

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 11/19/2022
NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF WHITESTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE 5829 NEW HOPE BOULEVARD, WHITESTOWN, , 46075			
(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 IN00390003 and IN00393342. Complaint IN00390003 - Unsubstantiated due to lack of evidence Complaint IN00393342 - Unsubstantiated due to lack of evidence Survey date: November 19, 2022 Facility number: 015004 Residential Census: 47 Glasswater Creek of Whitestown was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00390003 and IN00393342. Quality review completed on November 22, 2022.	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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