

Indiana Department of Health

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 C 12/28/2023
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 the Investigation of Complaint IN00423637. This visit included a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Complaint IN00423637 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 28, 2023</p> <p>Facility number: 014224</p> <p>Residential Census: 123</p> <p>Hellenic Senior Living of Mishawaka was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00423637 and the Residential COVID-19 Quality Assurance Walk Through.</p> <p>Quality review completed on 12/29/23.</p>	R 000		

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

TITLE

(X6) DATE