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Indiana Department of Health

NAME OF PROVIDER OR SUPPLIER WOODRIDGE VILLAGE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES SOUTH BEND, IN 46635 R-C 03/14/2024 R-C 03/14/2024	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 17650 GENERATIONS OR SOUTH BEND, IN 46635 CAN JID PREETIX SUMMARY STATEMENT OF DEFICIENCIES SOUTH BEND, IN 46635						R-C	
WOODRIDGE VILLAGE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY AUIST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (R 000) INITIAL COMMENTS 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. Complaint IN00427621 - Corrected Complaint IN00427621 - Corrected Complaint IN00429663 - State deficiency related to the allegations is cited at R0246 Complaint IN00429413 - No deficiencies related to the allegations are cited. Survey dates: March 12, 13, and 14, 2024 Facility number: 001148 Residential Census: 51 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 IN00427673 and IN00427621.			001148	B. WING			
(A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (R 000) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00427673 and IN00427621 complaint IN00427631. Complaint IN00427621 - Corrected Complaint IN00427621 - Corrected Complaint IN00427631 - No deficiencies related to the allegations is cited at R0246 Complaint IN00427631 - No deficiencies related to the allegations are cited. Survey dates: March 12, 13, and 14, 2024 Facility number: 001148 Residential Census: 51 Woodridge Village was found to be in compliance with 410 IAC 16.2-6 in regard to the PSR to Investigation of Complaints IN00427673 and IN00427673.	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
Summary statement of deficiencies ID PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG TAG PREJULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREJULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREJULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	WOODRIDGE VILLAGE						
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (R 000) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00427621 and IN00427621 completed on 2/7/24. This visit was in conjunction with the Investigation of Complaints IN0042963 and IN00429413. Complaint IN00427631 - Corrected Complaint IN0042763 - State deficiency related to the allegations is cited at R0246 Complaint IN00429413 - No deficiencies related to the allegations are cited. Survey dates: March 12, 13, and 14, 2024 Facility number: 001148 Residential Census: 51 Woodridge Village was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00427621.					PROVIDER'S PLAN OF CORRECTIO	N (X5)	
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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. Complaint IN00427673 - Corrected Complaint IN00429663 - State deficiency related to the allegations is cited at R0246 Complaint IN00429413 - No deficiencies related to the allegations are cited. Survey dates: March 12, 13, and 14, 2024 Facility number: 001148 Residential Census: 51 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.	{R 000} INITIAL COMMENTS			{R 000}			
		the Investigation of Co IN00427621 complete in conjunction with the Complaints IN0042966 Complaint IN0042762 Complaint IN0042762 Complaint IN0042966 to the allegations is ci Complaint IN0042941 to the allegations are Survey dates: March Facility number: 00114 Residential Census: 5 Woodridge Village wa with 410 IAC 16.2-5 ir Investigation of Complin00427621.	omplaints IN00427673 and ed on 2/7/24. This visit was a Investigation of 163 and IN00429413. 23 - Corrected 21 - Corrected 23 - State deficiency related at R0246 33 - No deficiencies related cited. 12, 13, and 14, 2024 48 51 as found to be in compliance in regard to the PSR to plaints IN00427673 and				

Indiana Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE