

Indiana Department of Health

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>004442</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>05/08/2024</b> |
|--|---|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BENNETT PLACE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3928 HORNE AVE</b><br><b>NEW ALBANY, IN 47150</b> |
|--|---|

| (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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00431342 and IN00432967.</p> <p>Complaint IN00431342 - No deficiencies related to the allegation is cited.</p> <p>Complaint IN00432967 - No deficiencies related to the allegation is cited.</p> <p>Survey date: May 8, 2024</p> <p>Facility number: 004442</p> <p>Residential Census: 28</p> <p>Bennett Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00431342 and IN00432967.</p> <p>Quality review completed on May 8, 2024.</p> | R 000         |   |                    |

|   |       |           |
|---|-------|-----------|
| Indiana Department of Health<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|