STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE WOODS OF NEWBURGH	4211 GRIMM ROAD, NEWBURGH, , 47630

(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 Complaints IN00395491, IN00395549, IN00395762, IN00396014, IN00396117, IN00398167, IN00399478, IN00400101 and IN00400306. Complaint IN00395491-No deficiencies related to the allegations are cited. Complaint IN00395549-No deficiencies related to the allegations are cited. Complaint IN00395762-No deficiencies related to the allegations are cited. Complaint IN00396014-No deficiencies related to the allegations are cited. Complaint IN00396117-No deficiencies related to the allegations are cited. Complaint IN00398167-No deficiencies related to the	R 0000		

	allegations are cited. Complaint IN00399478-No deficiencies related to the allegations are cited. Complaint IN00400101-No deficiencies related to the allegations are cited. Complaint IN00400306-No deficiencies related to the allegations are cited. Survey Dates-March 27-29, 2023 Facility number: 014377 Residential census: 122 Heritage Woods of Newburgh was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00395491, IN00395549, IN00395762, IN00396014, IN00396117, IN00398167, IN00399478, IN00400101 and IN00400306. Quality review completed on April 10, 2023.				

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