NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARDINAL NURSING AND REHABILITATION CENTER 1121 E LASALLE AVE SOUTH BEND, IN 46617 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	URVEY
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Facility number: 000048	
Provider number: 155115	
AIM number: 100275330	
Census Bed Type:	
SNF/NF: 72	
Total: 72	
Census Payor Type:	
Medicare: 2	
Medicaid: 62	
Other: 8	
Total: 72	
Cardinal Nursing and Rehabilitation Center was	
found to be in compliance with 42 CFR Part 483,	
Subpart B and 410 IAC 16.2-3.1 in regard to the	
Investigation of Complaint IN0000404100.	
Quality review completed 3/22/2023.	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6	

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.

PRINTED: 03/27/2023