STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155710	A. BUILDING **01** B. WING _____	**07/11/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHASE CENTER	**2 CHASE PARK** **LOGANSPORT, IN 46947**

(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	INITIAL COMMENTS A Life Safety Code and Pre-Occupancy Survey to the additions of: resident rooms # 301 through #305 and resident rooms #316 through #320 from single to double occupancy, a kitchen addition, the main entrance update, the addition of an activities room, and a storage closet was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 07/11/23 Facility Number: 000021 Provider Number: 155710 AIM Number: 100275270 At this Pre-Occupancy survey, Chase Center 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. This one-story facility with a partial basement was constructed in 1972 and 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, spaces open to the corridors and battery-operated detectors in all resident sleeping rooms. The building is partially protected by an 80-kW emergency generator powered by natural gas. The facility has a capacity of 101 and had a census of 54 at the time of this survey. All areas where residents have customary access	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 000	Continued From page 1 were sprinklered. All areas which provided facility services were sprinklered except the two detached buildings which include a generator housed in a wood frame building and a wood frame laundry building which were not sprinklered. Quality Review completed on 07/12/23	K 000		