

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 01/04/2023	
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT LAPORTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ANDREW AVE, LA PORTE, , 46350					
(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 IN00391149, IN00393299, and IN00397071. Complaint IN00391149 - Unsubstantiated due to lack of evidence. Complaint IN00393299 - Unsubstantiated due to lack of evidence. Complaint IN00397071 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: 1/3 and 1/4/23 Facility number: 010890 Residential Census: 52 Brentwood at Laporte was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00391149, IN00393299, and IN00397071.	R 0000					

PRINTED: 01/01/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

	Quality review completed on 1/5/23.			
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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.)				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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