

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014415	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/11/2023
NAME OF PROVIDER OR SUPPLIER CEDARHURST OF DYER			STREET ADDRESS, CITY, STATE, ZIP CODE 1763 CALUMET AVENUE DYER, IN 46311		
(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	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00391602. Complaint IN00391602 - Unsubstantiated due to lack of evidence. Survey date: January 11, 2023 Facility number: 014415 Residential Census: 72 Cedarhurst of Dyer was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00391602. Quality review completed on 1/13/23.	R 000			

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

TITLE

(X6) DATE