

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013838 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/18/2023 |
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| NAME OF PROVIDER OR SUPPLIER SEACOAST AT SUMMERS POINTE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 1 SUNSET DRIVE WINCHESTER, IN 47394 |
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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 |
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| R 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00403119 and IN00404195.</p> <p>Complaint IN00403119 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00404195 - No deficiencies related to the allegations are cited.</p> <p>Survey date: 4/18/23</p> <p>Facility number: 013838</p> <p>Residential Census: 29</p> <p>Seacoast at Summers Pointe was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00403119 and IN00404195.</p> <p>Quality review completed April 21, 2023.</p> | R 000 | | |

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