

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

PRINTED: 08/02/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/27/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MICHIGAN CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 802 US HWY 20 E MICHIGAN CITY, IN 46360		
(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 the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 6/14/12.</p> <p>This visit was done in conjunction with the PSR to the Investigation of Complaint IN00109456 completed on 6/14/12.</p> <p>This visit was done in conjunction with the PSR to the Investigation of Complaints IN00106795 and IN00107956 investigated on 5/22/12.</p> <p>This visit was done in conjunction with the Investigation of Complaint IN00112634.</p> <p>Survey Dates: July 25, 26, and 27, 2012</p> <p>Facility Number: 000236 Provider Number: 155344 AIM Number: 100287700</p> <p>Survey Team: Heather Tuttle, RN. TC. 7/26-7/27/12 Lara Richards, RN. Shannon Pietraszewski RN.</p> <p>Census Bed Type: 90 SNF/NF 90 Total</p> <p>Census Payor Type: 20 Medicare 60 Medicaid 10 Other 90 Total</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.

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{F 000}	Continued From page 1 Sample: 14 Life Care Center of Michigan City was found to be in compliance with 42 CFR part 483 subpart B, and 410 IAC 16.2 in regard to the PSR to the Recertification and State Licensure Survey. Quality review 8/01/12 by Suzanne Williams, RN	{F 000}			