

Indiana Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012180 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 02/10/2025 |
| NAME OF PROVIDER OR SUPPLIER RITTENHOUSE VILLAGE AT MICHIGAN CITY | | STREET ADDRESS, CITY, STATE, ZIP CODE 4300 CLEVELAND RD MICHIGAN CITY, IN 46360 | | |
| (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 a Post Survey Revisit (PSR) to the Investigation of Complaint IN00447782 completed on 12/17/24.</p> <p>Complaint IN00447782 - Corrected</p> <p>Survey date: February 10, 2025</p> <p>Facility number: 012180</p> <p>Residential Census: 77</p> <p>Rittenhouse Village At Michigan City was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00447782.</p> <p>Quality review completed on 2/11/25.</p> | {R 000} | | |

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

TITLE

(X6) DATE