STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE, MERRILLVILLE, , 46410

(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 IN00426912, IN00429098, and IN00429235. Complaint IN00426912 - No deficiencies related to the allegations are cited. Complaint IN00429098 - No deficiencies related to the allegations are cited. Complaint IN00429235 - No deficiencies related to the allegations are cited. Survey date: March 18, 2024 Facility number: 014178 Residential Census: 122 Belvedere Senior Housing was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00426912, IN00429098, and IN00429235. Quality review completed on	R 0000		

	3/25/24.			

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