

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/26/2024
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE VILLAGE AT PORTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 6235 STERLING CREEK RD PORTAGE, IN 46368		
(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 Complaint IN00437975 completed on 7/18/24.</p> <p>Complaint IN00437975 - Corrected</p> <p>Survey date: September 26, 2024</p> <p>Facility number: 012396</p> <p>Residential Census: 73</p> <p>Rittenhouse Village at Portage was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00437975.</p> <p>Quality review completed on 10/1/24.</p>	{R 000}			

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

TITLE

(X6) DATE