DEPARTMENT OF HEALTH AND HUMAN SERVICES | FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES | OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF CASTLETON, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8480 CRAIG ST, INDIANAPOLIS, , 46250		

(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 Complaints IN00422497, IN00422575, IN00429485, IN00430242, IN00430771, IN00431964, IN00435277, IN00435420, IN00440498, IN00440531, IN00440604 and IN00440626. Complaint IN00422497-No deficiencies related to the allegations are cited. Complaint IN00422575-No deficiencies related to the allegations are cited. Complaint IN00429485-No deficiencies related to the allegations are cited. Complaint IN00430242-No deficiencies related to the allegations are cited. Complaint IN00430771-No deficiencies related to the allegations are cited. Complaint IN00431964-No deficiencies related to the	R 0000		

allegations are cited.

Complaint IN00435277-No deficiencies related to the allegations are cited.

Complaint IN00435420-No deficiencies related to the allegations are cited.

Complaint IN00440498-No deficiencies related to the allegations are cited.

Complaint IN00440531-No deficiencies related to the allegations are cited.

Complaint IN00440604-No deficiencies related to the allegations are cited.

Complaint IN00440626-No deficiencies related to the allegations are cited.

Survey date: August 12, 2024

Facility number: 009894

Residential: 118

Wyndmoor of Castleton, LLC was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00422497, IN00422575, IN00430242, IN00430771, IN00431964, IN00429485, IN00435420, IN00435277, IN00440498, IN00440531, IN00440604 and IN00440626.

	Quality review was completed on August 15, 2024.			

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