

Indiana State 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 02/27/2023
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 IN00402050, IN00402366, IN00395997, and IN00395684.</p> <p>Complaint IN00402050 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00402366 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00395997 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00395684 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: February 23, 24, and 27, 2023</p> <p>Facility number: 013766</p> <p>Residential Census: 87</p> <p>Gentry Park was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00402050, IN00402366, IN00395997, and IN00395684.</p> <p>Quality review completed March 6, 2023.</p>	R 000		

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

TITLE

(X6) DATE