

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

PRINTED: 03/20/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155290</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>03/08/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ST ELIZABETH HEALTHCARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>701 ARMORY RD</b> <b>DELPHI, IN 46923</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) COMPLETION DATE
F 000	INITIAL COMMENTS  This visit was for the Investigation of Complaints IN00429496, IN00429497, IN00429203, IN00429248, and IN00429082.  Complaint IN00429496- No deficiencies related to the allegations are cited.  Complaint IN00429497- No deficiencies related to the allegations are cited.  Complaint IN00429203- No deficiencies related to the allegations are cited.  Complaint IN00429248- No deficiencies related to the allegations are cited.  Complaint IN00429082- No deficiencies related to the allegations are cited.  Survey dates: March 6, 7, and 8, 2024.  Facility number: 000187 Provider number: 155290 AIM number: 100267300  Census Bed Type: SNF/NF: 46 Total: 46  Census Payor Type: Medicare: 7 Medicaid: 32 Other: 7 Total: 46  St. Elizabeth Healthcare Center was found to be in compliance with 42 CFR Part 483, Subpart B			F 000			

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

TITLE

(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 program participation.

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F 000	Continued From page 1 and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00429496, IN00429497, IN00429203, IN00429248, and IN00429082.  Quality review completed on March 19, 2024.	F 000			