

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 08/01/2024	
NAME OF PROVIDER OR SUPPLIER RESIDENCES AT COFFEE CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 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 the Investigation of Complaints IN00435756 and IN00439552. Complaint IN00435756- No deficiencies related to the allegations are cited. Complaint IN00439552- No deficiencies related to the allegations are cited. Survey date: July 31 and August 1, 2024 Facility number: 014469 Residential Census: 99 Residences At Coffee Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00435756 and IN00439552. Quality review completed on 8/2/24.	R 0000					

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE