

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>009894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/07/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNDMOOR OF CASTLETON, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8480 CRAIG ST</b> <b>INDIANAPOLIS, IN 46250</b>		
(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><b>INITIAL COMMENTS</b></p> <p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00309384, IN00308976, IN00308067 and IN00307627.</p> <p>Complaint IN00309384 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00308976 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00308067 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00307627 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 4, 6 and 7, 2019.</p> <p>Facility number: 009894</p> <p>Residential Census: 128</p> <p>Wyndmoor of Castleton was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaints IN00309384, IN00308976, IN00308067 and IN00307627.</p> <p>Quality Review was completed on November 12, 2019.</p>	R 000		

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

TITLE

(X6) DATE