

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>004903</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C 02/28/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELL OAKS TERRACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4200 WYNTREE DR NEWBURGH, IN 47630</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 a Post Survey Revisit [PSR] to the Investigation of Complaint Number IN 00121187, completed on 1/10/13.</p> <p>This visit was in conjunction with a State Residential Licensure Survey. This visit included the Investigation of Complaint Number IN00124106.</p> <p>Complaint Number: IN00121187 - Corrected</p> <p>Survey dates: February 26-28, 2013</p> <p>Facility Number: 004903 Provider Number: 004903 AIM Number: N/A</p> <p>Survey Team: Diane Hancock, RN TC Amy Winger, RN Barbara Fowler, RN</p> <p>Census bed type: Residential: 44 Total: 44</p> <p>Census payor type: Other: 44 Total: 44</p> <p>Sample: 7</p> <p>Bell Oaks Terrace was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint Number IN00121187.</p> <p>Quality review completed on March 4, 2013, by Jodi Meyer, RN</p>	{R 000}			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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