STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155362	A. BUILDING _____ B. WING _____	C 08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-MERRILLVILLE	8800 VIRGINIA PLACE MERRILLVILLE, IN 46410

(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) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00357567, IN00359913 & IN00360180. Complaint IN00357567 - Substantiated - No deficiencies related to the allegations are cited. Complaint IN00359913 - Substantiated - No deficiencies related to the allegations are cited. Complaint IN00360180 - Unsubstantiated due to lack of evidence. Survey dates: 8/16 & 8/17/2021 Facility number: 000253 Provider number: 155362 AIM number: 100266660 Census bed type: SNF/NF: 122 Total: 122 Census payor type: Medicare: 5 Medicaid: 89 Other: 28 Total: 122 Golden Living Center - Merrillville was found to be in compliance with with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00357567, IN00359913 and IN00360180. Quality review completed on 8/18/21.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE