

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 01/11/2019
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 IN00275011 completed on December 11, 2018.</p> <p>Complaint IN00275011 - Corrected.</p> <p>Survey date: January 11, 2019.</p> <p>Facility number: 014081</p> <p>Journey Senior Living of Valparaiso was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00275011.</p> <p>Quality review completed on 1/14/19.</p>	{R 000}		

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

TITLE

(X6) DATE