PRINTED: 01/26/2023 FORM APPROVED

Indiana State Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 S HASTINGS DR	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		COMPLETED	(3) DATE SURVEY COMPLETED	
901 S HASTINGS DR			013766	B. WING		R-C 01/20/2023		
901 S HASTINGS DR	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
GENTRY PARK BLOOMINGTON, IN 47401								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH CORRECTION SHOULD BE COM	PREFIX	X (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPL	_ETE	
{R 000} INITIAL COMMENTS {R 000}	{R 000}	00) INITIAL COMMENTS	{R 000}					
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. Survey date: January 20, 2023 Facility number: 013766 Residential Census: 84 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. Quality review completed January 23, 2023.		This visit was for a Pothe PSR completed of State Residential Lice August 9, 2022. Survey date: January Facility number: 0137 Residential Census: 8 Gentry Park was four 410 IAC 16.2-5 in regit to the State Residential	nis visit was for a Post Survey Revisit (PSR) to e PSR completed on November 23, 2022 to the ate Residential Licensure Survey completed on ugust 9, 2022. urvey date: January 20, 2023 acility number: 013766 esidential Census: 84 entry Park was found to be in compliance with 0 IAC 16.2-5 in regard to the PSR to the PSR the State Residential Licensure Survey.					

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

(X6) DATE TITLE