

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 R-C 06/20/2019
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)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00295127 completed on 5/21/19.</p> <p>This visit was in conjunction with the PSR to the PSR completed on 5/21/19 to the PSR completed 4/23/19 to the Investigation of Complaint IN00288460 completed on 3/25/19.</p> <p>Complaint IN00295127 - Corrected</p> <p>Complaint IN00288460 - Corrected.</p> <p>Survey dates: June 20, 2019</p> <p>Facility number: 014081</p> <p>Residential Census: 29</p> <p>Journey Senior Living Valparaiso was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00295127.</p> <p>Quality review completed on 6/21/19.</p>	{R 000}		

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

TITLE

(X6) DATE