STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDMOOR OF EVANSVILLE LLC	6521 GREENDALE DR, EVANSVILLE, , 47711

(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 intakes 470410 and 470407. Intake 470410: No deficiencies related to the allegation(s) are cited. Intake 470407: No deficiencies related to the allegation(s) are cited. Survey dates: June 23 & 24, 2026 Facility number: 010681 Census Bed Type: Residential: 82 Total: 82 Census Payor Type: Medicaid: 61 Other: 21	R 0000		

	Total: 82 The Wyndmoor of Evansville was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the investigation of intakes 470410 and 470407. Quality review completed on July 2, 20226.			

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