

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014241	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/17/2023
NAME OF PROVIDER OR SUPPLIER HELLENIC SENIOR LIVING OF ELKHART		STREET ADDRESS, CITY, STATE, ZIP CODE 2528 BYPASS ROAD ELKHART, IN 46514		
(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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00410224 and IIN00410493.</p> <p>Complaint IN00410224 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00410493 - No deficiencies related to the allegations are cited.</p> <p>Survey date: August 16, and 17, 2023</p> <p>Facility number: 014241</p> <p>Residential Census: 117</p> <p>Hellenic Senior Living Of Elkhart was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00410224 and IN00410493.</p> <p>Quality review completed 8/22/2023.</p>	R 000		

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

TITLE

(X6) DATE