

Indiana Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>010888</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>01/09/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE RICHMOND</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3700 SOUTH A STREET</b><br><b>RICHMOND, IN 47374</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| R 000   | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00443737.</p> <p>Complaint IN00443737- No deficiencies related to the allegations are cited.</p> <p>Survey date: January 9, 2025</p> <p>Facility number: 010888</p> <p>Residential Census: 15</p> <p>Brookdale Richmond was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00443737.</p> <p>Quality review completed on January 10, 2025.</p> | R 000  |  |  |

Indiana Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE