

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

PRINTED: 04/18/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155802	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2023
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1 SISTERS OF PROVIDENCE ST MARY OF THE WOODS, IN 47876		
(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
{E 000}	Initial Comments An Post-Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 02/20/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 04/13/23 Facility Number: 003624 Provider Number: 155802 AIM Number: 200429840 At this PSR survey, Providence Health Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 70 certified beds. At the time of the survey, the census was 54. Quality Review completed on 04/17/23	{E 000}			
{K 000}	INITIAL COMMENTS A Post-Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/20/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 04/13/23 Facility Number: 003624 Provider Number: 155802 AIM Number: 200429840 At this PSR survey, Providence Health Care Center was found in compliance with	{K 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.

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{K 000}	<p>Continued From page 1</p> <p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The North-South Unit and East-West Unit were both surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This facility consists of two buildings, the north-south unit and the east-west unit, which are connected by a thirty foot corridor. Both buildings are one story facilities determined to be of Type V(111) construction and were fully sprinklered. The North-South unit has a basement tunnel under the building. The east-west unit has a partial basement under the pool only. The facility has 5 ventilator beds. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 70 and had a census of 54 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 04/17/23</p>	{K 000}			