

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2025
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK OF BLOOMINGTON MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3203 MOORES PIKE ROAD BLOOMINGTON, IN 47401
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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 State Residential Licensure Survey. This visit included the Investigation of Complaints IN00450159, IN00450253, and IN00451543.</p> <p>Complaint IN00450159 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00450253 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451543 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 22 and 23, 2025</p> <p>Facility number: 012706</p> <p>Residential Census: 43</p> <p>Cedar Creek of Bloomington Memory Care was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaints IN00450159, IN00450253, and IN00451543.</p> <p>Quality review completed January 24, 2025.</p>	R 000		

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