

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2013
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NAME OF PROVIDER OR SUPPLIER RITTENHOUSE SENIOR LIVING OF VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 VALE PARK RD 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
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: October 8 & 9, 2013</p> <p>Facility number: 012181 Provider number: N/A AIM number: N/A</p> <p>Survey team: Regina Sanders, RN, TC Heather Hite, RN</p> <p>Census bed type: Residential: 96 Total: 96</p> <p>Census payor type: Private: 96 Total: 96</p> <p>Sample: 7 Supplemental sample: 2</p> <p>Rittenhouse Senior Living of Valparaiso was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey.</p> <p>Quality Review 10//13 by Lisa McColly</p>	R 000		

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