

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/11/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLASSWATER CREEK OF LAFAYETTE, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>208 BECK LANE</b> <b>LAFAYETTE, IN 47909</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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00454075.</p> <p>Complaint IN00454075- No deficiencies related to the allegations are cited.</p> <p>Survey date: March 11, 2025.</p> <p>Facility number: 014148</p> <p>Residential: 110</p> <p>Glasswater Creek of Lafayette was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00454075.</p> <p>Quality review was completed on March 14, 2025.</p>	R 000		

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

TITLE

(X6) DATE