STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE VILLAGE	17650 GENERATIONS DR, SOUTH BEND, , 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00427673 and IN00427621 completed on 2/7/24. This visit was in conjunction with the Investigation of Complaints IN00429663 and IN00429413. Complaint IN00427673 - Corrected Complaint IN00427621 - Corrected Complaint IN00429663 - State deficiency related to the allegations is cited at R0246 Complaint IN00429413 - No deficiencies related to the allegations are cited. Survey dates: March 12, 13, and 14, 2024 Facility number: 001148 Residential Census: 51 Woodridge Village was found to	R 0000		

	be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00427673 and IN00427621. Quality review completed on 3/22/24.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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