

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014469	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/01/2024
NAME OF PROVIDER OR SUPPLIER RESIDENCES AT COFFEE CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 VILLAGE POINT CHESTERTON, IN 46304		
(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 Investigation of Complaints IN00435756 and IN00439552.</p> <p>Complaint IN00435756- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00439552- No deficiencies related to the allegations are cited.</p> <p>Survey date: July 31 and August 1, 2024</p> <p>Facility number: 014469</p> <p>Residential Census: 99</p> <p>Residences At Coffee Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00435756 and IN00439552.</p> <p>Quality review completed on 8/2/24.</p>	R 000		

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

TITLE

(X6) DATE