DEFICIENCIES						
CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION 01, 03	(X3) DATE SURVEY COMPLETED R		
155684		B. WING		01/19/2024		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	i.		
_D VILLAGE						
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETI		
Initial Comments		{E 000	}			
A Post Survey Revisit (PSR) for the Emergency Prepardness Survey conducted on 11/21/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.						
Survey Date: 01/19/24						
Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930						
At this Emergency Preparedness PSR, Southfield Village was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73						
		{K 000	}			
Code Recertification a conducted on 11/21/2 Indiana Department c	and State Licensure Survey 3 was conducted by the of Health in accordance 42					
Survey Date: 01/19/2	2024					
Provider Number: 15	5684					
	DVILLAGE SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Initial Comments A Post Survey Revisi Prepardness Survey conducted by the Indi accordance with 42 C Survey Date: 01/19/2 Facility Number: 002 Provider Number: 15 AIM Number: 200319 At this Emergency Pr Village was found in c Preparedness Requir Medicaid Participating 42 CFR 483.73 The facility has 60 ce the survey, the censu Quality Review comp INITIAL COMMENTS A Post Survey Revisi Code Recertification a conducted on 11/21/2 Indiana Department of CFR Subpart 483.90(Survey Date: 01/19/2 Facility Number: 002 Provider Number: 15 AIM Number: 200319 At this Life Safety Co was found in complia	DVIDER OR SUPPLIER DVIDER OR SUPPLIER DVILLAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A Post Survey Revisit (PSR) for the Emergency Prepardness Survey conducted on 11/21/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/19/24 Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930 At this Emergency Preparedness PSR, 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 53. Quality Review completed on 01/19/24 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 11/21/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 01/19/2024 Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930 At this Life Safety Code PSR, Southfield Village, was found in compliance with Requirements for	DVIDER OR SUPPLIER ID D VILLAGE ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Initial Comments {E 000 A Post Survey Revisit (PSR) for the Emergency Prepardness Survey conducted on 11/21/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/19/24 Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930 At this Emergency Preparedness PSR, Southfield Village was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 {K 000 The facility has 60 certified beds. At the time of the survey, the census was 53. {K 000 Quality Review completed on 01/19/24 {K 000 A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 11/21/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). {K 000 Survey Date: 01/19/2024 Facility Number: 155684 AIM Number: 155684 AIM Number: 200315930 At this Life Safety Code PSR, Southfield Village,	DVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JD VILLAGE STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDERTS PLAN OF CORF (EACH CORRECTIVE AUTONS OF CONF (EACH CORRECTIF (EACH CORRECTIVE AUTONS OF CONF (EACH CO		

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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DEPARTI CENTER	F	PRINTED: 01/22/2024 FORM APPROVED OMB NO. 0938-0391					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03			(X3) DATE SURVEY COMPLETED	
11		155684	B. WING			R 01/19/2024	
NAME OF PI	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (CODE		
SOUTHFIE	ELD VILLAGE			6450 MIAMI CIR			
				SOUTH BEND, IN 46614		(17)	
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
{K 000}	0) Continued From page 1 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 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		{K 00	0}			
	protected by a diesel	Healthcare facility is fully powered 200 kW generator. rtified beds. At the time of s was 53.					
		ents have customary access areas providing facility ered.					
{K 000}	Quality Review comp INITIAL COMMENTS		{K 00	0}			
	Code Recertification conducted on 11/21/2	it (PSR) to the Life Safety and State Licensure Survey 23 was conducted by the of Health in accordance 42					

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 002662

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							PRINTED: 01/22/2024 FORM APPROVED OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155684		(X1) PROVIDER/SUPPLIER/CLIA	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03		(X3) DAT	(X3) DATE SURVEY COMPLETED		
		155684	B. WING			R 01/19/2024			
NAME OF P	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE	1 0			
SOUTHER	ELD VILLAGE			6450 M	IAMI CIR				
3001111				SOUTH BEND, IN 46614					
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE		
{K 000} Continued From p			{K 00	00}					
	CFR Subpart 483.90	(a).							
	Survey Date: 01/19/2	2024							
	Facility Number: 002	2662							
	Provider Number: 15								
	AIM Number: 20031	5930							
	At this Life Safety Code PSR, Southfield Village,								
	was found in compliance with Requirements for								
		care/Medicaid, 42 CFR							
	Subpart 483.90(a), Life Safety from Fire, and the 2012 edition of the National Fire Protection								
	,	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),								
		alth Care Occupancies							
	Type V (111) constru	v was determined to be of ction, with a 2020 Therapy							
		(000) construction and was fire alarm							
		etection in the corridors and							
		orridors. The hard-wired							
		ne resident sleeping rooms is							
		e fire alarm system. The o a three story Assisted							
		hich it is separated by a Fire							
		re Resistive Rating. The							
	original facility and th								
		Nall with a 1-hour Fire e Healthcare facility is fully							
	-	powered 200 kW generator.							
		ertified beds. At the time of							
		lents have customary access areas providing facility							
	7(02.00) Browiews Versions Ob				. 002662				

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Facility ID: 002662

If continuation sheet Page 3 of 4

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		ID HUMAN SERVICES				FORM	MAPPROVED	
		MEDICAID SERVICES					0. 0938-0391	
STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION			SURVEY	
			A. BUILDING 01, 03		R			
		155684	B. WING				19/2024	
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
SOUTHFIELD VILLAGE			6450 MIAMI CIR					
3001111				SOUTH BEND, IN 46614				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID		PROVIDER'S PLAN OF CORRECTION	-	(X5) COMPLETION	
PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI			
					DEFICIENCY)			
{K 000}	Continued From page		{K C)00}				
	services were sprinkle	ered.						

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Event ID: 25FU22

Facility ID: 002662

If continuation sheet Page 4 of 4

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