

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/24/2024
NAME OF PROVIDER OR SUPPLIER RESIDENCES AT DEER CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST US 30 SCHERERVILLE, IN 46375		
(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>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and the Investigation of Complaint IN00424859 completed on 2/28/24.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00433098.</p> <p>Complaint IN00424859 - Corrected</p> <p>Complaint IN00433098 - No deficiencies related to the allegations are cited.</p> <p>Survey date: April 24, 2024</p> <p>Facility number: 013069</p> <p>Residential Census:106</p> <p>Residences at Deer Creek 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 Complaint IN00424859.</p> <p>Quality review completed on 4/26/24.</p>	{R 000}		

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

TITLE

(X6) DATE