

Indiana Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014224 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 12/26/2024 |
| NAME OF PROVIDER OR SUPPLIER HELLENIC SENIOR LIVING OF MISHAWAKA | | STREET ADDRESS, CITY, STATE, ZIP CODE 1540 SOUTH LOGAN STREET MISHAWAKA, IN 46544 | | |
| (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 a Post Survey Revisit (PSR) to the Investigation of Complaints IN00443940 and IN00436132, completed on November 7, 2024.</p> <p>Complaint IN00443940 - Corrected</p> <p>Complaint IN00436132 - Corrected</p> <p>Survey dates: December 26, 2024</p> <p>Facility number: 014224</p> <p>Residential Census: 120</p> <p>Hellenic Senior Living of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00443940 and IN00436132.</p> <p>Quality Review completed on 12/27/2024</p> | {R 000} | | |

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

TITLE

(X6) DATE