

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155530	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/12/2011
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NAME OF PROVIDER OR SUPPLIER  SOUTH SHORE HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 353 TYLER ST GARY, IN46402
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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>An investigation of Complaint Number IN00100560 was conducted by the Indiana State Department of Health.</p> <p>Complaint Number: IN00100560 Substantiated, ederal and State deficiency related to the allegation cited.</p> <p>Survey Date: 12/12/11</p> <p>Facility Number: 000369 Provider Number: 155530 AIM Number: 100275190</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>Census Bed Type: SNF/NF: 129</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/03/12.</p>	F0000	F0000 Please accept this plan of correction as the facility's credible allegation. This plan of correction does not constitute an admission on the part of South Shore Health & Rehabilitation to the accuracy of the surveyor's findings, nor the conclusions there from. The facility's submission of this plan of correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or any of the deficiencies cited are correctly applied.	

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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F0257 SS=E	<p>The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F</p> <p>Based on observation and interview, the facility failed to ensure temperatures within the facility were comfortable and safe, in that temperatures were below 43 degrees in the facility's dining/activity room. This had the potential to affect many of the residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Upon entrance to the facility on 12/12/11 at 1:45 p.m., the observed temperature in in the facility's dining/activity room was between 40 and 43 degrees. The room was too cold to be comfortable to be used by residents. The maintenance supervisor stated at the time of observation a heating contractor had been contacted a week or so ago, with no follow up made with</p>	F0257	<p>Residents were kept out of the dining area until December 21, 2011, when the area was adequately heated. Residents ate in their rooms. Activities were completed at alternative sites within the facility. All residents were affected. There was no negative outcome. The unit was repaired as noted. The maintenance department/designee will monitor temperature daily to ensure no further problems occur. The administrator/designee will audit posted temperature logs for compliance once a week for two (2) monrhs and then monthly for the remainder of 2012. Any irregularity will be brought to the attention of the administrator/designee. Completed by January 3, 2012.</p>	01/03/2012

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	the contractor since and he had no idea when the repairs would be made.  3.1-19(h) 3.1-19(i) 3.1-19(j)				