

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>010890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 08/22/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRENTWOOD AT LAPORTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 ANDREW AVE LA PORTE, IN 46350</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 the Post Survey Revisit (PSR) to the Investigation of Complaints IN00375944, IN00378128, IN00379613, and IN00380591 completed on June 16, 2022.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00387655 and IN00388494.</p> <p>Complaint IN00375944 - Corrected.</p> <p>Complaint IN00378128 - Corrected.</p> <p>Complaint IN00379613 - Corrected.</p> <p>Complaint IN00380591 - Corrected.</p> <p>Complaint IN00387655 - Substantiated. State deficiencies related to the allegations are cited at R0091.</p> <p>Complaint IN00388494 - Substantiated. State deficiencies related to the allegations are cited at R0091.</p> <p>Survey date: August 22, 2022</p> <p>Facility number: 010890</p> <p>Residential Census: 62</p> <p>Brentwood at Laporte was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00375944, IN00378128, IN00379613, and IN00380591.</p> <p>Quality review completed on 8/26/22.</p>	{R 000}		

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

TITLE

(X6) DATE