

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012181</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/29/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RITTENHOUSE SENIOR LIVING OF VALPARAISO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 VALE PARK RD</b> <b>VALPARAISO, IN 46383</b>
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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><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on May 19, 2016.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00203388 and IN00202428.</p> <p>Survey dates: June 29, 2016.</p> <p>Facility number: 012181 Provider number: 012181 AIM number: N/A</p> <p>Residential Census: 93</p> <p>Sample: 3</p> <p>Rittenhouse Senior Living of Valparaiso was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Survey.</p> <p>Quality review completed by 32883 on 6/30/16.</p>	{R 000}		

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