

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 R-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 a Post Survey Revisit (PSR) to the Investigation of Complaint IN00393955 completed on December 8, 2022.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00383359 completed on June 30, 2022.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00387647 completed on August 19, 2022.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00388957 completed on September 20, 2022.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00397290 completed on January 10, 2023.</p> <p>Complaint IN00393955 - Corrected.</p> <p>Complaint IN00383359 - Corrected.</p> <p>Complaint IN00387647 - Corrected.</p> <p>Complaint IN00388957 - Corrected.</p> <p>Complaint IN00397290 - Unsubstantiated due to lack of evidence.</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

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{R 000}	Continued From page 1 the PSR to the Investigation of Complaint IN00393955. Quality review was completed on January 19, 2023.	{R 000}			