

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/10/2022	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2024 COUNTY ROAD 24, ELKHART, , 46517					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00383576 completed on September 7, 2022. This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00390431 completed on September 27, 2022. This visit was in conjunction with the Investigation of Complaint IN00394291. Complaint IN00383576 - Corrected. Complaint IN00390431 - Corrected. Complaint IN00394291 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: November 10, 2022	R 0000					

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Facility number: 004353

Residential Census: 39

Elkhart Place was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00383576.

Quality review completed 11/16/22.

This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00383576 completed on September 7, 2022.

This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00390431 completed on September 27, 2022.

This visit was in conjunction with the Investigation of Complaint IN00394291.

Complaint IN00383576 - Corrected.

Complaint IN00390431 - Corrected.

Complaint IN00394291 - Substantiated. No deficiencies related to the allegations are cited.

Survey dates: November 10, 2022

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Facility number: 004353 Residential Census: 39 Elkhart Place was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00383576. Quality review completed 11/16/22.			
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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