

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

PRINTED: 01/16/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155684	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/14/2025
NAME OF PROVIDER OR SUPPLIER SOUTHFIELD VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 6450 MIAMI CIR SOUTH BEND, IN 46614	
(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)
{E 000}	Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey that exited on 12/02/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/14/25 Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930 At this PSR survey, Southfield Village was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 60 certified beds. At the time of the survey, the census was 50.	{E 000}	{K 000}
	Quality Review completed on 01/15/25 INITIAL COMMENTS		
{K 000}	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey that exited on 12/02/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 01/14/25 Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930 At this PSR survey, Southfield Village, was found in compliance with Requirements for Participation	{K 000}	{X6} DATE

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>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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. The 2020 Therapy addition was evaluated under Life Safety Code (LSC), Chapter 18, New Health Care Occupancies.</p> <p>This one-story facility was determined to be of Type V (111) construction, with a 2020 Therapy addition with Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The hard-wired smoke detection in the resident sleeping rooms is not supervised by the fire alarm system. The facility is connected to a three story Assisted Living facility, from which it is separated by a Fire Wall with a 2-Hour Fire Resistive Rating. The original facility and the 2020 addition are separated by a Fire Wall with a 1-hour Fire Resistive Rating. The Healthcare facility is fully protected by a diesel powered 200 kW generator. The facility has 60 certified beds. At the time of the survey, the census was 50.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p>	{K 000}		
	Quality Review completed on 01/15/25 INITIAL COMMENTS			
	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey that exited on 12/02/24 was conducted by the Indiana Department of Health in accordance 42	{K 000}		

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{K 000}	<p>Continued From page 2 CFR Subpart 483.90(a).</p> <p>Survey Date: 01/14/25</p> <p>Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930</p> <p>At this PSR survey, Southfield Village, 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. The 2020 Therapy addition was evaluated under Life Safety Code (LSC), Chapter 18, New Health Care Occupancies.</p> <p>This one-story facility was determined to be of Type V (111) construction, with a 2020 Therapy addition with Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The hard-wired smoke detection in the resident sleeping rooms is not supervised by the fire alarm system. The facility is connected to a three story Assisted Living facility, from which it is separated by a Fire Wall with a 2-Hour Fire Resistive Rating. The original facility and the 2020 addition are separated by a Fire Wall with a 1-hour Fire Resistive Rating. The Healthcare facility is fully protected by a diesel powered 200 kW generator. The facility has 60 certified beds. At the time of the survey, the census was 50.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility</p>	{K 000}		

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{K 000}	Continued From page 3 services were sprinklered.	{K 000}		
	Quality Review completed on 01/15/25 INITIAL COMMENTS			
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{K 000}	<p>Continued From page 4</p> <p>Wall with a 2-Hour Fire Resistive Rating. The original facility and the 2020 addition are separated by a Fire Wall with a 1-hour Fire Resistive Rating. The Healthcare facility is fully protected by a diesel powered 200 kW generator. The facility has 60 certified beds. At the time of the survey, the census was 50.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 01/15/25</p>		{K 000}		