STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/12/2024

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 Complaint IN00425969, IN00425182, IN00421262, IN00418064,& IN00418078. Complaint IN00425969 - No deficiencies related to the allegations are cited. Complaint IN00425182 - No deficiencies related to the allegations are cited. Complaint IN00421262 - No deficiencies related to the allegations are cited. Complaint IN00418064 - No deficiencies related to the allegations are cited. Complaint IN00418078 - No deficiencies related to the allegations are cited. Survey date: January 11 & January 12, 2024 Facility number: 014377	R 0000		

	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 IN00425969, IN00425182, IN00421262, IN00418064,& IN00418078. Quality review completed on January 16, 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