STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155608	A. BUILDING _____ B. WING _____	C 08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTHCARE CENTER AT WITTENBERG VILLAGE	**1200 E LUTHER DR CROWN POINT, IN 46307**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00322948, IN00323864, IN00330110, and IN00333165. Complaint IN00322948 - Substantiated - No deficiencies related to the allegations are cited. Complaint IN00323864 - Substantiated - No deficiencies related to the allegations are cited. Complaint IN00330110 - Substantiated - No deficiencies related to the allegations are cited. Complaint IN00333165 - Unsubstantiated due to lack of evidence. Survey Dates: August 17 & 18, 2020 Facility number: 000515 Provider number: 155608 AIM number: 100290820 Census bed type: SNF/NF: 98 SNF: 11 Total: 109 Census payor type: Medicare: 11 Medicaid: 73 Other: 25 Total: 109 Healthcare Center at Wittenberg Village 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 Complaints IN00322948,	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 000	Continued From page 1 IN00323864, IN00330110, and IN00333165. Quality review completed on 8/20/20.	F 000		