

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>004503</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/30/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAFAYETTE BICKFORD COTTAGE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3633 REGAL VALLEY DR</b> <b>LAFAYETTE, IN 47901</b>		
(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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00355569. This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00351203 completed on May 12, 2021.</p> <p>Complaint IN00355569 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00351203 - Corrected.</p> <p>Survey dates: June 29 and 30, 2021</p> <p>Facility number: 004503</p> <p>Residential Census: 19</p> <p>Lafayette Bickford Cottage LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00355569.</p> <p>Quality review was completed on July 6, 2021.</p>	R 000		

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

TITLE

(X6) DATE