

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/25/2022
NAME OF PROVIDER OR SUPPLIER BROOKDALE BLOOMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3802 SARE RD BLOOMINGTON, IN 47401		
(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 the Investigation of Complaints IN00387524 and IN00389940.</p> <p>Complaint IN00387524 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00389940 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: October 25, 2022</p> <p>Facility number: 011076</p> <p>Residential Census: 38</p> <p>Brookdale Bloomington was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00387524 and IN00389940.</p> <p>Quality review completed October 28, 2022.</p>	R 000		

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

TITLE

(X6) DATE