

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

PRINTED: 10/31/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>154052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/19/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PORTER-STARKE SERVICES INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>701 WALL ST VALPARAISO, IN 46383</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	
A 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification survey and the OMNIBUS [COVID-19] Health Care Staff Vaccination survey in accordance with QSO-22-11-All Memorandum.</p> <p>Dates Of Survey: 10/17/2022 to 10/19/2022</p> <p>Facility Number: 005585</p> <p>Porter-Starke Services Inc., is in compliance with 42 CFR 482, Medicare Conditions of Participation. The OMNIBUS [COVID-19] Health Care Staff Vaccination survey in accordance with QSO-22-11-All Memorandum. The Indiana Department of Health has evaluated this facility and determined that it is in compliance with federal certification requirements.</p> <p>QA: 10/24/2022</p>	A 000			

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.