

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/30/2023
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NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF LAFAYETTE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 208 BECK LANE LAFAYETTE, IN 47909
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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 Post Survey Revisit (PSR) to Investigation of Complaint IN00398338 completed on January 19, 2023.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00393077 completed on October 28, 2022.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00401170 completed on February 8, 2023.</p> <p>Complaint IN00398338 - Corrected</p> <p>Complaint IN00393077 - Corrected</p> <p>Complaint IN00401170 - Corrected</p> <p>Survey date: March 30, 2023</p> <p>Facility number: 014148</p> <p>Residential Census: 130</p> <p>Glasswater Creek of Lafayette, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00398338.</p> <p>Quality review completed on April 4, 2023.</p>	{R 000}		

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