

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010739	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2024
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NAME OF PROVIDER OR SUPPLIER SPRING MILL HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN 46410
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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 the Investigation of Residential Complaint IN00418622. This visit included the Investigation of Nursing Home Complaints IN00419120, IN00423550, and IN00427249.</p> <p>Complaint IN00418622 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419120 - Federal/State deficiencies related to the allegations are cited at F757.</p> <p>Complaint IN00423550 - Federal/State deficiencies related to the allegations are cited at F693 and F842.</p> <p>Complaint IN00427249 - Federal/State deficiencies related to the allegations are cited at F684, F686, and F757.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: February 19 and 20, 2024</p> <p>Facility number: 010739</p> <p>Residential Census: 26</p> <p>Spring Mill Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00418622.</p> <p>Quality review completed on 2/26/24.</p>	R 000		

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