

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>013330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 07/25/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE POINT ALZHEIMER'S SPECIAL CARE CEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1215 TRINITY PLACE MISHAWAKA, IN 46545</b>		
(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><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00380669 completed on 6/2/22.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaints IN00379278 and IN00378382 completed on 5/9/22.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00383192.</p> <p>Complaint IN00380669 - Corrected</p> <p>Complaint IN00379278 - Corrected</p> <p>Complaint IN00378382 - Corrected</p> <p>Complaint IN00383192 - Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Survey dates: July 22 &amp; 25, 2022</p> <p>Facility number: 013330</p> <p>Residential Census: 40</p> <p>Heritage Point Alzheimer's Special Care Center was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00380669.</p> <p>Quality review completed 8/5/22.</p>	{R 000}		

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

TITLE

(X6) DATE