

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/27/2025
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NAME OF PROVIDER OR SUPPLIER BRIDGEPOINTE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 3100 UTICA SELLERSBURG ROAD JEFFERSONVILLE, IN 47130
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(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 Investigation of Complaint IN00455663 completed on 4/8/25.</p> <p>Complaint IN00455663 - Corrected</p> <p>Survey date: May 27, 2025</p> <p>Facility number: 015122</p> <p>Residential Census: 100</p> <p>Bridge Pointe Gardens was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00455663.</p> <p>Quality review completed on May 28, 2025.</p>	{R 000}		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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