| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 004419 | A. BUILDING: _____ B. WING _____ | C 12/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WHITLOCK PLACE | 1719 S ELM ST CRAWFORDSVILLE, IN 47933 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00449329.<br><br>Complaint IN00449329 - No deficiencies related to the allegations are cited.<br><br>Survey date: December 26, and 27, 2024<br><br>Facility number: 004419<br><br>Residential Census: 67<br><br>Whitlock Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00449329.<br><br>Quality review completed on December 30, 2024. | R 000 | | |