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

PRINTED: 12/20/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>		(X3) DATE SURVEY COMPLETED	
		155701	B. WING _		1	2/19/2022	
NAME OF PROVIDER OR SUPPLIER  CHRISTIAN CARE RETIREMENT COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 720 E DUSTMAN RD BLUFFTON, IN 46714			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X (EACH CORRECTIVI CROSS-REFERENCED	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
E 000	Initial Comments		E	000			
		0576					
	At this Emergency F Christian Care Retir in compliance with E Requirements for M Participating Provide 483.73. The facility						
K 000	Licensure Survey w		K	000			
	Retirement Commu with Requirements the Medicare/Medicaid,	0576 55701 67760 rode survey, Christian Care nity was found in compliance					

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

TLE (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	Protection Associatic Code (LSC), Chapte Occupancies and 41  The original two stor be of Type II (111) or sprinklered. The fact with smoke detection to the corridors and in the resident rooms of 86 and had a censurvey.  All areas where resident rooms were sprinklered. All services were sprink space which was comaterial.  Quality Review complication. A Life Safety Code Licensure Survey was and the services were sprinklered.	112 edition of the National Fire on (NFPA) 101, Life Safety or 19, Existing Health Care 0 IAC 16.2.  Ty facility was determined to construction and was fully sility has a fire alarm system in the corridors, areas open hard wired smoke detectors. The facility has a capacity sus of 52 at the time of this dents have customary access areas which provided facility dered except for the attic instructed of non-combustible pleted on 12/19/22.  Recertification and State as conducted by the Indiana h in accordance with 42 CFR		000			
	Retirement Commun with Requirements for	ode survey, Christian Care nity was found in compliance or Participation in 42 CFR Subpart 483.90(a),					

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K 000	the new Southwood v Safety from Fire and National Fire Protecti Life Safety Code (LSC Care Occupancies and The 2018 rehabilitation determined to be of The was fully sprinklered. System with smoke deareas open to the consumoke detectors in the facility has a capacity 52 at the time of this services were sprinklered. All a services were sprinklered.	ving was surveyed with Life the 2012 edition of the on Association (NFPA) 101, C), Chapter 18, New Health and 410 IAC 16.2.  on two story addition was type II (111) construction and The facility has a fire alarm etection in the corridors, ridors and hard-wired he resident rooms. The of 86 and had a census of survey.  ents have customary access areas which provided facility ered except for the attic structed of non-combustible	K	000				