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

PRINTED: 01/24/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		IPLE CONSTRUCTION IG 01, 02, 03		(X3) DATE SURVEY COMPLETED	
		155355	B. WING				R 20/2023	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	20/2023		
WEST REI	ND NURSING AND REHA	ARII ITATION			4600 W WASHINGTON AVE			
WEST BEI	NO NORSING AND REHA	ABILITATION			SOUTH BEND, IN 46619			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
{E 000}	Initial Comments		{E 0	000	}			
	Prepardness Survey of conducted by the Indi accordance with 42 C							
	Facility Number: 0002 Provider Number: 155 AIM Number: 100275	246 5355						
	Bend Nursing and Re compliance with Eme Requirements for Med Participating Provider	dicare and Medicaid s and Suppliers, 42 CFR as a capacity of 120 and had						
{K 000}	Quality Review compl INITIAL COMMENTS		{K 0	000	}			
	Code Recertification a conducted on 12/05/2	t (PSR) to the Life Safety and State Licensure Survey 2 was conducted by the of Health in accordance 42 a).						
	Survey Date: 01/20/2	23						
	Facility Number: 000. Provider Number: 155 AIM Number: 100275	5355						
	At this PSR, West Be Rehabilitation was for Requirements for Par	und in compliance with						

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}	Continued From page	÷ 1	{K 0	00}			
	Life Safety from Fire a National Fire Protecti Life Safety Code (LSG	2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing acies and 410 IAC 16.2.					
	Building 01, a two sto of Type II (222) const story, fully sprinklered construction with a pa 03, a one story, fully s V (111) construction. system with smoke do spaces open to the co operated smoke dete The building is fully propowered generator. T 120 beds dually certif	ctors in all resident rooms. rotected by a 400 kW diesel the facility has a capacity of					
		ents have customary access areas providing facility ered.					
{K 000}	Quality Review comp INITIAL COMMENTS		{K 0	00}			
	Code Recertification a conducted on 12/05/2	t (PSR) to the Life Safety and State Licensure Survey 2 was conducted by the of Health in accordance 42 a).					
	Survey Date: 01/20/2	23					
	Facility Number: 000	246					

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		455055	B WING			R	
NAME OF PR	ROVIDER OR SUPPLIER	155355	B. WING _	STREET ADDRESS, CITY, STATE, ZIP CODE	01	/20/2023	
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{K 000}	Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC) Health Care Occupant This facility consists of Building 01, a two storestory, fully sprinklered construction with a part of 103, a one story, fully sylventy (111) construction. System with smoke despaces open to the cooperated smoke determined the building is fully prowered generator. The 120 beds dually certification is recommended to the cooperated smoke determined to the cooperated smok	and Nursing and und not in compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing acies and 410 IAC 16.2. If three connected buildings: ry, fully sprinklered building ruction; Building 02, a one of building of Type V (000) artial basement and Building sprinklered building of Type The facility has a fire alarm election in the corridors, in prindors and battery ctors in all resident rooms.	{K 00	00}			
	were sprinklered. All a services were sprinkle						
{K 000}	Quality Review comp INITIAL COMMENTS		{K 00	00}			
	Code Recertification a	t (PSR) to the Life Safety and State Licensure Survey 2 was conducted by the					

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	ROVIDER OR SUPPLIER ND NURSING AND REHA			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN 46619	01/20/2023		
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{K 000}	Indiana Department of CFR Subpart 483.90(Survey Date: 01/20/2 Facility Number: 000 Provider Number: 158 AIM Number: 100275 At this PSR, West Be Rehabilitation was for Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire at National Fire Protection Life Safety Code (LSC) Health Care Occupar This facility consists of Building 01, a two stores of Type II (222) constitution with a particular of the Safety Form of Type II (222) constitution with a particular of the Safety Form of Type II (221) constitution with a particular of the Safety Form of Type II (222) constitution with a particular of the Safety Form of Type II (222) constitution with a particular of the Safety Form of Type II (222) constitution with a particular of the Safety Form of Type II (222) constitution with a particular of Type II (222) constitution with a part	of Health in accordance 42 a). 23 246 5355 420 and Nursing and and and not in compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing acies and 410 IAC 16.2. If three connected buildings: ry, fully sprinklered building ruction; Building 02, a one of building of Type V (000) artial basement and Building sprinklered building of Type The facility has a fire alarm election in the corridors, in period or and battery cotors in all resident rooms. To tected by a 400 kW diesel the facility has a capacity of ited for Medicare and ensus of 61 at the time of the sents have customary access areas providing facility ered.	{K 00	00}			

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