

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013766	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/23/2022
NAME OF PROVIDER OR SUPPLIER GENTRY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 901 S HASTINGS DR 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}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00388861 completed on August 29, 2022. This visit was in conjunction with a PSR to the State Residential Licensure Survey completed on August 9, 2022. This visit was in conjunction with a PSR to the Investigation of Complaint IN00389858 completed on September 27, 2022. This visit was in conjunction with a PSR to the Investigation of Complaint IN00391488 completed on October 6, 2022, which resulted in unrelated deficiencies. This visit was in conjunction with the Investigation of Complaints IN00392792 and IN00394221. Complaint IN00388861 - Corrected. Complaint IN00389858 - Corrected. Complaint IN00391488 - Corrected. Complaint IN00394221 - Unsubstantiated due to lack of evidence. Complaint IN00392792 - Unsubstantiated due to lack of evidence. Survey dates: November 22 and 23, 2022 Facility number: 013766 Residential Census: 91 Gentry Park was found to be in compliance with	{R 000}		

Indiana State Department of Health

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

TITLE

(X6) DATE

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{R 000}	Continued From page 1 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00388861. Quality review completed November 30, 2022.	{R 000}			