

Indiana 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 10/18/2024
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 IN00444184.</p> <p>Complaint IN00444184 - No deficiencies related to the allegations are cited.</p> <p>Survey date: October 17, 18, 2024.</p> <p>Facility number: 010681</p> <p>Residential Census: 87</p> <p>Wyndmoor Of Evansville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00444184.</p> <p>Quality review completed on October 20, 2024.</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE