PRINTED: 10/07/2024 FORM APPROVED

Indiana Department of Health

INTITIAL COMMENTS Complaint IN0041943. Complaint invovating members are ided. Survey date: October 3, 2024 Facility number: 013009 Residences at Deer Creek was found to be in compliance with 140 IAC 16.2-5 in regard to the investigation of Complaint IN0041943. Quality review completed on 10/4/24.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST US 30 SCHERERVILLE, IN 46375 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) R 000 INITIAL COMMENTS This visit was for the Investigation of Complaint IN00441943. Complaint IN00441943 - No deficiencies related to the allegations are cited. Survey date: October 3, 2024 Facility number: 013069 Residences at Deer Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00441943.				A. BUILDING:			
NAME OF PROVIDER OR SUPPLIER RESIDENCES AT DEER CREEK 401 EAST US 30 SCHERRVILLE, IN 46375 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) R 000 INITIAL COMMENTS This visit was for the Investigation of Complaint IN00441943. Complaint IN00441943 - No deficiencies related to the allegations are cited. Survey date: October 3, 2024 Facility number: 013069 Residences at Deer Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00441943.	013069		013069	B. WING			
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Quality review completed on 10/4/24.		compliance with 410 IAC 16.2-5 in regard to the					
		Quality review completed on 10/4/24.					

Indiana Department of Health

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

TITLE (X6) DATE