

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  014081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/10/2018
NAME OF PROVIDER OR SUPPLIER  JOURNEY SENIOR LIVING OF VALPARAISO		STREET ADDRESS, CITY, STATE, ZIP CODE  74 E JOURNEY WAY VALPARAISO, IN 46383		
(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)
R 000	INITIAL COMMENTS  This visit was for the Investigation of Complaint IN00261364.  Complaint IN00261364 - Substantiated. No deficiencies related to the allegations are cited.  Survey date: May 10, 2018  Facility number: 014081  Residential Census: 12  Journey Senior Living Valparaiso was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00261364.  Quality review completed on 5/14/18.		R 000	

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

TITLE

(X6) DATE