STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/02/2024

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 the Investigation of Complaints IN00437286, IN00437371, IN00437565, and IN00437873. Complaint IN00437286 - No deficiencies related to the allegations are cited. Complaint IN00437371 - No deficiencies related to the allegations are cited. Complaint IN00437565 - No deficiencies related to the allegations are cited. Complaint IN00437873 - No deficiencies related to the allegations are cited. Survey date: July 2, 2024 Facility number: 001136 Residential Census: 94 Lake Park Residential Care was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints	R 0000		

	IN00437286, IN00437371, IN00437565, and IN00437873. Quality review completed July 3, 2024.			

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