STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES AT COFFEE CREEK	2300 VILLAGE POINT, CHESTERTON, , 46304

(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 Intake 464850 completed on 10/10/25. Intake 464850 - Corrected Survey date: November 14, 2025 Facility number: 014469 Residential Census: 116 Residences At Coffee Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Intake 464850. Quality review completed on 11/17/25. This visit was for a Post Survey Revisit (PSR) to Investigation of Intake 464850 completed on 10/10/25. Intake 464850 - Corrected Survey date: November 14,	R 0000		

	2025 Facility number: 014469 Residential Census: 116 Residences At Coffee Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Intake 464850. Quality review completed on 11/17/25.			
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.	R 0052		11/20/2025

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