| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 001136 | A. BUILDING: _____ B. WING _____ | R-C 09/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAKE PARK RESIDENTIAL CARE | 2075 RIPLEY ST LAKE STATION, IN 46405 |

| (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<br><br>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00439023, IN00439472, and IN00439550 completed on 7/26/24.<br><br>Complaint IN00439023 - Corrected.<br><br>Complaint IN00439472 - Corrected.<br><br>Complaint IN00439550 - Corrected.<br><br>Survey dates: September 12, 2024<br><br>Facility number: 001136<br><br>Residential Census: 97<br><br>Lake Park Residential Care was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00439023, IN00439472, and IN00439550.<br><br>Quality review completed on 9/13/24. | {R 000} | | |