STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013330	A. BUILDING: _____ B. WING _____	C 11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE POINT ALZHEIMER'S SPECIAL CARE CEN	1215 TRINITY PLACE MISHAWAKA, IN 46545

(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 IN00418513 and IN00418055. Complaint IN00418513 - No deficiencies related to the allegations are cited. Complaint IN00418055 - No deficiencies related to the allegations are cited. Survey dates: November 20 & 21, 2023 Facility number: 013330 Residential Census: 21 Heritage Point Alzheimer's Special Care Center was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00418513 and IN00418055. Quality review completed 11/22/2023.	R 000		