

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/24/2024	
NAME OF PROVIDER OR SUPPLIER TOWNE CENTRE ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7252 ARTHUR BLVD, MERRILLVILLE, , 46410					
(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 IN00434657, IN00435146, IN00436748, and IN00437114. Complaint IN00434657 - No deficiencies related to the allegations are cited. Complaint IN00435146 - No deficiencies related to the allegations are cited. Complaint IN00436748 - No deficiencies related to the allegations are cited. Complaint IN00437114 - No deficiencies related to the allegations are cited. Survey date: June 24, 2024 Facility number: 002392 Residential Census: 219 Towne Centre Assisted Living Llc was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

Complaints IN00434657, IN00435146, IN00436748, and IN00437114. Quality review completed June 25, 2024			
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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
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