

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/04/2023
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT LAPORTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ANDREW AVE LA PORTE, IN 46350		
(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 IN00391149, IN00393299, and IN00397071.</p> <p>Complaint IN00391149 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00393299 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00397071 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: 1/3 and 1/4/23</p> <p>Facility number: 010890</p> <p>Residential Census: 52</p> <p>Brentwood at Laporte was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00391149, IN00393299, and IN00397071.</p> <p>Quality review completed on 1/5/23.</p>	R 000		

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

TITLE

(X6) DATE