STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET GALILEE AT THE WIGWAM	1315 JOHN STREET, ANDERSON, , 46016

(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 IN00460653, IN00460132, IN00459980, and IN00459714. Complaint IN00460653 - No deficiencies related to the allegations are cited. Complaint IN00460132- No deficiencies related to the allegations are cited. Complaint IN00459980- No deficiencies related to the allegations are cited. Complaint IN00459714 - No deficiencies related to the allegations are cited. Survey dates: June 5 and 6, 2025 Facility number: 014706 Residential Census: 94 Sweet Galilee at the Wigwam was found to be in compliance with 410 IAC 16.2-5 in regard to	R 0000		

	the Investigation of Complaints IN00460653, IN00460132, IN00459980, and IN00459714. Quality review completed June 10, 2025.			

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