Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
7.1.2 . 27.1.1	5. G5.W.E6.W6.W	1521111110711101111011152111	A. BUILDING: _									
		009894	B. WING		08/1	; 2/2024						
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
WYNDMOOR OF CASTLETON, LLC 8480 CRAIG ST INDIANAPOLIS, IN 46250												
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE						
R 000	0 INITIAL COMMENTS		R 000									
R 000	This visit was for the IN00422497, IN00430100430242, IN004301000440531, IN00440531, IN00440531, IN00440531, IN00440531, IN0042243 the allegations are cit. Complaint IN0042257 the allegations are cit. Complaint IN0042948 the allegations are cit. Complaint IN0043022 the allegations are cit. Complaint IN0043077 the allegations are cit. Complaint IN0043196 the allegations are cit. Complaint IN0043196 the allegations are cit. Complaint IN0043527 the allegations are cit. Complaint IN0043542 the allegations are cit. Complaint IN0043542 the allegations are cit.	Investigation of Complaints 2575, IN00429485, 0771, IN00431964, 5420, IN00440498, 0604 and IN00440626. 27-No deficiencies related to red. 25-No deficiencies related to red. 25-No deficiencies related to red. 27-No deficiencies related to red. 28-No deficiencies related to red.	R 000									
	the allegations are cit Complaint IN0044053	ed. 31-No deficiencies related to										
	the allegations are cit Complaint IN0044060 the allegations are cit	04-No deficiencies related to										

Indiana Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
		009894	B. WING		0,	C 3/12/2024						
NAME OF D				TE ZID CODE	00	0/12/2024						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8480 CRAIG ST												
WYNDMOOR OF CASTLETON, LLC INDIANAPOLIS, IN 46250												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE							
R 000	Continued From page 1		R 000									
	Complaint IN0044062 the allegations are cit	26-No deficiencies related to ed.										
	Survey date: August 12, 2024 Facility number: 009894											
	Residential: 118											
	Wyndmoor of Castleton, LLC was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00422497, IN00422575, IN00430242, IN00430771, IN00431964, IN00429485, IN00435420, IN00435277, IN00440498, IN00440531, IN00440604 and IN00440626.											
	2024.	ompleted on August 15,										

Indiana Department of Health STATE FORM

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