

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/12/2024
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NAME OF PROVIDER OR SUPPLIER HARMONY AT ELKHART	STREET ADDRESS, CITY, STATE, ZIP CODE 1129 PARKWAY AVENUE ELKHART, IN 46516
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(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 Investigations of Complaint IN00436694 and IN00433379.</p> <p>Complaint IN00436694- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00433379- No deficiencies related to the allegations are cited.</p> <p>Survey date: September 12, 2024</p> <p>Facility number: 014916</p> <p>Residential Census: 62</p> <p>Harmony at Elkhart was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigations of Complaint IN00436694 and IN00433379.</p> <p>Quality Review completed on 9/16/2024</p>	R 000		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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