

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/02/2013
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NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT LAPORTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ANDREW AVE LA PORTE, IN 46350
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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 done for the investigation of Complaint IN00137048.</p> <p>This visit was done in conjunction with the Post Survey Revisit (PSR) to the State Residential Licensure completed on 7/11/13 and the Investigation of Complaints IN00129018 and IN00130363.</p> <p>Complaint IN00137048 - Unsubstantiated due to a lack of evidence.</p> <p>Survey date: October 2, 2013</p> <p>Facility number: 010890 Provider number: 010890 AIM number: N/A</p> <p>Survey Team: Shelley Reed, RN TC Tina Smith-Staats, RN Angela Selleck, RN</p> <p>Census bed type: Residential: 110 Total: 110</p> <p>Census payor type: Other: 110 Total: 110</p> <p>Sample: 9</p> <p>Brentwood at LaPorte was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00137048.</p> <p>Quality review completed by Debora Barth, RN.</p>	R 000		

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