

Indiana State 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>002627</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>03/08/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRENTWOOD AT HOBART</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1420 ST MARY'S CIRCLE</b><br><b>HOBART, IN 46342</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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00393124 and IN00396501.</p> <p>Complaint IN00393124 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00396501 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 8, 2023</p> <p>Facility number: 002627</p> <p>Residential Census: 101</p> <p>Brentwood at Hobart was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00393124 and IN00396501.</p> <p>Quality review completed on 3/10/23.</p> | R 000  |  |  |

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

TITLE

(X6) DATE