

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>002392</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOWNE CENTRE ASSISTED LIVING LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7252 ARTHUR BLVD</b> <b>MERRILLVILLE, IN 46410</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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00434657, IN00435146, IN00436748, and IN00437114.</p> <p>Complaint IN00434657 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00435146 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436748 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437114 - No deficiencies related to the allegations are cited.</p> <p>Survey date: June 24, 2024</p> <p>Facility number: 002392</p> <p>Residential Census: 219</p> <p>Towne Centre Assisted Living Llc was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00434657, IN00435146, IN00436748, and IN00437114.</p> <p>Quality review completed June 25, 2024</p>	R 000		

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

TITLE

(X6) DATE