

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/05/2016
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NAME OF PROVIDER OR SUPPLIER TIPTON PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 460 FORKS OF THE WABASH WAY HUNTINGTON, IN 46750
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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 Complaint IN00195281 completed on March 18, 2016.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00198466.</p> <p>Survey dates: May 4 and 5, 2016</p> <p>Facility number: 003376 Provider number: N/A AIM number: N/A</p> <p>Census bed type: Residential: 33 Total: 33</p> <p>Sample: 5</p> <p>Tipton Place was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00195281.</p> <p>QR completed by 11474 on May 5, 2016.</p>	{R 000}		

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