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 _____	R-C 07/25/2022

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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00379278 and IN00378382 completed 5/9/22 This visit was in conjunction with the PSR to the Investigation of Complaint IN00380669 completed on 6/2/22. This visit was in conjunction with the Investigation of Complaint IN00383192. Complaint IN00379278 - Corrected Complaint IN00378382 - Corrected Complaint IN00380669 - Corrected Complaint IN00383192 - Substantiated. No State Residential Findings related to the allegations were cited. Survey dates: July 22 & 25, 2022 Facility number: 013330 Residential Census: 40 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 Complaints IN00379278 and IN00378382. Quality review completed 8/5/22.	{R 000}		