Administrator was educated on ensuring to follow dates on submitting applications to state agencies to be in compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; Random audits will be done by corp consultants to ensure compliance is being met and will be reviewed monthly in QA to ensure compliance meets all requirements. Compliance Date 3/21/24 | | |