

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

PRINTED: 04/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2022
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NAME OF PROVIDER OR SUPPLIER OAKLAWN PSYCHIATRIC CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 330 LAKEVIEW DR GOSHEN, IN 46527
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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
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{E 000}	Initial Comments	{E 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 12/13/2022
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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: 154031	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 330 LAKEVIEW DRIVE B. WING _____		(X3) DATE SURVEY COMPLETED R 12/06/2022
NAME OF PROVIDER OR SUPPLIER OAKLAWN PSYCHIATRIC CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 330 LAKEVIEW DR GOSHEN, IN 46527		
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{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 11/01/22 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 12/06/22</p> <p>Facility Number: 005195 Provider Number: 154031 AIM Number: 100273510A</p> <p>At this PSR survey, Oaklawn Psychiatric Center, Inc. was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a partial basement was determined to be of Type V (000) construction and was fully sprinklered. It is separated from the remaining building by a Fire Wall with a 2-Hour Fire Resistance Rating. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and spaces open to the corridors. The building is fully protected by a 500 kW diesel-powered generator. The facility has a capacity of 16 and had a census of 8 at the time of this survey.</p> <p>Quality Review completed on 12/07/22</p>	{K 000}			

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

TITLE

(X6) DATE

12/13/2022

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