STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STORYPOINT SCHERERVILLE	7770 BURR STREET, 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 the Investigation of Complaints IN00421503 and IN00426914. This visit was done in conjunction with the Post Survey Revisit (PSR) to the PSR completed on 10/24/23 to the Investigation of Complaints IN00412422 and IN00412687 completed on 7/19/23. This visit was done in conjunction with the PSR to the State Residential Licensure Survey completed on 10/24/23. Complaint IN00421503 - No deficiencies related to the allegations are cited. Complaint IN00426914 - No deficiencies related to the allegations are cited. Complaint IN00412422 - Corrected. Complaint IN00412687 - Corrected.	R 0000		

	Survey Date: February 14, 2024 Facility Number: 013825 Residential Census: 81 Storypoint of Schererville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00421503 and IN00426914. Quality review completed on 2/16/24.			

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