

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002392	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2022
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NAME OF PROVIDER OR SUPPLIER TOWNE CENTRE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7252 ARTHUR BLVD MERRILLVILLE, IN 46410
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(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 IN00358781, IN00361133, and IN00367086.</p> <p>Complaint IN00358781 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00361133 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00367086 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey date: January 10, 2022</p> <p>Facility number: 002392</p> <p>Residential Census: 209</p> <p>Towne Centre Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00358781, IN00361133, and IN00367086.</p> <p>Quality review completed on 1/13/22.</p>	R 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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