

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 02/14/2024
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 the Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 10/24/23.</p> <p>This visit was done in conjunction with the PSR to the PSR completed on 10/24/23 to the Investigation of Complaints IN00412422 and IN00412687 completed on 7/19/23.</p> <p>This visit was done in conjunction with the Investigation of Complaints IN00421503 and IN00426914.</p> <p>Complaint IN00412422 - Corrected.</p> <p>Complaint IN00412687 - Corrected.</p> <p>Complaint IN00421503 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00426914 - No deficiencies related to the allegations are cited.</p> <p>Survey Date: February 14, 2024</p> <p>Facility Number: 013825</p> <p>Residential Census: 81</p> <p>Storypoint of Schererville was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed on 2/16/24.</p>	{R 000}		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE