STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER PLACE	2879 S LIMA RD, KENDALLVILLE, , 46755

(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 Complaints IN00433605, IN00433930 and IN00433998 completed on May 22, 2024. Complaint IN00433605 - Corrected Complaint IN00433930 - Corrected Complaint IN00433998 - Corrected Survey date: July 8, 2024. Facility number: 004440 Residential Census: 29 Chandler Place was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00433605, IN00433930 and IN00433998. Quality review completed July 8, 2024	R 0000		

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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