

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003984	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/14/2022
NAME OF PROVIDER OR SUPPLIER WORTHINGTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 10799 ALLIANCE DR CAMBY, IN 46113		
(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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00380075.</p> <p>Complaint IN00380075- Unsubstantiated due to lack of evidence .</p> <p>Survey date: June 14, 2022</p> <p>Facility number: 003984</p> <p>Residential Census: 28</p> <p>Worthington Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00380075.</p> <p>Quality review completed June 17, 2022.</p>	R 000		

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

TITLE

(X6) DATE