

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 05/04/2026
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF EVANSVILLE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6521 GREENDALE DR, EVANSVILLE, , 47711			
(X4) ID PREFIX TAG R 0000	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG R 0000	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
	INITIAL COMMENTS This visit was for the Investigation of Intake 468672. Intake 468672- No deficiencies related to the allegations are cited. Survey date: May 4, 2026 Facility number: 010681 Residential Census: 83 Wyndmoor Of Evansville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intake 468672. Quality review completed May 6, 2026.				
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	