

Indiana Department of Health

|   |  |  |  |  |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>005017</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>08/22/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ELKHART GENERAL HOSPITAL</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>600 E BLVD</b><br><b>ELKHART, IN 46514</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| S 000   | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for investigation of a State<br/>Licensure hospital complaint.</p> <p>Complaint Number: IN00416998 - No<br/>deficiencies related to the allegations are cited.</p> <p>Date of Survey: 8/22/24</p> <p>Facility Number: 005017</p> <p>Elkhart General Hospital is in compliance with<br/>410 IAC 15-1.4-1 Governing Board, Hospital<br/>Licensure Rules in regard to the investigation of<br/>complaint IN00416998.</p> <p>QA: 9/6/2024</p> | S 000  |  |  |

Indiana Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE