STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD POINTE SENIOR LIVING	6235 STERLING CREEK RD, PORTAGE, , 46368

(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 Investigation of Complaint IN00437975 completed on 7/18/24. Complaint IN00437975 - Corrected Survey date: September 26, 2024 Facility number: 012396 Residential Census: 73 Rittenhouse Village at Portage was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00437975. Quality review completed on 10/1/24. This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00437975 completed on 7/18/24.	R 0000		

	Complaint IN00437975 - Corrected Survey date: September 26, 2024 Facility number: 012396 Residential Census: 73 Rittenhouse Village at Portage was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00437975. Quality review completed on 10/1/24.			

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