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

PRINTED: 04/19/2022 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  REGIONAL MENTAL HEALTH CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  8555 TAFT ST  MERRILLVILLE, IN 46410  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE  COMPLE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED  R 04/05/2022	
REGIONAL MENTAL HEALTH CENTER  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (E 000)  Initial Comments  A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 02/15/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 482.15.  Survey Date: 04/05/2022  Facility Number: 005184 Provider Number: 154020 AIM Number: 100273510A  At this PSR survey, Regional Mental Health Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 482.15  The facility has 16 certified beds. At the time of the survey, the census was 5.			154020				
PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)      Initial Comments   {E 000}	NAME OF PROVIDER OR SUPPLIER				8555 TAFT ST	1 04/00/2022	
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		Preparedness Survey conducted by the Ind accordance with 42 C Survey Date: 04/05/2 Facility Number: 005 Provider Number: 15 AIM Number: 100273 At this PSR survey, F Center was found in Center Preparedness Required Medicaid Participating 42 CFR 482.15 The facility has 16 cethe survey, the censure of the Survey of the Indiana Preparedness Required Participating 42 CFR 482.15	y conducted on 02/15/22 was iana Department of Health in CFR 482.15. 2022 3184 34020 3510A Regional Mental Health compliance with Emergency rements for Medicare and g Providers and Suppliers, ortified beds. At the time of its was 5.				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE							

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

04/07/2022

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - 8555 TAFT ST			E SURVEY IPLETED
		154020	B. WING			0	R 4/ <b>05/2022</b>
NAME OF PROVIDER OR SUPPLIER  REGIONAL MENTAL HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE  8555 TAFT ST  MERRILLVILLE, IN 46410			11 U U I Z U Z Z
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{K 000}	Code Recertification 02/15/2022 was cond	it (PSR) to the Life Safety Survey completed on	{K C	000}			
	Survey Date: 04/05/2 Facility Number: 005 Provider Number: 15 AIM Number: 10027 At this Life Safety Co Health Center was fo Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LS Health Care Occupant This two story facility Type II (111) construct sprinklered. The facility with smoke detection open to the corridors The In-Patient Unit is	de survey, Regional Mental und in compliance with rticipation in 2 CFR Subpart 482.41(b), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing ncies.  was determined to be of ction and was fully lity has a fire alarm system in the corridors, spaces and patient sleeping rooms. located on the second floor f 16. The census was 5 at y.					
ARODATORY	DIRECTOR'S OR BROWINGS	SUPPLIER REPRESENTATIVE'S SIGNATU	DE DE		TITLE		(X6) DATE

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