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

PRINTED: 08/01/2024 FORM APPROVED OMB NO. 0938-0391

PREFIX TAG	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER HOLY CROSS REHABILITATION AND WELLNESS SUTH BEIND, IN 46535 (E. DOU) Initial Comments A Post Survey Revisit (PSR) for the Emergency Preparedness Requirements for Medicaid Participating Providers and Wellness was found in compliance with Emergency Preparedness Requirements for Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/31/24 [K 000] A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted by the Indiana Department of Health in accordance 42 CFR Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted by the Indiana Department of Health in accordance 42 CFR Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/30/204 Facility Number: 07/30/2024 Facility Number: 07/30/204 A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/31/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483: 90(a). Survey Date: 07/30/2024 Facility Number: 105506 AlM Number: 100380860		155506 B. WING				1		
HOLY CROSS REHABILITATION AND WELLNESS (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) REGULATORY OR ISC IDENTIFYING INFORMATION) (E 000) Initial Comments A Post Survey Revisit (PSR) for the Emergency Preparadness Survey conducted on 06/19/24 was conducted by the Indiana Department of Health in accordance with 12 CFR 483.73 Survey Date: 07/30/2024 Facility Number: 100380860 At this Emergency Preparadness PSR, Holy Cross Rehabilitation and Wellness was found in compiliance with Emergency Preparadness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 168 certified beds. At the time of the survey, the census was 68. Quality Review completed on 07/31/24 (K 000) A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/19/24 was oncluded by the Indiana Department of Health in accordance 42 CFR 483.39(a). Survey Date: 07/30/2024 Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860				B: Willo				30/2024
MAJ ID SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREPRIX TAG PROVIDER SPLAN OF CORRECTION SHOULD BE (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREPRIX TAG CROSS-REFERENCED TO THE APPROPRIATE DOWN IN TAG Facility Number: 0.1201 Provider Number: 10.1201 Provider Number	NAME OF FI	NOVIDER OR SUFFLIER				, , ,		
CEAHO DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY	HOLY CRO	DSS REHABILITATION A	ND WELLNESS					
A Post Survey Revisit (PSR) for the Emergency Prepardness Survey conducted on 06/19/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73 Survey Date: 07/30/2024 Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860 At this Emergency Preparedness PSR, Holy Cross Rehabilitation and Wellness was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 168 certified beds. At the time of the survey, the census was 68. Quality Review completed on 07/31/24 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/19/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 07/30/2024 Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	IX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP			(X5) COMPLETION DATE
Prepardness Survey conducted on 06/19/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73 Survey Date: 07/30/2024 Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860 At this Emergency Preparedness PSR, Holy Cross Rehabilitation and Wellness was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 168 certified beds. At the time of the survey, the census was 68. Quality Review completed on 07/31/24 [K 000] A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/19/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 07/30/2024 Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860	{E 000}	Initial Comments		{E 0)00}			
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the survey, the census was 68. Quality Review completed on 07/31/24 [K 000] A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/19/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 07/30/2024 Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860		Facility Number: 0012 Provider Number: 153 AIM Number: 100380 At this Emergency Pr Cross Rehabilitation of compliance with Emer Requirements for Me Participating Provider	201 5506 9860 reparedness PSR, Holy and Wellness was found in ergency Preparedness dicare and Medicaid					
Code Recertification and State Licensure Survey conducted on 06/19/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 07/30/2024 Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860	{K 000}	the survey, the censu Quality Review comp	ls was 68. leted on 07/31/24	{K 0)00}	}		
Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860		Code Recertification conducted on 06/19/2 Indiana Department of	and State Licensure Survey 24 was conducted by the of Health in accordance 42					
Provider Number: 155506 AIM Number: 100380860		Survey Date: 07/30/2	2024					
At this Life Sefety Code DSB. Hely Cross		Provider Number: 15	5506					
At this Life Safety Code PSR, Holy Cross			<u> </u>					

LABORATORY 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.

Facility ID: 001201

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		155506	B. WING			R		
NAME OF PROVIDER OR SUPPLIER HOLY CROSS REHABILITATION AND WELLNESS			B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635	(07/30/2024		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
{K 000}	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		{K 00	{K 000}				
{K 000}	Quality Review compl INITIAL COMMENTS		{K 00	00}				
	A Post Survey Revisi	t (PSR) to the Life Safety						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		NSTRUCTION 2	(X3) DATE SUR'		
		155506	B. WING			1	R 3 0/2024	
NAME OF PROVIDER OR SUPPLIER HOLY CROSS REHABILITATION AND WELLNESS				1747	ET ADDRESS, CITY, STATE, ZIP CODE 5 DUGDALE DR TH BEND, IN 46635	1 077	30/2024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	D BE COMPLET		
{K 000}	Code Recertification conducted on 06/19/ Indiana Department CFR Subpart 483.90 Survey Date: 07/30/ Facility Number: 001 Provider Number: 15 AIM Number: 10038/ At this Life Safety Core Rehabilitation and Word Compliance with Recompliance With Reco	and State Licensure Survey 24 was conducted by the of Health in accordance 42 (a). 2024 201 55506 0860 ode PSR, Holy Cross fellness was found in fuirements for Participation in 42 CFR Subpart 483.90(a), and the 2012 Edition of the ion Association (NFPA) 101, c) and 410 IAC 16.2. The with Chapter 19, Existing ncies. y facility with a partial mined to be of Type V (111) y sprinklered. The original from a two-story 2012 all with a 2-hour Fire the two story addition with a mined to be of Type II (222) y sprinklered. The facility has with hard wired smoke dors, in areas open to the flent sleeping rooms. At the fleast wing of the original atthew's wing of the 2012 and had no residents. The	{K C	000}				

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NAME OF PROVIDER OR SUPPLIER HOLY CROSS REHABILITATION AND WELLNESS				STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635					
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{K 000}	access were sprinkle	visit. esidents have customary red. All areas providing sprinklered except for the tenance storage	{K 0	000}					