

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 10/08/2025	
NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF LAFAYETTE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 208 BECK LANE, LAFAYETTE, , 47909					
(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 Intakes IN00465306 and IN00464929. Intake IN00465306-No deficiencies related to the allegations are cited. Intake IN00464929-No deficiencies related to the allegations are cited. Survey dates: October 7 and 8, 2025. Facility number: 014148 Residential: 112 Glasswater Creek of Lafayette, LLC was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00465306 and IN00464929. Quality review was completed on October 14, 2025.	R 0000					

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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
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