STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	014866	A. BUILDING: _____ B. WING _____	C 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MELROSE ASSISTED LIVING LLC	7101 HIGHWAY 41 NORTH EVANSVILLE, IN 47725

(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	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00444274. Complaint IN00444274: No deficiencies related to the allegations are cited. Survey dates: October 9, 2024 Facility number: 014866 Census Bed Type: Residential: 24 Total: 24 Census Payor Type: Medicaid: 2 Other: 22 Total: 24 Melrose Assisted Living was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00444274. Quality review completed on October 15, 2024.	R 000		