| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING<br>B. WING | 10/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TOWNE CENTRE ASSISTED LIVING LLC | 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<br><br>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaints IN00437888, IN00438307, IN00439945, IN00440596, and IN00440781 completed on August 14, 2024.<br><br>Complaint IN00437888 - Corrected.<br><br>Complaint IN00438307 - Corrected.<br><br>Complaint IN00439945 - Corrected.<br><br>Complaint IN00440596 - Corrected.<br><br>Complaint IN00440781 - Corrected.<br><br>Survey date: October 9, 2024<br><br>Facility number: 002392<br><br>Residential Census: 221<br><br>Towne Centre Assisted Living LLC was found to be in | R 0000 | | |

compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00437888, IN00438307, IN00439945, IN00440596, and IN00440781.

Quality review completed on 10/10/24.

This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaints IN00437888, IN00438307, IN00439945, IN00440596, and IN00440781 completed on August 14, 2024.

Complaint IN00437888 - Corrected.

Complaint IN00438307 - Corrected.

Complaint IN00439945 - Corrected.

Complaint IN00440596 - Corrected.

Complaint IN00440781 - Corrected.

Survey date: October 9, 2024

Facility number: 002392

Residential Census: 221

Towne Centre Assisted Living LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints

| | | | | |
|---|---|---|---|---|
| | IN00437888, IN00438307, IN00439945, IN00440596, and IN00440781.<br><br>Quality review completed on 10/10/24. | | | |

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 |
|---|---|---|
| | | |