| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 004904 | A. BUILDING: _____ B. WING _____ | C 02/27/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMERALD PLACE** | **297 S 100 E WASHINGTON, IN 47501** |

| (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 a Investigation of Complaint IN00401567 Survey.<br><br>Complaint IN00401567- Unsubstantated due to lack of evidence.<br><br>Survey dates: February 27, 2023<br><br>Facility number: 004904<br><br>Residential Census: 32<br><br>Emerald Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00401567 Survey.<br><br>Quality review completed on February 28, 2023. | R 000 | | |