

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/16/2024
NAME OF PROVIDER OR SUPPLIER WEST LAFAYETTE ALF OPERATIONS		STREET ADDRESS, CITY, STATE, ZIP CODE 3575 SENIOR PLACE WEST LAFAYETTE, IN 47906		
(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 IN00436907, IN00437167, IN00438018 and IN00438279.</p> <p>Complaint IN00436907 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437167 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00438018 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00438279 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 12, 15 and 16, 2024</p> <p>Facility number: 014094</p> <p>Residential Census: 44</p> <p>West Lafayette Alf Operations was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00436907, IN00437167, IN00438018 and IN00438279.</p> <p>Quality review was completed on July 24, 2024.</p>	R 000		

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

TITLE

(X6) DATE