

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>002661</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>08/27/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENLEAF HEALTH CAMPUS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 E BEARDSLEY ELKHART, IN 46514</b>		
(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) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00109804 completed on 6/26/12.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00111063.</p> <p>Complaint IN00109804-Corrected.</p> <p>Survey date: 8/27/2012</p> <p>Facility number: 002661 Provider number: 155783 AIM number: N/A</p> <p>Survey team: Ellen Ruppel, RN</p> <p>Census bed type: SNF: 53 NF: 5 Residential: 42 Total: 100</p> <p>Census payor type: Medicare: 24 Medicaid: 5 Other: 71 Total: 100</p> <p>Sample: 3</p> <p>Greenleaf Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00109804.</p> <p>Quality review completed on August 28, 2012 by Bev Faulkner, RN</p>	{R 000}		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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