

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2022
NAME OF PROVIDER OR SUPPLIER PORTAGE MANOR HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3016 PORTAGE AVE SOUTH BEND, IN 46628		
(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) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00385970, IN00386103, IN00379232 and IN00378185.</p> <p>This visit was in conjunction with a PSR (Post Survey Revisit) to Complaint IN00371775 completed on January 28,2022.</p> <p>This visit was in conjunction with a PSR (Post Survey Revisit to Complaints IN00373197, IN00377425 and IN00377456 completed on April 13, 2022.</p> <p>Complaint IN00385970- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00386103- Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00379232 - Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00378185 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00371775 - Corrected.</p> <p>Complaint IN00373197 - Corrected.</p> <p>Complaint IN00377425 - Corrected.</p> <p>Complaint IN00377456 - Corrected.</p> <p>Survey date: August 9, 10, 11 and 12, 2022</p> <p>Facility number: 001143</p>	R 000		

Indiana State Department of Health

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

TITLE

(X6) DATE

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R 000	Continued From page 1 Residential Census: 115 Portage Manor Health Care Facility was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of IN00385970, IN00386103, IN00379232, and IN00378185. Quality review completed 8/18/22.	R 000		