

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

PRINTED: 09/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155804	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 09/16/2019
NAME OF PROVIDER OR SUPPLIER SPRENGER HEALTH CARE OF MISHAWAKA			STREET ADDRESS, CITY, STATE, ZIP CODE 60257 BODNAR BLVD MISHAWAKA, IN 46544		
(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 was conducted on the Emergency Preparedness Survey conducted by the Indiana State Department of Health on 07/24/19 in accordance with 42 CFR 483.73. Survey Date: 09/16/19 Facility Number: 013017 Provider Number: 155804 AIM Number: 201237680 At this Emergency Preparedness revisit, Sprenger Health Care of Mishawaka was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 70 certified beds. At the time of the survey, the census was 46.	{E 000}			
{K 000}	Quality Review completed on 09/18/19 INITIAL COMMENTS A Post Survey Revisit was conducted on the Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health on 07/24/19 in accordance with 42 CFR 483.90(a). Survey Date: 09/16/19 Facility Number: 013017 Provider Number: 155804 AIM Number: 201237680 At this Life Safety Code revisit, Sprenger Health	{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.

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{K 000}	<p>Continued From page 1</p> <p>Care of Mishawaka was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, the 2012 edition of National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The entire facility was surveyed with Chapter 19 Existing Health Care Occupancies due to the lack of a two hour fire barrier separation wall between Health Care and Assisted Living Wing.</p> <p>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 smoke detection in the corridors, in spaces open to the corridors with hard wired smoke detectors in the resident sleeping rooms. The building is fully protected by a 900 kW diesel powered generator. The facility has a capacity of 70 and had a census of 46 at the time of this survey.</p> <p>All areas accessible to residents were sprinklered. Areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/18/19</p>	{K 000}			