

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/09/2023
NAME OF PROVIDER OR SUPPLIER BLOOM AT GERMAN CHURCH		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 HARVEST MOON DR INDIANAPOLIS, IN 46229		
(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 State Residential Licensure Survey and a PSR to Investigations of Complaints IN00406175 and IN00406078 completed on April 20, 2023.</p> <p>Complaint IN00406175 - Corrected</p> <p>Complaint IN00406078 - Corrected</p> <p>Survey dates: June 9, 2023</p> <p>Facility number: 003916</p> <p>Residential Census: 53</p> <p>Bloom at German Church was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and PSR to Investigation of Complaint IN00406175 and IN00406078.</p> <p>Quality review completed on June 14, 2023</p>	{R 000}		

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

TITLE

(X6) DATE