STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD AT LAPORTE	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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00403196 and IN00404476 completed on 3/29/2023. Complaint IN00403196 - Corrected Complaint IN00404476 - Corrected Survey dates: June 1, 2023 Facility number: 010890 Residential Census: 56 Brentwood at Laporte was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00403196 and IN00404476. Quality review completed on 6/2/23. This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00403196 and	R 0000		

	IN00404476 completed on 3/29/2023. Complaint IN00403196 - Corrected Complaint IN00404476 - Corrected Survey dates: June 1, 2023 Facility number: 010890 Residential Census: 56 Brentwood at Laporte was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00403196 and IN00404476. Quality review completed on 6/2/23.			

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