

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

PRINTED: 12/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>CONTINUING CARE CENTER OF LAPORTE HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1007 LINCOLNWAY</b> <b>LA PORTE, IN 46350</b>	
(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
{K 000}	INITIAL COMMENTS  Paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 11/18/13 was completed on 12/20/13.  Review Date: 12/20/13  Facility Number: 000194 Provider Number: 155297 AIM Number: 100267790  Surveyor: Dennis Austill, Life Safety Code Specialist  Continuing Care Center of LaPorte Hospital was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and National Fire Protection Association, (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies and 410 IAC 16.2. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The facility was surveyed with Chapter 19, Existing Health Care Occupancies.	{K 000}		
{K 012} SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	{K 012}		12/20/13

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.

