STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013153	A. BUILDING: _____ B. WING _____	C 12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLBROOKE OF KOKOMO	**2200 SOUTH DIXON ROAD KOKOMO, IN 46902**

(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 This visit was for the Investigation of Complaints IN00448430 and IN00449465. Complaint IN00448430-No deficiencies related to the allegations are cited. Complaint IN00449465-No deficiencies related to the allegations are cited. Survey dates: December 18 and 19, 2024 Facility number: 013153 Residential Census: 26 Wellbrooke of Kokomo was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00448430 and IN00449465. Quality review was completed on December 20, 2024.	R 000		