

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

PRINTED: 12/15/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 12/08/2015
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 3175 LANCER ST PORTAGE, IN 46368		
(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 a Post Survey Revisit (PSR) to the Investigation of Complaint IN00181613 investigated on 10/1/15. This visit was done in conjunction with the PSR to the PSR completed on 10/1/15 to the Investigation of Complaint IN00179466 investigated on 8/27/15. This visit was done in conjunction with the PSR to the PSR completed on 10/1/15 to the Investigation of Complaints IN00176471, IN00177395, IN00177742, and IN00177997 investigated on 7/16/15. This visit was done in conjunction with the PSR to the Recertification and State Licensure survey and the Investigation of Complaint IN00184290 completed on 10/30/15. Complaint IN00181613: Corrected. Survey dates: December 7 & 8, 2015. Facility number: 000098 Provider number: 155187 AIM number: 100290980 Census bed type: SNF/NF: 127 Total: 127 Census payor type: Medicare: 8 Medicaid: 106 Other: 13 Total: 127	{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.

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{F 000}	Continued From page 1 Sample: 12 Golden Living Center-Fountainview Place 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 IN00181613. Quality review completed by 26143, on December 14, 2015.	{F 000}			