

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2022
NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF LAFAYETTE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 208 BECK LANE LAFAYETTE, IN 47909		
(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 the Investigation of Complaints IN00374334, IN00375469 and IN00383332 completed on June 23, 2022.</p> <p>Complaint IN00374334 - Corrected.</p> <p>Complaint IN00375469 - Corrected.</p> <p>Complaint IN00383332 - Corrected.</p> <p>Survey dates: August 23 and 24, 2022</p> <p>Facility number: 014148</p> <p>Residential Census: 128</p> <p>Glasswater Creek of Lafayette LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Post Survey Revisit Investigation of Complaints IN00374334, IN00375469 and IN00383332.</p> <p>Quality review was completed on August 30, 2022.</p>	{R 000}		

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

TITLE

(X6) DATE