

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/11/2024	
NAME OF PROVIDER OR SUPPLIER 1019 BELLE'S PLACE OF WABASH		STREET ADDRESS, CITY, STATE, ZIP CODE 3037 W DIVISION RD, WABASH, , 46992					
(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 State Residential Licensure Survey completed on August 14, 2024. Survey date: October 11, 2024 Facility number: 003466 Residential Census: 16 Wabash Bickford Cottage Opco, Llc was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey. Quality review completed October 18, 2024. This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on August 14, 2024. Survey date: October 11, 2024 Facility number: 003466 Residential Census: 16	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

Wabash Bickford Cottage Opco, Llc was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey. Quality review completed October 18, 2024.				
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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
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