

Indiana State Department of Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>003984</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/31/2021</b> |
|--|---|---|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WORTHINGTON PLACE</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10799 ALLIANCE DR<br/>CAMBY, IN 46113</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| R 000  | <p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: August 30 and 31, 2021</p> <p>Facility number: 003984</p> <p>Residential Census: 31</p> <p>Worthington Place was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality Review completed on September 01, 2021.</p> | R 000   |  |  |

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

## TITLE

(X6) DATE