STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVIVA MERRILLVILLE	7900 RHODE ISLAND STREET, 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 the Investigation of Complaints IN00445555 and IN00445577. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00445555 - No deficiencies related to the allegations are cited. Complaint IN00445577 - No deficiencies related to the allegations are cited. Survey date: November 26, 2024 Facility number: 013733 Residential Census: 53 Aviva Merrillville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00445555 and IN00445577 and the Residential COVID-19 Quality Assurance Walk Through.	R 0000		

	Quality review completed on 12/4/24.			

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