

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>004503</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/15/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAFAYETTE BICKFORD COTTAGE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3633 REGAL VALLEY DR LAFAYETTE, IN 47901</b>		
(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 a Post Survey Revisit (PSR) to the Investigation of Complaints IN00336369, IN00340080 and IN00340642 completed on November 17, 2020. This visit included a PSR to the Quality Assurance Walk Through Survey completed on November 17, 2020.</p> <p>Complaint IN00336369- Corrected.</p> <p>Complaint IN00340080- Corrected.</p> <p>Complaint IN00340642- Corrected.</p> <p>Survey date: January 15, 2021</p> <p>Facility number: 004503</p> <p>Residential Census: 25</p> <p>Lafayette Bickford Cottage LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00336369, IN00340080, IN00340642 and the PSR to the Quality Assurance Walk Through Survey.</p> <p>Quality review was completed on January 19, 2021.</p>	{R 000}		

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

TITLE

(X6) DATE