| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 014094 | A. BUILDING: _____ B. WING _____ | C 11/14/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WICKSHIRE WEST LAFAYETTE** | **3575 SENIOR PLACE WEST LAFAYETTE, IN 47906** |

| (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<br><br>This visit was for the Investigation of Complaint IN00392012.<br><br>Complaint IN00392012 - Unsubstantiated due to lack of evidence.<br><br>Survey date: November 14, 2022<br><br>Facility number: 014094<br><br>Residential Census: 58<br><br>Wickshire West Lafayette was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00392012.<br><br>Quality review was completed on November 16, 2022. | R 000 | | |