

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013733	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/26/2024
NAME OF PROVIDER OR SUPPLIER AVIVA MERRILLVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 7900 RHODE ISLAND STREET MERRILLVILLE, IN 46410		
(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 Complaints IN00445555 and IN00445577. This visit included a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Complaint IN00445555 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00445577 - No deficiencies related to the allegations are cited.</p> <p>Survey date: November 26, 2024</p> <p>Facility number: 013733</p> <p>Residential Census: 53</p> <p>Aviva Merrillville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00445555 and IN00445577 and the Residential COVID-19 Quality Assurance Walk Through.</p> <p>Quality review completed on 12/4/24.</p>	R 000		

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

TITLE

(X6) DATE