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Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			-		С				
		013766	B. WING		11/23/2022				
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE					
GENTRY PARK 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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE				
R 000	INITIAL COMMENTS		R 000						
	This visit was for the Investigation of Complaints IN00392792 and IN00394221.								
	This visit was in conjunction with a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on August 9, 2022.								
	This visit was in conju Investigation of Comp completed on August								
	This visit was in conjunction with a PSR to the Investigation of Complaint IN00389858 completed on September 27, 2022.								
	This visit was in conjunction with a PSR to the Investigation of Complaint IN00391488 completed on October 6, 2022, which resulted in unrelated deficiencies cited.								
	Complaint IN0039422 lack of evidence.	1 - Unsubstantiated due to							
	Complaint IN0039279 lack of evidence.	2 - Unsubstantiated due to							
	Complaint IN0039148	88 - Corrected.							
	Complaint IN0038985	8 - Corrected.							
	Complaint IN0038886								
	Survey dates: Novem	ber 22 and 23, 2022							
	Facility number: 0137	66							
	Residential Census: 9	91							
	Gentry Park was foun	d to be in compliance with							

Indiana State Department of Health

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED						
				С						
		013766	B. WING							
		U13700			11/23/2022					
NAME OF PR	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE						
901 S HASTINGS DR										
GENTRY PARK  BLOOMINGTON, IN 47401										
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD						
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPR						
				DEFICIENCY)						
5.000										
R 000	Continued From page 1		R 000							
	410 IAC 16.2-5 in regard to the Investigation of									
	Complaints IN00392792 and IN00394221.									
	Complaints invoose/se and invoose4221.									
	Quality review completed November 30, 2022.									
	Laciny 10 110 W Oomph	212 110101111101 00, 2022.								
			1							

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