PRINTED: 09/08/2022 FORM APPROVED

Indiana State Department of Health

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	004550	B. WING		C	
00/20/2022					
MILL POND HEALTH CAMPUS 1014 MILL POND LANE					
GREENCASTLE, IN 46135					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPI	LETE
000 INITIAL COMMENTS		R 000			
This visit was for the Investigation of Residential Complaint IN00386247. This visit included the Investigation of Nursing Home Complaint IN00386247.					
This visit was in conjunction with the Post Survey Revisit (PSR) to the unrelated deficiency cited during the Investigation of Nursing Home Complaint IN00383221 completed on June 30, 2022.					
Complaint IN00386247 - Substantiated. No deficiencies related to the allegations are cited.					
Complaint IN00383221 unrelated deficiency - Corrected.					
Survey date: August 25, 2022					
Facility number: 004550					
Residential Census: 30					
Mill Pond Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00386247.					
Quality review completed on September 6, 2022.					
	OVIDER OR SUPPLIER DHEALTH CAMPUS SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENTS This visit was for the I Complaint IN0038624 Investigation of Nursin IN00386247. This visit was in conjute Revisit (PSR) to the unduring the Investigation Complaint IN0038322 2022. Complaint IN0038322 2022. Complaint IN0038322 Corrected. Survey date: August Facility number: 0048 Residential Census: 3 Mill Pond Health Campliance with 410 I Investigation of Resid IN00386247.	OVIDER OR SUPPLIER O HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Residential Complaint IN00386247. This visit included the Investigation of Nursing Home Complaint IN00386247. This visit was in conjunction with the Post Survey Revisit (PSR) to the unrelated deficiency cited during the Investigation of Nursing Home Complaint IN00383221 completed on June 30, 2022. Complaint IN00386247 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00383221 unrelated deficiency - Corrected. Survey date: August 25, 2022 Facility number: 004550 Residential Census: 30 Mill Pond Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00386247.	OVIDER OR SUPPLIER ONE OF THE ALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS R 000 INITIAL COMMENTS R 000 This visit was for the Investigation of Residential Complaint IN00386247. This visit included the Investigation of Nursing Home Complaint IN00386247. This visit was in conjunction with the Post Survey Revisit (PSR) to the unrelated deficiency cited during the Investigation of Nursing Home Complaint IN00383221 completed on June 30, 2022. Complaint IN00386247 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00386247 - Substantiated deficiency - Corrected. Survey date: August 25, 2022 Facility number: 004550 Residential Census: 30 Mill Pond Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00386247.	OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1014 MILL POND LANE GREENCASTLE, IN 46135 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Investigation of Residential Complaint IN00386247. This visit was in conjunction with the Post Survey Revisit (PSR) to the unrelated deficiency cited during the Investigation of Nursing Home Complaint IN00388221 completed on June 30, 2022. Complaint IN00385221 unrelated deficiency - Corrected. Survey date: August 25, 2022 Facility number: 004550 Residential Census: 30 Mill Pond Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00386247.	F CORRECTION DENTIFICATION NUMBER: A. BUILDING: C. 08/25/2022

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

TITLE (X6) DATE