

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011478 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 03/27/2023 |
| NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM | | STREET ADDRESS, CITY, STATE, ZIP CODE 3177 MERIDIAN PARKE DR GREENWOOD, IN 46142 | | |
| (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 IN00401748 and IN00404022.</p> <p>Complaint IN00401748 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00404022 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 27, 2023</p> <p>Facility number: 011478</p> <p>Residential Census: 86</p> <p>Country Charm was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00401748 and IN00404022.</p> <p>Quality review completed March 29, 2023.</p> | R 000 | | |

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

TITLE

(X6) DATE