STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155632	A. BUILDING _____ B. WING _____	R-C 07/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LODGE OF THE WABASH	**723 E RAMSEY RD VINCENNES, IN 47591**

(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) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00409392 and IN00401358 completed on 5/31/23.

Complaint 00409392 - corrected
Complaint 00401358 - corrected

Survey date: July 18, 2023

Facility number: 001138
Provider number: 155632
AIM number: 200157070

Census Bed Type:
SNF/NF: 49
Total: 49

Census Payor Type:
Medicaid: 39
Other: 10
Total: 49

Lodge of the Wabash was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investgation of Complaints IN00409392 and IN00401358.

Quality review completed on July 21, 2023.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE