

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011076 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 08/23/2022 |
| NAME OF PROVIDER OR SUPPLIER BROOKDALE BLOOMINGTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 3802 SARE RD 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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00385412, IN00385605, and IN00385872 completed on July 22,2022.</p> <p>Complaint IN00385412 - Corrected.</p> <p>Complaint IN00385605 - Corrected.</p> <p>Complaint IN00385872 - Corrected.</p> <p>Survey date: August 23, 2022</p> <p>Facility number: 011076</p> <p>Residential Census: 40</p> <p>Brookdale - Bloomington was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00385412, IN00385605, and IN00385872.</p> <p>Quality review completed August 25, 2022.</p> | {R 000} | | |

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

TITLE

(X6) DATE