

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/21/2022	
NAME OF PROVIDER OR SUPPLIER SWEET GALILEE AT THE WIGWAM		STREET ADDRESS, CITY, STATE, ZIP CODE 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 IN00390630 and IN00390531. Complaint IN00390630 - Substantiated. No State Residential Findings related to the allegations were cited. Complaint IN00390531 - Unsubstantiated due to lack of evidence Survey date: September 21, 2022 Facility number: 014706 Residential Census: 61 Sweet Galilee at the Wigwam was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00390630 and IN00390531. Quality review completed on 9/23/22.	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
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