STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155804	A. BUILDING _____ B. WING _____	C 03/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRENGER HEALTH CARE OF MISHAWAKA	**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
F 000	INITIAL COMMENTS This visit was for Investigation of Complaint IN00346580, IN00346184, IN00345592, IN00345535, IN00345249, IN00344150, IN00344244, IN00344127, IN00343528, IN00343242, IN00341543, and IN00341271. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00346580 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00346184 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00345592 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00345535 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00345249 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00344150 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00344244 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00344127 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00343528 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00343242 - Substantiated. No deficiencies related to the allegations are cited.	F 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155804	A. BUILDING _____ B. WING _____	C 03/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRENGER HEALTH CARE OF MISHAWAKA	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
F 000	Continued From page 1 Complaint IN00341543 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00341271 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: March 15, 16, 17, 18, 19, 22 and 23, 2021 Facility number: 013017 Provider number: 155804 AIM number: 201237680 Census Bed Type: SNF/NF: 27 SNF: 15 Residential: 27 Total: 69 Census Payor Type: Medicare: 15 Medicaid: 13 Other: 14 Total: 42 Sprenger Healthcare of Mishawaka was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00346580, IN00346184, IN00345592, IN00345535, IN00345249, IN00344150, IN00344244, IN00344127, IN00343528, IN00343242, IN00341543, IN00341271 and the COVID-19 Focused Infection Control Survey. Quality Review was completed on March 25, 2021.	F 000		