

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 03/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>17650 GENERATIONS DR SOUTH BEND, IN 46635</b>		
(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}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00427673 and IN00427621 completed on 2/7/24. This visit was in conjunction with the Investigation of Complaints IN00429663 and IN00429413.</p> <p>Complaint IN00427673 - Corrected</p> <p>Complaint IN00427621 - Corrected</p> <p>Complaint IN00429663 - State deficiency related to the allegations is cited at R0246</p> <p>Complaint IN00429413 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 12, 13, and 14, 2024</p> <p>Facility number: 001148</p> <p>Residential Census: 51</p> <p>Woodridge Village was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00427673 and IN00427621.</p> <p>Quality review completed on 3/22/24.</p>	{R 000}		

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

TITLE

(X6) DATE