

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 08/17/2026	
NAME OF PROVIDER OR SUPPLIER FIVE STAR RESIDENCES OF LAFAYETTE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Intake 471249. Intake 471249-No deficiencies related to the allegations are cited. Survey date: August 14 and 17, 2026 Facility number: 014015 Residential: 72 Five Star Residences of Lafayette was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-5 in regard to the Investigation of Intake 471249. Quality review was completed on August 24, 2026.	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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