

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002392	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/09/2024
NAME OF PROVIDER OR SUPPLIER TOWNE CENTRE ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7252 ARTHUR BLVD MERRILLVILLE, IN 46410		
(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 Post Survey Revisit (PSR) to the Investigation of Complaints IN00437888, IN00438307, IN00439945, IN00440596, and IN00440781 completed on August 14, 2024.</p> <p>Complaint IN00437888 - Corrected.</p> <p>Complaint IN00438307 - Corrected.</p> <p>Complaint IN00439945 - Corrected.</p> <p>Complaint IN00440596 - Corrected.</p> <p>Complaint IN00440781 - Corrected.</p> <p>Survey date: October 9, 2024</p> <p>Facility number: 002392</p> <p>Residential Census: 221</p> <p>Towne Centre Assisted Living LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00437888, IN00438307, IN00439945, IN00440596, and IN00440781.</p> <p>Quality review completed on 10/10/24.</p>	{R 000}		

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

TITLE

(X6) DATE