

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 10/01/2024
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 IN00443925, IN00444102, and IN00444364. Complaint IN00443925 - No deficiencies related to the allegations are cited. Complaint IN00444102 - No deficiencies related to the allegations are cited. Complaint IN00444364 - No deficiencies related to the allegations are cited. Survey date: 10/1/24 Facility number: 002392 Residential Census: 207 Towne Centre Assisted Living LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00443925, IN00444102, and IN00444364. Quality review completed on	R 0000			

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FORM APPROVED

OMB NO. 0938-0391

10/4/24.

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
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