

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155506	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 07/30/2024
NAME OF PROVIDER OR SUPPLIER HOLY CROSS REHABILITATION AND WELLNESS			STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635		
(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
{E 000}	Initial Comments A Post Survey Revisit (PSR) for the Emergency Preparedness 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	{E 000}			
{K 000}	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 At this Life Safety Code PSR, Holy Cross	{K 000}			

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.

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155506	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 07/30/2024
NAME OF PROVIDER OR SUPPLIER HOLY CROSS REHABILITATION AND WELLNESS			STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635		
(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}	Continued From page 1 Rehabilitation and Wellness 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) and 410 IAC 16.2. The facility was surveyed with Chapter 19, Existing Health Care Occupancies. The original one story facility with a partial basement was determined to be of Type V (111) construction and fully sprinklered. The original building is separated from a two-story 2012 addition by a Fire Wall with a 2-hour Fire Resistive Rating. The two story addition with a basement was determined to be of Type II (222) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, in areas open to the corridors and in resident sleeping rooms. At the time of survey, The East wing of the original building and Saint Matthew's wing of the 2012 addition were closed and had no residents. The facility is partially protected by a 300 kW diesel-powered emergency generator and a 200 kW diesel-powered emergency generator. The facility has a capacity of 168 and had a census of 68 at the time of this visit. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the garage used for maintenance storage Quality Review completed on 07/31/24	{K 000}			
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety	{K 000}			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155506	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 07/30/2024
NAME OF PROVIDER OR SUPPLIER HOLY CROSS REHABILITATION AND WELLNESS			STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635		
(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}	<p>Continued From page 2</p> <p>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).</p> <p>Survey Date: 07/30/2024</p> <p>Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860</p> <p>At this Life Safety Code PSR, Holy Cross Rehabilitation and Wellness 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) and 410 IAC 16.2. The facility was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The original one story facility with a partial basement was determined to be of Type V (111) construction and fully sprinklered. The original building is separated from a two-story 2012 addition by a Fire Wall with a 2-hour Fire Resistive Rating. The two story addition with a basement was determined to be of Type II (222) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, in areas open to the corridors and in resident sleeping rooms. At the time of survey, The East wing of the original building and Saint Matthew's wing of the 2012 addition were closed and had no residents. The facility is partially protected by a 300 kW diesel-powered emergency generator and a 200 kW diesel-powered emergency generator. The facility has a capacity of 168 and had a census of</p>	{K 000}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155506	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 07/30/2024
NAME OF PROVIDER OR SUPPLIER HOLY CROSS REHABILITATION AND WELLNESS			STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635		
(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}	Continued From page 3 68 at the time of this visit. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the garage used for maintenance storage Quality Review completed on 07/31/24	{K 000}			