STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155086	A. BUILDING _____ B. WING _____	R-C 05/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAND MANOR	**343 S NAPPANEE ST ELKHART, IN 46514**

(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 PSR completed on 4/11/2025 to the Investigation of Complaint IN00453447 completed on February 28, 2025.

This visit was in conjunction with the Annual Recertification and State Licensure survey.

Complaint IN00453447 - Corrected.

Survey dates: April 28 and 29, 2025 and May 1, 2 and 5, 2025.

Facility number: 000034
Provider number: 155086
AIM number: 100274880

Census Bed Type:
SNF/NF: 69
Total: 69

Census Payor Type:
Medicare: 3
Medicaid: 47
Other: 19
Total: 69

Woodland Manor 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 PSR to the Investigation of Complaint IN00453447.

Quality Review completed on 5/12/2025.

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