

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/08/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE POINT ALZHEIMER'S SPECIAL CARE CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00437439, IN00437205, IN00437210, IN00435658, and IN00435162.</p> <p>Complaint IN00437439 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437205 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437210 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00435658 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00435162 - No deficiencies related to the allegations are cited.</p> <p>Survey date: July 5 & 8, 2023</p> <p>Facility number: 013330</p> <p>Residential Census: 6</p> <p>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 IN00437439, IN00437205, IN00437210, IN00435658, and IN00435162.</p> <p>Quality Review completed on 7/9/2024.</p>	R 000		

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

TITLE

(X6) DATE