

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>002392</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOWNE CENTRE ASSISTED LIVING LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7252 ARTHUR BLVD MERRILLVILLE, IN 46410</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and the PSR to the Investigation of Complaints IN00377550, IN00379284, IN00381495, and IN00384290 completed on 7/27/22.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00389230, IN00390925, and IN00391642.</p> <p>Complaint IN00377550 - Corrected.</p> <p>Complaint IN00379284 - Corrected.</p> <p>Complaint IN00381495 - Corrected.</p> <p>Complaint IN00384290 - Corrected.</p> <p>Complaint IN00389230 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00390925 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00391642 - Substantiated. State deficiencies related to the allegations are cited at R0041 and R0053.</p> <p>Survey dates: October 17 and 18, 2022</p> <p>Facility number: 002392</p> <p>Residential Census: 225</p> <p>Towne Centre Assisted Living LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and the PSR to the Investigation of Complaints IN00377550, IN00379284,</p>	{R 000}		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{R 000}	Continued From page 1  IN00381495, and IN00384290.  Quality review completed on 10/20/22.	{R 000}			