

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 04/24/2024	
NAME OF PROVIDER OR SUPPLIER RESIDENCES AT DEER CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST US 30, SCHERERVILLE, , 46375					
(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 State Residential Licensure Survey and the Investigation of Complaint IN00424859 completed on 2/28/24. This visit was in conjunction with the Investigation of Complaint IN00433098. Complaint IN00424859 - Corrected Complaint IN00433098 - No deficiencies related to the allegations are cited. Survey date: April 24, 2024 Facility number: 013069 Residential Census:106 Residences at Deer Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and the PSR to Complaint IN00424859.	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

	Quality review completed on 4/26/24.			
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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.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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