STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013733	A. BUILDING: _____ B. WING _____	C 07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVIVA MERRILLVILLE	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	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00437086 and IN00437341. Complaint IN00437086 - No deficiencies related to the allegations are cited. Complaint IN00437341 - No deficiencies related to the allegations are cited. Survey date: July 8, 2024 Facility number: 013733 Residential Census: 54 Aviva Merrillville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00437086 and IN00437341. Quality review completed on 7/10/24.	R 000		