STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000187	A. BUILDING: _____ B. WING _____	C 07/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ELIZABETH HEALTHCARE CENTER	701 ARMORY RD DELPHI, IN 46923

(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 IN00409408 and IN00412584. Complaint IN00409408 - No deficiencies related to the allegations are cited. Complaint IN00412584 - No deficiencies related to the allegations are cited. Survey dates: July 11, 12, and 13, 2023. Facility number: 000187 Residential Census: 23 St Elizabeth Healthcare Center was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00409408 and IN00412584. Quality review was completed on July 18, 2023.	R 000		