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

PRINTED: 07/12/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER ALBANY HEALTH CARE & REHABILITATION CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 910 W WALNUT ST ALBANY, IN 47320 PROVIDER'S PLAN OF CORRECTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
MAME OF PROVIDER OR SUPPLIER ALBANY HEALTH CARE & REHABILITATION CENTER SIMMARY STATEMENT OF DEPCIENCIES (EACH DEPCIENCY WIST SEE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS This visit was for the Investigation of Complaint IN00411799 and IN00411479. Complaint IN00411799 - No deficiencies related to the allegations are cited. Complaint IN00411479. No deficiencies related to the allegations are cited. Survey dates: June 30 and July 3, 2023. Facility number: 000309 Provider number: 155432 AIM number: 700288960 Census Bed Type: SNF/NF: 77 Total: 77 Census Payor Type: Medicaid: 56 Other: 14 Total: 77 Albany Health Care and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 162-34 in regard to the Investigation of Complaint IN00411479.			155432	B. WING			C 07/03/2023	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (CACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS This visit was for the Investigation of Complaint IN00411799 and IN00411479. Complaint IN00411799 - No deficiencies related to the allegations are cited. Complaint IN00411479 - No deficiencies related to the allegations are cited. Survey dates: June 30 and July 3, 2023. Facility number: 000309 Provider number: 155432 AIM number: 100288960 Census Bed Type: SNF/NF: 77 Total: 77 Census Payor Type: Medicare: 7 Medicaid: 56 Other: 14 Total: 77 Albany Health Care and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 162-3.1 in regard to the Investigation of Complaint IN00411799 and IN00411479.					9	10 W WALNUT ST	, <u> </u>	00/2020
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Quality review completed July 11, 2023.		was found to be in co 483, Subpart B and 4 the Investigation of Co	mpliance with 42 CFR Part 10 IAC 16.2-3.1 in regard to					
		Quality review comple	eted July 11, 2023.					

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.

Facility ID: 000309