

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015426	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/18/2024
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NAME OF PROVIDER OR SUPPLIER GREEN OAKS OF VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 MORTHLAND DRIVE VALPARAISO, IN 46383
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(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 IN00444770, IN00446419, and IN00446610.</p> <p>Complaint IN00444770 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00446419 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00446610 - No deficiencies related to the allegations are cited.</p> <p>Survey date: December 17 and 18, 2024</p> <p>Facility number: 015426</p> <p>Residential Census: 115</p> <p>Green Oaks Of Valparaiso was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00444770, IN00446419, and IN00446610.</p> <p>Quality review completed on 12/20/24.</p>	R 000		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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