STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010890	A. BUILDING: _____ B. WING _____	R-C 10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD AT LAPORTE	2002 ANDREW AVE LA PORTE, IN 46350

(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}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00440038 completed on August 13, 2024. This visit was in conjunction with the Investigation of Complaint IN00443769. Complaint IN00440038 - Corrected Complaint IN00443769 - No deficiencies related to the allegations are cited. Survey date: October 8, 2024 Facility number: 010890 Residential Census: 93 Brentwood at Laporte was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00440038. Quality review completed on 10/10/24.	{R 000}		