

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004503	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2023
NAME OF PROVIDER OR SUPPLIER LAFAYETTE BICKFORD COTTAGE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3633 REGAL VALLEY DR LAFAYETTE, IN 47901		
(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 IN00397290.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00383359 completed on June 30, 2022.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00383647 completed on August 19, 2022.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00388957 completed on September 20, 2022.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00393955 completed on December 8, 2022.</p> <p>Complaint IN00397290 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00383359 - Corrected.</p> <p>Complaint IN00383647 - Corrected.</p> <p>Complaint IN00388957 - Corrected.</p> <p>Complaint IN00393955 - Corrected.</p> <p>Survey dates: January 9 and 10, 2023</p> <p>Facility number: 004503</p> <p>Residential Census: 24</p> <p>Lafayette Bickford Cottage LLC was found to be in compliance with 410 IAC 16.2-5 in regard to</p>	R 000		

Indiana State Department of Health

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

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004503	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2023
NAME OF PROVIDER OR SUPPLIER LAFAYETTE BICKFORD COTTAGE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3633 REGAL VALLEY DR LAFAYETTE, IN 47901		
(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	Continued From page 1 the Investigation of Complaint IN00397290. Quality review was completed on January 19, 2023.	R 000		