

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/17/2025
NAME OF PROVIDER OR SUPPLIER 1019 BELLE'S PLACE OF WABASH		STREET ADDRESS, CITY, STATE, ZIP CODE 3037 W DIVISION RD WABASH, IN 46992		
(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 Complaint IN00453159. This visit included a Post Survey Revisit (PSR) to the Investigation of Complaints IN00447270 and IN00447566 completed on January 8, 2025.</p> <p>Complaint IN00453159- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00447270 - Corrected.</p> <p>Complaint IN00447566 - Corrected.</p> <p>Survey date: February 17, 2025</p> <p>Facility number: 003466</p> <p>Residential Census: 18</p> <p>1019 Belle's Place of Wabash was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00453159.</p> <p>Quality review completed February 20, 2025.</p>	R 000		

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

TITLE

(X6) DATE