| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013045 | A. BUILDING: _____ B. WING _____ | C 11/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASTER PLACE** | **741 PARK EAST BLVD LAFAYETTE, IN 47905** |

| (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<br><br>This visit was for the Investigation of Complaint IN00447455.<br><br>Complaint IN00447455-No deficiencies related to the allegations are cited.<br><br>Survey date: November 22, 2024.<br><br>Facility number: 013045<br><br>Residential Census: 103<br><br>Aster Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00447455.<br><br>Quality review was completed on November 26, 2024. | R 000 | | |