

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/17/2024
NAME OF PROVIDER OR SUPPLIER  ASTER PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE  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	<p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00429232, IN00433486 and IN00434535.</p> <p>Complaint IN00429232 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00433486 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00434535 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 14, 15, 16 and 17, 2024.</p> <p>Facility number: 013045</p> <p>Residential Census: 98</p> <p>Aster Place was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaints IN00429232, IN00433486 and IN00434535.</p> <p>Quality review was completed on May 23, 2024.</p>	R 000		

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

TITLE

(X6) DATE