STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR RESIDENCES OF LAFAYETTE	250 SHENANDOAH DRIVE, LAFAYETTE, , 47905

(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 IN00396672 and IN00398120. Complaint IN00396672 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00398120 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: January 12 and 13, 2023 Facility number: 014015 Residential Census: 58 Five Star Residences of Lafayette was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00396672 and IN00398120.	R 0000		

	Quality review was completed on January 20, 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