

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
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NAME OF PROVIDER OR SUPPLIER FIVE STAR RESIDENCES OF LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 250 SHENANDOAH DRIVE LAFAYETTE, IN 47905
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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 the Investigation of Complaints IN00396672 and IN00398120.</p> <p>Complaint IN00396672 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00398120 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 12 and 13, 2023</p> <p>Facility number: 014015</p> <p>Residential Census: 58</p> <p>Five Star Residences of Lafayette was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00396672 and IN00398120.</p> <p>Quality review was completed on January 20, 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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