

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

FORM APPROVED  
OMB NO. 0938-039

[illegible]

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 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 30 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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PRINTED: 10/11/2024  
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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155596		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/24/2024	
NAME OF PROVIDER OR SUPPLIER  LAKELAND REHAB AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 500 N WILLIAMS ST ANGOLA, IN 46703			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>Findings include:</p> <p>Based on observation and interview with the Executive Director on 9/24/24 at 1:22 p.m., there was electrical wiring hanging from an open junction box without a cover plate near the smoke alarm on the ceiling. Based on interview at the time of observation, the Executive Director did not know what the wiring was for and did not know why it was like that but did acknowledge the junction box was open with exposed wires hanging.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <p>This federal tag relates to complaint number IN00443208.</p>				<p><b><i>this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></b></p> <p><b>1)Immediate actions taken for those residents identified:</b> No resident was found to be affected by the finding.</p> <p><b>2)How the facility identified other residents:</b> Visitors, staff, and residents that reside in the community have the potential to be affected by the alleged deficient practice.</p> <p><b>3)Measures put into place/System changes</b> Wiring for outdated fire detection device was removed and penetration was filled and patched.</p> <p><b>4)How the corrective action will be monitored:</b> The Maintenance Director/designee will present a weekly audit of 5 room inspections monthly to the QAPI Committee during QAPI Meetings to ensure completion of any new necessary updates and compliance. The report will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100%</p>		

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					<b>compliance is achieved. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</b>  <b>5)Date of Compliance: 10 October 2024</b>		