STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1019 BELLE'S PLACE OF WABASH	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 the Investigation of Complaint IN00453159. This visit included a Post Survey Revisit (PSR) to the Investigation of Complaints IN00447270 and IN00447566 completed on January 8, 2025. Complaint IN00453159- No deficiencies related to the allegations are cited. Complaint IN00447270 - Corrected. Complaint IN00447566 - Corrected. Survey date: February 17, 2025 Facility number: 003466 Residential Census: 18 1019 Belle's Place of Wabash was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00453159. Quality review completed	R 0000		

	February 20, 2025.			

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