

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  R-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 a Post Survey Revisit (PSR) to the Investigation of Complaint IN00371775 conducted on January 28, 2022.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaints IN00373197, IN00377425, and IN00377456 conducted on April 13, 2022.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00385970, IN00386103, IN00379232 and IN00378185 conducted on August 12, 2022.</p> <p>Complaint IN00371775 - Corrected.</p> <p>Complaint IN00373197 - Corrected.</p> <p>Complaint IN00377425 - Corrected</p> <p>Complaint IN00377456 - Corrected.</p> <p>Complaint IN00385970- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00386103 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00379232 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00378185 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: August 9, 10, 11 and 12, 2022</p> <p>Facility number: 001143</p> <p>Census Bed Type:</p>	{R 000}		

Indiana State Department of Health

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER  <b>PORTAGE MANOR HEALTH CARE FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>3016 PORTAGE AVE</b> <b>SOUTH BEND, IN 46628</b>		
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{R 000}	<p>Continued From page 1</p> <p>Residential: 115 Total: 115</p> <p>Census Payor Type: Medicaid: 110 Other: 5 Total: 115</p> <p>Portage Manor Health Care Facility was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00371775.</p> <p>Quality review completed 8/19/22.</p>	{R 000}		