

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>004353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 11/10/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELKHART PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2024 COUNTY ROAD 24 ELKHART, IN 46517</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 IN00390431 completed on September 27, 2022.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00383576 completed on September 7, 2022.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00394291.</p> <p>Complaint IN00390431 - Corrected.</p> <p>Complaint IN00383576 - Corrected.</p> <p>Complaint IN00394291 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 10, 2022</p> <p>Facility number: 004353</p> <p>Residential Census: 39</p> <p>Elkhart Place was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00390431.</p> <p>Quality review completed 11/16/22.</p>	{R 000}		

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

TITLE

(X6) DATE