STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMONS AT HONEY CREEK, THE	1450 EAST CROSSING BOULEVARD, TERRE HAUTE, , 47802

(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 IN00447168 and IN00444563. Complaint IN00447168- No deficiencies related to the allegations are cited. Complaint IN00444563- No deficiencies related to the allegations are cited. Survey date: November 14 and 15, 2024 Facility number: 015282 Residential Census: 66 The Commons at Honey Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00447168 and IN00444563. Quality review completed on November 21, 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