STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT CREEK MEMORY CARE	525 BENTEE WES COURT, EVANSVILLE, , 47715

(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 Post Survey Revisit (PSR) to the Investigation of Complaint IN00432004. Complaint IN00432004 - corrected. Survey date: October 23, 2024. Facility number: 013642 Residential Census: 32 Walnut Creek Alzheimer's was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00432004 survey. Quality review completed on October 23, 2024. This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00432004. Complaint IN00432004 - corrected.	R 0000		

	Survey date: October 23, 2024. Facility number: 013642 Residential Census: 32 Walnut Creek Alzheimer's was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00432004 survey. Quality review completed on October 23, 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