STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTRY PARK	901 S HASTINGS DR, BLOOMINGTON, , 47401

(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 IN00402050, IN00402366, IN00395997, and IN00395684. Complaint IN00402050 - Unsubstantiated due to lack of evidence. Complaint IN00402366 - Unsubstantiated due to lack of evidence. Complaint IN00395997 - Unsubstantiated due to lack of evidence. Complaint IN00395684 - Unsubstantiated due to lack of evidence. Survey dates: February 23, 24, and 27, 2023 Facility number: 013766 Residential Census: 87 Gentry Park was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of	R 0000		

	Complaints IN00402050, IN00402366, IN00395997, and IN00395684. Quality review completed March 6, 2023.			

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