

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013825	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/24/2023
NAME OF PROVIDER OR SUPPLIER STORYPOINT SCHERERVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 7770 BURR STREET SCHERERVILLE, IN 46375		
(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 IN00398471 completed on 6/1/23.</p> <p>This visit was done in conjunction with the PSR to the Investigation of Complaints IN00412422 and IN00412687 completed on 7/19/23.</p> <p>This visit was done in conjunction with the State Residential Licensure Survey and the Investigation of Complaint IN00419038.</p> <p>Complaint IN00398471 - Corrected</p> <p>Complaint IN00412422 - Not Corrected</p> <p>Complaint IN00412687 - Not Corrected</p> <p>Complaint IN00419038 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 23 and 24, 2023</p> <p>Facility number: 013825</p> <p>Residential Census: 96</p> <p>Clarendale of Schererville was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00398471.</p> <p>Quality review completed on 10/30/23.</p>	{R 000}		

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

TITLE

(X6) DATE