Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
					c
003466		B. WING		04/08/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
1019 BELLE'S PLACE OF WABASH WABASH, IN 46992					
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETE DATE	
R 000	R 000 INITIAL COMMENTS		R 000		
	This visit was for the Investigation of Complaint IN00456592.				
	Complaint IN00456592- No deficiencies related to the allegations are cited.				
	Survey date: April 8, 2025				
	Facility number: 003466				
	Residential Census: 18				
	1019 Belle's Place of Wabash was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00456592.				
	Quality review completed April 10, 2025.				

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

TITLE (X6) DATE