

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013766	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/24/2024
NAME OF PROVIDER OR SUPPLIER GENTRY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 901 S HASTINGS DR BLOOMINGTON, IN 47401		
(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 Complaint IN00435597.</p> <p>Complaint IN00435597 - No deficiencies related to the allegations are cited.</p> <p>Survey date: June 24, 2024</p> <p>Facility number: 013766</p> <p>Residential Census: 87</p> <p>Gentry Park was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00435597.</p> <p>Quality review completed June 24, 2024.</p>	R 000			

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE