

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 R-C 08/25/2023
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 a Post Survey Revisit (PSR) to the Investigation of Complaints IN00404744 and IN00410968 completed on July 10, 2023.</p> <p>Complaint IN00404744 - Corrected</p> <p>Complaint IN00410968 - Corrected</p> <p>Survey date: August 25, 2023</p> <p>Facility number: 013733</p> <p>Residential Census: 38</p> <p>Aviva Merrillville was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaints IN00404744 and IN00410968.</p> <p>Quality review completed on 8/28/23.</p>	{R 000}		

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

TITLE

(X6) DATE