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 10/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRICKYARD HEALTHCARE - MERRILLVILLE CARE CENTER	**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 IN00390406, IN00390608, IN00391311, IN00392648, and IN00392915. Complaint IN00390406 - Unsubstantiated due to lack of evidence. Complaint IN00390608 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00391311 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00392648 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00392915 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: October 24, 25, and 26, 2022 Facility number: 000253 Provider number: 155362 AIM number: 10266660 Census Bed Type: SNF/NF: 116 Total: 116 Census Payor Type: Medicare: 3 Medicaid: 79 Other: 24 Total: 116 Brickyard Healthcare - Merrillville Care Center was found to be in compliance with 42 CFR Part	F 000		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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) COMPLETION DATE
F 000	Continued From page 1 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00390406, IN00390608, IN00391311, IN00392648, and IN00392915. Quality review completed on 10/28/22.	F 000		