STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED   NAME OF PROVIDER OR SUPPLIER 155423 B. WING 03/17/2021   NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 03/17/2021   HAMMOND-WHITING CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE WHITING, IN 46394   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)			FORM APPROVED OMB NO. 0938-0391				
Image:	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	. ,			(X3) DATE SURVEY COMPLETED
IMAGE OF PROVIDER OF SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE     HAMMOND-WHITING CARE CENTER   100 1111115T     IMAIN DESCRIPTION OF DEFICIENCIES   100 1111115T     IMAIN DESCRIPTION OF DEFICIENCIES   100 1111115T     FREET ADDRESS, CITY, STATE, ZIP CODE   100 01111115T     IMAIN DESCRIPTION OF DEFICIENCIES   100 0101111115T     FREET ADDRESS, CITY, STATE, ZIP CODE   100 01111115T     IMAIN DESCRIPTION OF DEFICIENCIES   100 0101111115T     FREET ADDRESS, CITY, STATE, ZIP CODE   100 01111115T     IMAIN DESCRIPTION OF DEFICIENCIES   100 0101111115T     FREET ADDRESS, CITY, STATE, ZIP CODE   100 01111115T     FREET ADDRESS, CITY, STATE, ZIP CODE   100 0111115T     FREET ADDRESS, CITY, STATE, ZIP CODE   100 011115T     FREET ADDRESS, CITY, STATE, ZIP CODE   100			155423	B. WING			
HAMMOND-WHITING CARE CENTER   WHITING, IN 46394     (PA)/0   SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCIES)   ID (PROVIDER'S PLANOF CORRECTION SHOULD BE (EACH DEPICIENCIES)   PREPX (EACH DEPICIENCIES)   PROVIDER'S PLANOF CORRECTION SHOULD BE (EACH DEPICIENCIES)   000/01 (PROVIDER'S PLANOF CORRECTION SHOULD BE (PROVIDER'S PLANOF CORRECTION SHOULD BE (PROVIDER'SHOULD BE (PROVIDER'S PLANOF CORRECTION SHOULD BE (PR	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
inspire Track   (EAU CORRECT) BEPRICIENT VILL REGULTORY OR LSCIDENTIFYING INFORMATION)   PREFIX TAG   (EAU CORRECT) ACTIVATION BEDIDIE   COMPLET DEFICIENCY     (F 000)   INITIAL COMMENTS   (F 000)     Paper compliance to the COVID-19 Focused Infection Control Survey completed on February 10, 2021.   (F 000)     Review date: March 17, 2021   Facility number: 00365 Provider number: 100287460     Harmond-Whiting Care 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 paper compliance review to the COVID-19 Focused Infection Control Survey.	HAMMON	D-WHITING CARE CENT	ER				
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Infection Control Survey completed on February 10, 2021. Review date: March 17, 2021 Facility number: 000365 Provider number: 155423 AM number: 100287460 Hammond-Whiting Care 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 paper compliance review to the COVID-19 Focused Infection Control Survey.	{F 000}	INITIAL COMMENTS	5	{F 00	00}		
Facility number: 000365   Provider number: 155423   AIM number: 100287460   Hammond-Whiting Care 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 paper compliance review to the COVID-19 Focused Infection Control Survey.		Infection Control Survey completed on February					
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		in compliance with 42 and 410 IAC 16.2-3.1 compliance review to	2 CFR Part 483, Subpart B I, in regard to the paper the COVID-19 Focused				

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: 03/18/2021