STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST LAFAYETTE ALF OPERATIONS	3575 SENIOR PLACE, WEST LAFAYETTE, , 47906

(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 IN00436907, IN00437167, IN00438018 and IN00438279. Complaint IN00436907 - No deficiencies related to the allegations are cited. Complaint IN00437167 - No deficiencies related to the allegations are cited. Complaint IN00438018 - No deficiencies related to the allegations are cited. Complaint IN00438279 - No deficiencies related to the allegations are cited. Survey dates: July 12, 15 and 16, 2024 Facility number: 014094 Residential Census: 44 West Lafayette Alf Operations was found to be in compliance with 410 IAC 16.2-5 in regard to	R 0000		

	the Investigation of Complaints IN00436907, IN00437167, IN00438018 and IN00438279. Quality review was completed on July 24, 2024.			

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