

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 009894	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/19/2023
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF CASTLETON, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 8480 CRAIG ST INDIANAPOLIS, IN 46250		
(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 IN00419543.</p> <p>Complaint IN00419543 - No deficiencies related to the allegations are cited.</p> <p>Survey date: October 19, 2023</p> <p>Facility number: 009894</p> <p>Residential Census: 127</p> <p>Wyndmoor of Castleton, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00419543.</p> <p>Quality review was completed on October 30, 2023.</p>	R 000		

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

TITLE

(X6) DATE