| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 002627 | A. BUILDING: _____ B. WING _____ | R-C 07/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRENTWOOD AT HOBART | 1420 ST MARYS CIRCLE HOBART, IN 46342 |

| (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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00434733 completed on May 22, 2024.<br><br>Complaint IN00434733 - Corrected<br><br>Survey dates: July 30, 2024<br><br>Facility number: 002627<br><br>Residential Census: 119<br><br>Brentwood at Hobart was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00434733.<br><br>Quality review completed on 7/31/24. | {R 000} | | |