

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/18/2024
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NAME OF PROVIDER OR SUPPLIER BELVEDERE SENIOR HOUSING	STREET ADDRESS, CITY, STATE, ZIP CODE 343 E 90TH DRIVE MERRILLVILLE, IN 46410
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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 the Investigation of Complaints IN00426912, IN00429098, and IN00429235.</p> <p>Complaint IN00426912 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429098 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429235 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 18, 2024</p> <p>Facility number: 014178</p> <p>Residential Census: 122</p> <p>Belvedere Senior Housing was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00426912, IN00429098, and IN00429235.</p> <p>Quality review completed on 3/25/24.</p>	R 000		

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