STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN OAKS OF VALPARAISO	2550 MORTHLAND DRIVE, VALPARAISO, , 46383

(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 Intake 468982. This visit was done in conjunction with the Post Survey Revisit to the Investigation of Intake 465935 completed on February 4, 2026. Intake 468982 - No deficiencies related to the allegations are cited. Intake 465935 - Corrected. Survey date: April 7, 2026 Facility number: 015426 Residential Census: 100 Green Oaks of Valparaiso was found to be in compliance with 410 IAC (Indiana Administrative Code) 16.2-5 in regard to the Investigation of Intake 468982. Quality review completed on 4/13/26.	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 instructions.)

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