STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155218	A. BUILDING **01** B. WING _____	R **03/17/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT LAKES HEALTHCARE CENTER	**2300 GREAT LAKES DR** **DYER, IN 46311**

(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
{K 000}	INITIAL COMMENTS	{K 000}		

A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/26/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).

Survey Date: 03/17/23

Facility Number: 000123
Provider Number: 155218
AIM Number: 100266720

At this PSR survey, Great Lakes Healthcare Center was found in compliance with 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.

This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors; spaces open to the corridors and in resident sleeping rooms. Facility Rooms 7-13 are designed to support residents who are ventilator dependent. The facility is partially protected by a 125 kW generator and has full emergency generator protection with Life Support electrical components dedicated to rooms 7-13. The facility has an in-house dialysis unit used for only facility residents. The facility has the capacity of 134 and had a census of 120 at the time of the survey.

All areas where the residents have customary

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	155218	A. BUILDING **01** B. WING _____	R **03/17/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT LAKES HEALTHCARE CENTER	**2300 GREAT LAKES DR** **DYER, IN 46311**

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{K 000}	Continued From page 1 access were sprinklered. All areas providing facility services were sprinklered, except for a detached equipment storage building. Quality Review completed on 03/20/23	{K 000}		