

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010681	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/28/2023
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF EVANSVILLE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6521 GREENDALE DR EVANSVILLE, IN 47711		
(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 IN00413430 and IN00412113.</p> <p>Complaint IN00413430- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00412113- No deficiencies related to the allegations are cited.</p> <p>Survey date: July 27, 28, 2023.</p> <p>Facility number: 010681</p> <p>Residential Census: 88</p> <p>Wyndmoor Of Evansville LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00413430 and IN00412113.</p> <p>Quality review completed on August 2, 2023.</p>	R 000		

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

TITLE

(X6) DATE