| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING<br>B. WING | 12/21/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WOODLAND TERRACE OF NEW PALESTINE LLC | 4400 TERRACE DRIVE, NEW PALESTINE, , 46163 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES... | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION... | (X5) COMPLETION DATE |
|---|---|---|---|---|
| R 0000 | INITIAL COMMENTS<br><br>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00384149 and IN00385160.<br><br>Complaint IN00384149 - Substantiated. No deficiencies related to the allegations are cited.<br><br>Complaint IN00385160 - Substantiated. No deficiencies related to the allegations are cited.<br><br>Survey dates: December 19, 20, and 21, 2022<br><br>Facility number: 013896<br><br>Residential Census: 89<br><br>Woodland Terrace Of New Palestine was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaints IN00384149 and | R 0000 | | |

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|---|---|---|---|---|
| | IN00385160.<br><br>Quality review completed on December 22, 2022 | | | |

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 |
|---|---|---|
| | | |