

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013766	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/14/2025
NAME OF PROVIDER OR SUPPLIER GENTRY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 901 S HASTINGS DR BLOOMINGTON, IN 47401		
(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 the Investigation of Complaints IN00450771 and IN00450732.</p> <p>Complaint IN00450771 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450732 - No deficiencies related to the allegations are cited.</p> <p>Survey date: January 14, 2025</p> <p>Facility number: 013766</p> <p>Residential Census: 99</p> <p>Gentry Park was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00450771 and IN00450732.</p> <p>Quality review completed January 15, 2025.</p>	R 000			

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

TITLE

(X6) DATE