STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000104	A. BUILDING: _____ B. WING _____	C 10/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANCTUARY AT ST PAUL'S	3602 S IRONWOOD DR SOUTH BEND, IN 46614

(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	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00269923 and IN00271940. Complaint IN00269923 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00271940 - Substantiated. No deficiencies related to the allegations are cited. Survey date: October 16, 2018 Facility number: 000104 Residential Census: 95 Sanctuary at St Paul's was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00269923 and IN00271940. Quality review completed on 10/18/18.	R 000		