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 Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 10/24/23. This visit was done in conjunction with the 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 Investigation of Complaints IN00421503 and IN00426914. Complaint IN00412422 - Corrected. Complaint IN00412687 - Corrected. Complaint IN00421503 - No deficiencies related to the allegations are cited. Complaint IN00426914 - No deficiencies related to the allegations are cited.	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 PSR to the State Residential Licensure Survey. 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