

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014469	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/21/2022
NAME OF PROVIDER OR SUPPLIER RESIDENCES AT COFFEE CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 VILLAGE POINT CHESTERTON, IN 46304		
(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 Complaint IN00390658.</p> <p>Complaint IN00390658 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: November 21, 2022</p> <p>Facility number: 014469</p> <p>Residential Census: 79</p> <p>Residences At Coffee Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00390658.</p> <p>Quality review completed on 11/28/22.</p>	R 000		

Indiana State Department of Health

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

TITLE

(X6) DATE