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

PRINTED: 10/19/2022 FORM APPROVED OMB NO. 0938-0391

155684 B. WING	R <b>10/06/2022</b>
199004   D. WING	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	10/00/2022
6450 MIAMI CIR	
SOUTHFIELD VILLAGE SOUTH BEND, IN 46614	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
{K 000} INITIAL COMMENTS {K 000}	
A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 09/06/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).  Survey Date: 10/06/2022  Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930  At this PSR Life Safety Code survey, Southfield Village, 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. 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	
ARORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	(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

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

program participation.

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

PRINTED: 10/19/2022 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		155684	B. WING _			R <b>10/06/2022</b>		
NAME OF PROVIDER OR SUPPLIER  SOUTHFIELD VILLAGE				STREET ADDRESS, CITY, STATE, 6450 MIAMI CIR SOUTH BEND, IN 46614	ZIP CODE	10/00/2022		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
{K 000}	protected by a diesel The facility has 60 ce the PSR survey, the of All areas where resid were sprinklered. All services were sprinklered	Healthcare facility is fully powered 200 kW generator. rtified beds. At the time of census was 55.  ents have customary access areas providing facility ered.	{K 0	00}				
{K 000}	Code Recertification 09/06/22 was conduct Department of Health 483.90(a).  Survey Date: 10/06/2  Facility Number: 002  Provider Number: 15  AIM Number: 20031:  At this PSR Life Safe Village, was found in Requirements for Part Medicare/Medicaid, 4  Life Safety from Fire, National Fire Protecti Life Safety Code (LSe	it (PSR) to the Life Safety Survey conducted on ted by the Indiana in accordance with 42 CFR 2022 662 5684 5930 ty Code survey, Southfield compliance with	{K 0	00}				
	2020 Therapy addition Safety Code (LSC), Coccupancies  This one-story facility	n, was evaluated under Life Chapter 18, New Health Care was determined to be of ction, with a 2020 Therapy						

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

PRINTED: 10/19/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG <b>01, 03</b>	(X3) DATE SURVEY COMPLETED		
		155684	B. WING			R	
NAME OF PROVIDER OR SUPPLIER  SOUTHFIELD VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE  6450 MIAMI CIR  SOUTH BEND, IN 46614				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X (EACH CORRECTIVE ACT CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{K 000}	addition with Type II (fully sprinklered. The system with smoke do spaces open to the cosmoke detection in the not supervised by the facility is connected to Living facility, from who will with a 2-Hour Firoriginal facility and the separated by a Fire William Resistive Rating. The protected by a diesel The facility has 60 cethe PSR survey, the collision of the protected where the protected by a diesel the PSR survey, the collision with the protected by a diesel the PSR survey, the collision with the protected by a diesel the protect	one of the control of	{K 0	000}			