

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155344	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/17/2012
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 802 US HWY 20 E MICHIGAN CITY, IN46360
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(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
F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00100394 completed on 12/2/11.</p> <p>Complaint IN00100394 corrected.</p> <p>Unrelated deficiency cited.</p> <p>Survey date: January 17, 2012</p> <p>Facility number: 000236 Provider number: 155344 AIM number: 100287700</p> <p>Survey team: Janelyn Kulik, RN</p> <p>Census bed type: SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 18 Medicaid: 56 Other: 11 Total: 85</p> <p>Sample: 9</p> <p>Life Care Center of Michigan City was found to be in substantial compliance with</p>	F0000		

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.

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

PRINTED: 01/26/2012

FORM APPROVED

OMB NO. 0938-0391

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	<p>42 CFR Part 483 Subpart B in regard to the PSR to the Investigation of Complaint IN00100394.</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review 1/19/12 by Suzanne Williams, RN</p>				