

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 VALPARAISO ST VALPARAISO, IN 46383
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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
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R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00172046.</p> <p>Complaint IN00172046-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: April 29, 2015</p> <p>Facility number: 010757 Provider number: 010757 AIM number: N/A</p> <p>Census bed type: Residential: 64 Total: 64</p> <p>Census payor type: Other: 64 Total: 64</p> <p>Sample: 4</p> <p>Brookdale Place-Valparaiso was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00172046.</p>	R 000		
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Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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