

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 09/01/2026
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 a Post Survey Revisit (PSR) to the Investigation of Intake 470727 completed on 7/13/26. Intake 470727 - Corrected Survey date: September 1, 2026 Facility number: 002392 Residential Census: 228 Towne Centre was found to be in compliance with 410 IAC (Indiana Administrative Code) 16.2-5 in regard to the PSR to Investigation of Intake 470727. Quality review completed on 9/8/26.	R 0000			
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from:	R 0052		09/10/2026	

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FORM APPROVED

OMB NO. 0938-0391

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| (1) sexual abuse; | | | |
| (2) physical abuse; | | | |
| (3) mental abuse; | | | |
| (4) corporal punishment; | | | |
| (5) neglect; and | | | |
| (6) involuntary seclusion. | | | |

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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