

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/17/2025
NAME OF PROVIDER OR SUPPLIER 1019 BELLE'S PLACE OF WABASH		STREET ADDRESS, CITY, STATE, ZIP CODE 3037 W DIVISION RD WABASH, IN 46992		
(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 a Post Survey Revisit (PSR) to the Investigation of Complaints IN00447270 and IN00447566 completed on January 8, 2025. This visit included the Investigation of Complaint IN00453159.</p> <p>Complaint IN00447270 - Corrected.</p> <p>Complaint IN00447566 - Corrected.</p> <p>Complaint IN00453159 - No deficiencies related to the allegation are cited.</p> <p>Survey date: February 17, 2025</p> <p>Facility number: 003466</p> <p>Residential Census: 18</p> <p>1019 Belle's Place of Wabash was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00447270 and IN00447566.</p> <p>Quality review completed February 20, 2025.</p>	{R 000}		

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

TITLE

(X6) DATE