

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 009894	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/12/2024
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF CASTLETON, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00422497, IN00422575, IN00429485, IN00430242, IN00430771, IN00431964, IN00435277, IN00435420, IN00440498, IN00440531, IN00440604 and IN00440626.</p> <p>Complaint IN00422497-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00422575-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429485-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430242-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430771-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00431964-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00435277-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00435420-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00440498-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00440531-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00440604-No deficiencies related to the allegations are cited.</p>	R 000			

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: 009894	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/12/2024
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF CASTLETON, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R 000	<p>Continued From page 1</p> <p>Complaint IN00440626-No deficiencies related to the allegations are cited.</p> <p>Survey date: August 12, 2024</p> <p>Facility number: 009894</p> <p>Residential: 118</p> <p>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.</p> <p>Quality review was completed on August 15, 2024.</p>	R 000			