STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/30/2022

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 Investigation of Complaint IN00391274 and IN00388157. Complaint IN00391274-Unsubstantiated due to lack of evidence. Complaint IN00388157-Unsubstantiated due to a lack of evidence. Survey date: November 29, 30, 2022. Facility number: 013642 Residential Census: 48 Walnut Creek Alzheimer's was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00391274 and IN00388157. Quality review completed on December 2, 2022.	R 0000		

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