STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001143	A. BUILDING: _____ B. WING _____	C 11/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORTAGE MANOR HEALTH CARE FACILITY	3016 PORTAGE AVE SOUTH BEND, IN 46628

(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 Complaint IN00393789, IN00390294 and IN00393564. Complaint IN00393789 - Unsubstantiated due to lack of evidence. Complaint IN00390294 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00393564 - Substantiated. No deficiencies related to the allegations are cited. Survey date: November 9 and 10, 2022 Facility number: 001143 Residential Census: 83 Portage Manor Health Care Facility was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00393789, IN00390294, and IN00393564. Quality review completed on 11/16/22.	R 000		