

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 08/25/2023	
NAME OF PROVIDER OR SUPPLIER AVIVA MERRILLVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a Post Survey Revisit (PSR) to the Investigation of Complaints IN00404744 and IN00410968 completed on July 10, 2023. Complaint IN00404744 - Corrected Complaint IN00410968 - Corrected Survey date: August 25, 2023 Facility number: 013733 Residential Census: 38 Aviva Merrillville was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00404744 and IN00410968. Quality review completed on 8/28/23. This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00404744 and IN00410968	R 0000					

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R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.	R 0052		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from

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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