

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>002392</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TOWNE CENTRE ASSISTED LIVING LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7252 ARTHUR BLVD</b> <b>MERRILLVILLE, IN 46410</b>
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(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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00342851, IN00344178, IN00346191, and IN00347754. This visit included a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Complaint IN00342851 - Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00344178 - Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00346191 - Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Complaint IN00347754 - Substantiated. No State Residential Findings related to the allegations were cited.</p> <p>Survey dates: March 15, 16 &amp; 17, 2021</p> <p>Facility number: 002392</p> <p>Residential Census: 161</p> <p>Towne Centre Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00342851, IN00344178, IN00346191, and IN00347754 and the Residential COVID-19 Quality Assurance Walk Through.</p> <p>Quality review completed on 3/19/21.</p>	R 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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