

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 02/02/2023
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 Complaint IN00389731 completed on 1/5/23. Complaint IN00389731 - Corrected Survey date: 2/2/23 Facility number: 013733 Residential Census: 38 Journey Senior Living of Merrillville, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00389731. Quality review completed on 2/3/23.	R 0000			
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			TITLE	(X6) DATE	

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FORM APPROVED

OMB NO. 0938-0391

SIGNATURE		
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