PRINTED: 02/28/2023 FORM APPROVED

Indiana State Department of Health

NAME OF PROVIDER OR SUPPLIER WHITE OAK HEALTH CAMPUS (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 814 S 6TH ST MONTICELLO, IN 47960 (X6) PREFIX (EACH CORRECTION SHOULD BE R 02/27/2023	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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Paper compliance to the State Residential Licensure Survey completed on January 30, 2023. This visit included paper compliance to the Recertification and State Licensure Survey. Survey dates: February 27, 2023. Facility number: 012355 White Oak Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the paper compliance review to the State Residential Licensure Survey.		Paper compliance to Licensure Survey cor 2023. This visit include Recertification and Structure Survey dates: February Facility number: 012: White Oak Health Cacompliance with 410 paper compliance rev	the State Residential impleted on January 30, ded paper compliance to the tate Licensure Survey. ary 27, 2023. 355 impus was found to be in IAC 16.2-5 in regard to the	[N 000]				

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

(X6) DATE TITLE