DEPARTMENT OF HEALTH AND HUMAN SERVICES							APPROVED
							0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		155269	B. WING			R-C 01/05/2023	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
EAST LAKE NURSING & REHABILITATION CENTER				1900 JEANWOOD DR ELKHART, IN 46514			
	X4) ID SUMMARY STATEMENT OF DEFICIENCIES						
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		D BE COMPLETION	
{F 000}	INITIAL COMMENTS		{F C)00}			
	Paper Compliance to the Licensure and Recertification survey and Investigation of Complaint IN00387842 completed on November 3, 2022. Review date: January 5, 2023						
	Facility number: 000169 Provider number: 155269 AIM number: 100267100 East Lake Nursing and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Paper Compliance Review to the Licensure and Recertification Survey and Complaint Investigation.						
		SUPPLIER REPRESENTATIVE'S SIGNATU	RE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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