STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAND TERRACE OF DANVILLE	200 S ARBOR LANE, DANVILLE, , 46122

(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 Residential Complaints IN00429679 and IN00429693. Complaint IN00429679 - No deficiencies related to the allegations are cited. Complaint IN00429693 - No deficiencies related to the allegations are cited. Survey dates: April 24, 2024 Facility number: 014518 Residential Census: 48 Woodland Terrace of Danville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaints IN00429679 and IN00429693. Quality review completed on April 26, 2024.	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