

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

PRINTED: 02/12/2020
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155765 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/06/2020 |
| NAME OF PROVIDER OR SUPPLIER SOUTHERN INDIANA REHABILITATION HOSPITAL - SNF | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3104 BLACKISTON BLVD - PROGRESSIVE CARE UNIT NEW ALBANY, IN 47150 | | |
| (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 | |
| F 000 | <p>INITIAL COMMENTS</p> <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 5 and 6, 2020</p> <p>Facility number: 005649 Provider number: 155765</p> <p>Census bed type: SNF: 18 Total: 18</p> <p>Census payor type: Medicare: 11 Other: 7 Total: 81</p> <p>Southern Indiana Rehab Hospital-PCU was found to be in compliance with 42 CFR Part 482, Subpart B and 420 IAC 16.2-3.1 in regard to the Recertification and State Licensure Survey.</p> <p>Quality review completed on February 11, 2020.</p> | F 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.