STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE PARK RESIDENTIAL CARE	2075 RIPLEY ST, LAKE STATION, , 46405

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00439023, IN00439472, and IN00439550 completed on 7/26/24. Complaint IN00439023 - Corrected. Complaint IN00439472 - Corrected. Complaint IN00439550 - Corrected. Survey dates: September 12, 2024 Facility number: 001136 Residential Census: 97 Lake Park Residential Care was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00439023, IN00439472, and IN00439550. Quality review completed on	R 0000		

	9/13/24. This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00439023, IN00439472, and IN00439550 completed on 7/26/24. Complaint IN00439023 - Corrected. Complaint IN00439472 - Corrected. Complaint IN00439550 - Corrected. Survey dates: September 12, 2024 Facility number: 001136 Residential Census: 97 Lake Park Residential Care was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00439023, IN00439472, and IN00439550. Quality review completed on 9/13/24.				

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE