

Indiana State 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 R-C 05/18/2023
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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 a Post Survey Revisit (PSR) to the Investigation of Complaints IN00405377, IN00405001, IN00404253, IN00403940 and IN00403437 conducted on 4/06/2023.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 2/15/23.</p> <p>Complaint IN00405377 - Corrected.</p> <p>Complaint IN00405001 - Corrected.</p> <p>Complaint IN00404253 - Corrected.</p> <p>Complaint IN00403940 - Corrected.</p> <p>Complaint IN00403437 - Corrected.</p> <p>Survey dates: 5/18/2023</p> <p>Facility number: 014916</p> <p>Residential Census: 37</p> <p>Harmony at Elkhart was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Complaint Investigation.</p> <p>Quality review completed 5/31/23.</p>	{R 000}		

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