

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013766	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/20/2023
NAME OF PROVIDER OR SUPPLIER GENTRY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 PSR completed on November 23, 2022 to the State Residential Licensure Survey completed on August 9, 2022.</p> <p>Survey date: January 20, 2023</p> <p>Facility number: 013766</p> <p>Residential Census: 84</p> <p>Gentry Park was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed January 23, 2023.</p>	{R 000}		

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

TITLE

(X6) DATE