

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000491	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/24/2024
NAME OF PROVIDER OR SUPPLIER PADDOCK SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 2695 SHELDON STREET WARSAW, IN 46582		
(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 This visit was for the Investigation of Complaint IN00437750. Complaint IN00437750 - No deficiencies related to the allegations are cited. Survey date: July 23 & 24, 2024 Facility number: 000491 Residential Census: 35 Paddock Springs was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00437750. Quality Review completed on 7/26/2024	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE