

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/17/2025	
NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE OF DANVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Intakes 465747, 465801, and 465876. Intake 465747 - No deficiencies related to the allegations are cited. Intake 465801 - No deficiencies related to the allegations are cited. Intake 465876 - No deficiencies related to the allegations are cited. Survey date: November 17, 2025 Facility number: 014518 Residential Census: 81 Woodland Terrace of Danville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 465747, 465801, and 465876. Quality review completed on November 24, 2025.	R 0000					

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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	