

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2012
NAME OF PROVIDER OR SUPPLIER GARDENS AT LAKE CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 425 CHINWORTH CT WARSAW, IN 46580		
(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 the Investigation of Complaint # IN00117415.</p> <p>Complaint # IN00117415 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: October 17, 2012</p> <p>Facility number: 011389 Provider number: 011389 AIM number: N/A</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: Residential: 22 Total: 22</p> <p>Census payor type: Other: 22 Total: 22</p> <p>Sample: 3</p> <p>Gardens of Lake City was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint # IN00117415.</p> <p>Quality review completed 10/18/12 Cathy Emswiller RN</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE