

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/10/2023	
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF CASTLETON, LLC				STREET ADDRESS, CITY, STATE, ZIP COD 8480 CRAIG ST INDIANAPOLIS, IN 46250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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) COMPLETION DATE
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00412013, IN00408126 and IN00406625</p> <p>Complaint IN00412013 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00408126 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406625 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 6, 7, and 10, 2023</p> <p>Facility number: 009894</p> <p>Residential Census: 146</p> <p>Wyndmoor of Castleton, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure and the Investigation of Complaints IN00412013, IN00408126 and IN00406625.</p> <p>Quality review was completed on July 18, 2023.</p>			R 0000			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.