

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 03/30/2023
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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00401170 completed on February 8, 2023. This visit was in conjunction with the PSR to the Investigation of Complaint IN00393077 completed on October 28, 2022. This visit was in conjunction with the PSR to the Investigation of Complaint IN00398338 completed on January 19, 2023. Complaint IN00401170 - Corrected Complaint IN00393077 - Corrected Complaint IN00398338 - Corrected Survey date: March 30, 2023 Facility number: 014148 Residential Census: 130 Glasswater Creek of Lafayette, LLC was found to be in	R 0000			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

compliance with 410 IAC 16.2-5
in regard to the PSR to
Investigation of Complaint
IN00401170.

Quality review completed on
April 4, 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