

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004440	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/08/2024
NAME OF PROVIDER OR SUPPLIER CHANDLER PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2879 S LIMA RD KENDALLVILLE, IN 46755		
(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>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00433605, IN00433930 and IN00433998 completed on May 22, 2024.</p> <p>Complaint IN00433605 - Corrected</p> <p>Complaint IN00433930 - Corrected</p> <p>Complaint IN00433998 - Corrected</p> <p>Survey date: July 8, 2024.</p> <p>Facility number: 004440</p> <p>Residential Census: 29</p> <p>Chandler Place was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00433605, IN00433930 and IN00433998.</p> <p>Quality review completed July 8, 2024</p>	{R 000}		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE