

Indiana State Department of Health

|   |  |   |  |  |
|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>011075</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>06/22/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>KOKOMO PLACE</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3025 W SYCAMORE ST<br/>KOKOMO, IN 46901</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                                       |
| {R 000}   | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the PSR completed on April 19, 2023 to the Investigation of Complaint IN00400575 completed on February 9, 2023.</p> <p>Complaint IN00400575 - Corrected.</p> <p>Survey date: June 22, 2023</p> <p>Facility number: 011075</p> <p>Residential Census: 28</p> <p>Kokomo Place was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the PSR to the Investigation of Complaint IN00400575.</p> <p>Quality review was completed on June 28, 2023.</p> | {R 000}   |  |  |

Indiana State Department of Health

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

TITLE

(X6) DATE