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Indiana State Department of Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLET	ED			
		013766	B. WING		R-C 11/23 /				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
GENTRY I	PARK	901 S HAS	TINGS DR STON, IN 4740	11					
()(1)	SLIMMARY ST.			PROVIDER'S PLAN OF CORRECTION		(VE)			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	(X5) COMPLETE DATE				
{R 000}	INITIAL COMMENTS		{R 000}						
	This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00391488 completed on October 6, 2022, which resulted in unrelated deficiencies cited. This visit was in conjunction with a PSR to the State Residential Licensure Survey completed on August 9, 2022. This visit was in conjunction with a PSR to the Investigation of Complainnt IN00388861 completed on August 29, 2022. This visit was in conjunction with a PSR to the Investigation of Complainnt IN00389858 completed on September 27, 2022.								
	_	uction with the Investigation 02792 and IN00394221.							
	Complaint IN00391488 - Corrected.								
	Complaint IN00389858 - Corrected.								
	Complaint IN00388861 - Corrected.								
	Complaint IN0039422 lack evidence.	21 - Unsubstantiated due to							
	Complaint IN0039279 lack of evidence.	92 - Unsubstantiated ue to							
	Survey dates: Novem	ber 22 and 23, 2022							
	Facility number: 0137	766							
	Residential Census: 9	91							
	Gentry Park was four	nd to be in compliance with							

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:							
		013766	B. WING		R-C 11/23/2022						
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	DRESS, CITY, STATE, ZIP CODE							
GENTRY PARK 901 S HASTINGS DR											
BLOOMINGTON, IN 47401											
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE						
{R 000}	Continued From page 1		{R 000}								
	410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00391488 and the unrelated deficiencies.										
	Quality review completed November 30, 2022.										

Indiana State Department of Health

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