PRINTED: 03/13/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>'</i>		LE CONSTRUCTION 6 01, 02, 03, 04, 05, 06, 07		(X3) DATE SURVEY COMPLETED	
155858		155858	B. WING			R <b>03/07/2025</b>		
NAME OF PI	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	03/	0112025	
DECTORA	OV OF MULTECTOMAL T			671	2 RESTORACY DRIVE			
RESTORA	.CY OF WHITESTOWN, 1	INE		WH	HITESTOWN, IN 46075			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS	3	{K 0	(00)				
	Code Recertification conducted on 01/21/2 conducted by the Ind accordance with 42 C Survey Date: 03/07/2 Facility Number: 0148 Provider Number: 15 AIM Number: 30004C At this PSR Survey, Whitestown was foun Requirements for Pal Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LS facility consists of a transcription of the Administration Building Building 04, Home #2 Building 04, Home #2 Building 01 is a one-sof Type V (111) const sprinklered. Building Building, has a fire all detection in the corriculation should be sprinklered. Building Building, has a fire all detection in the corriculation should be sprinklered. Building Building, has a fire all detection in the corriculation should be sprinklered. The entire residents. The entire	iana Department of Health in CFR 483.90(a).  25  586  5858  744  The Restoracy of ad in compliance with ricipation in 12 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. This otal of seven buildings, the rig is Building 01, Home #1 is 2 is Building 03, Home #3 is 4 is Building 05, Home #5 is the #6 is Building 07. Building in Chapter 38, New Business estory facility determined to be						
	All areas providing fa	cility services were						
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE	

\_\_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b> , <b>07</b>			(X3) DATE SURVEY COMPLETED	
		155858	B. WING				R <b>07/2025</b>
NAME OF PROVIDER OR SUPPLIER  RESTORACY OF WHITESTOWN, THE				6	TREET ADDRESS, CITY, STATE, ZIP CODE 712 RESTORACY DRIVE VHITESTOWN, IN 46075	1 03/	0112023
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Continued From page sprinklered.	: 1	{K 0	000}			
{K 000}	Quality Review comp INITIAL COMMENTS		{K 0	000}			
	Code Recertification a conducted on 01/21/2	ana Department of Health in FR 483.90(a).					
	Facility Number: 0145 Provider Number: 155 AIM Number: 300040	5858					
	Life Safety from Fire Rational Fire Protectic Life Safety Code (LSG facility consists of a to buildings. The Admini 01, Home #1 is Buildi 03, Home #3 is Buildi 05, Home #5 is Building 07. Building	d in compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. This					
	of Type V (111) const sprinklered. Building with smoke detection open to the corridor. I	tory facility determined to be ruction and was fully 01 has a fire alarm system in the corridor and in areas Building 02, Home #1, has a eeping rooms, Rooms 101					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155858		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG 01, 02, 03, 04, 05, 06, 07	(X3) DATE SURVEY COMPLETED
		B. WING _		R 03/07/2025	
NAME OF PROVIDER OR SUPPLIER  RESTORACY OF WHITESTOWN, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6712 RESTORACY DRIVE WHITESTOWN, IN 46075	1 00/07/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION
{K 000}	through 112, which ar operated smoke dete a capacity of 72 and I time of this survey.  All areas where resid were sprinklered and services were sprinkle	re equipped with battery ction. The entire facility has nad a census of 70 at the ents have customary access all areas providing facility ered.	{K 00	00}	
{K 000}	Code Recertification a conducted on 01/21/2 conducted by the India accordance with 42 C Survey Date: 03/07/2 Facility Number: 0148 Provider Number: 158 AIM Number: 300040 At this PSR Survey, T Whitestown was foun Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSC facility consists of a to buildings. The Admini 01, Home #1 is Buildi 03, Home #3 is Buildi 05, Home #5 is Buildi Building 07. Building 07.	t (PSR) to the Life Safety and State Licensure Survey 5 and 01/22/25 was ana Department of Health in FR 483.90(a).  5  686  6858  744  The Restoracy of d in compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. This	{K 00	00}	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06, 07		(X3) DATE SURVEY COMPLETED		
		155858	B. WING			R 03/07/2025	
	ROVIDER OR SUPPLIER	L		6	TREET ADDRESS, CITY, STATE, ZIP CODE 712 RESTORACY DRIVE VHITESTOWN, IN 46075	03/	01/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	of Type V (111) const sprinklered. Building of with smoke detection open to the corridor. It total of 12 resident sle through 212, which we operated smoke dete a capacity of 72 and it time of this survey.  All areas where reside were sprinklered and	story facility determined to be ruction and was fully 03 has a fire alarm system in the corridor and in areas Building 03, Home #2, has a deeping rooms, Rooms 201 ere equipped with battery ction. The entire facility has had a census of 70 at the ents have customary access all areas providing facility	{K 0	00}			
{K 000}	services were sprinklered.  Quality Review completed on 03/12/25		{K 0	00}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G <b>01, 02, 03, 04, 05, 06, 07</b>	(X3) DATE SURVEY COMPLETED		
	155858 B. WING		B. WING		R		
	ROVIDER OR SUPPLIER		B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 6712 RESTORACY DRIVE WHITESTOWN, IN 46075	03/07/2025		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	D BE COMPLETION		
{K 000}	01, Home #1 is Buildi 03, Home #3 is Buildi 05, Home #5 is Buildi 05, Home #5 is Buildi Building 07. Building Chapter 18, New Hea  Building 04 is a one-sof Type V (111) const sprinklered. Building with smoke detection open to the corridor. It total of 12 resident sle through 312, which w operated smoke dete a capacity of 72 and It time of this survey.  All areas where reside were sprinklered and services were sprinkle  Quality Review comp INITIAL COMMENTS  A Post Survey Revisi Code Recertification a conducted on 01/21/2	otal of seven separate stration Building is Building ing 02, Home #2 is Building ing 04, Home #4 is Building ing 06, and Home #6 is 04 was surveyed with of the Care Occupancies.  Itory facility determined to be ruction and was fully 04 has a fire alarm system in the corridor and in areas Building 04, Home #3, has a seping rooms, Rooms 301 ere equipped with battery oction. The entire facility has had a census of 70 at the ents have customary access all areas providing facility ered.  In the Care Occupancies.  It (PSR) to the Life Safety and State Licensure Survey etc.  It (PSR) to the Life Safety and State Licensure Survey etc.  It (PSR) to the Life Safety and Department of Health in EFR 483.90(a).	{K 00				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b> , <b>07</b>			(X3) DATE SURVEY COMPLETED	
					.,,,,,	R	
		155858	B. WING			03/	07/2025
	ROVIDER OR SUPPLIER	HE		6	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 RESTORACY DRIVE WHITESTOWN, IN 46075		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Life Safety from Fire a National Fire Protectic Life Safety Code (LSC facility consists of a to buildings. The Admini 01, Home #1 is Buildi 03, Home #3 is Buildi 05, Home #5 is Buildi Building 07. Building 0 Chapter 18, New Heat Building 05 is a one-s of Type V (111) construction of Type V (111) construction open to the corridor. Exprinklered. Building 0 with smoke detection open to the corridor. Exprinklered of 12 resident slet through 312, which we operated smoke detect a capacity of 72 and it time of this survey.	The Restoracy of d in compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. This otal of seven separate stration Building is Building ing 02, Home #2 is Building ing 04, Home #4 is Building ing 06, and Home #6 is 04 was surveyed with alth Care Occupancies.  Itory facility determined to be ruction and was fully 05 has a fire alarm system in the corridor and in areas Building 05, Home #4, has a seeping rooms, Rooms 301 ere equipped with battery ction. The entire facility has nad a census of 70 at the	{K 0	000}			
		ents have customary access all areas providing facility ered.					
{K 000}	Quality Review compl INITIAL COMMENTS		{K 0	000}			
	Code Recertification a conducted on 01/21/2	ana Department of Health in					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION IG <b>01, 02, 03, 04, 05, 06, 07</b>	(X3) DATE SURVEY COMPLETED		
		155858	B. WING _			03/07/2025
NAME OF PROVIDER OR SUPPLIER  RESTORACY OF WHITESTOWN, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6712 RESTORACY DRIVE WHITESTOWN, IN 46075	1	00/01/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{K 000}	Continued From page	e 6	{K 00	00}		
	Survey Date: 03/07/2	5				
	Facility Number: 0149 Provider Number: 159 AIM Number: 300040	5858				
	Life Safety from Fire National Fire Protecti Life Safety Code (LSG facility consists of a to buildings. The Admin 01, Home #1 is Buildi 03, Home #3 is Buildi 05, Home #5 is Buildi Building 07. Building	d in compliance with				
	of Type V (111) const sprinklered. Building with smoke detection open to the corridor. I total of 12 resident sle through 312, which w operated smoke dete	story facility determined to be ruction and was fully 05 has a fire alarm system in the corridor and in areas Building 05, Home #4, has a seeping rooms, Rooms 301 ere equipped with battery ction. The entire facility has had a census of 70 at the				
		ents have customary access all areas providing facility ered.				
	Quality Review comp	leted on 03/12/25				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b> , <b>07</b>			(X3) DATE SURVEY COMPLETED	
		155858	B. WING			R	
		155656	B. WING	_		03/	07/2025
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
RESTORA	CY OF WHITESTOWN, T	HE			6712 RESTORACY DRIVE		
					WHITESTOWN, IN 46075		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000} {K 000}	Continued From page INITIAL COMMENTS		{K 0		·		
	Code Recertification a conducted on 01/21/2	ana Department of Health in FR 483.90(a). 5					
	Provider Number: 155 AIM Number: 300040	744					
	Whitestown was foun- Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC facility consists of a to buildings. The Admini 01, Home #1 is Buildi 03, Home #3 is Buildi 05, Home #5 is Buildi Building 07. Building 0	ticipation in  2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. This otal of seven separate stration Building is Building ng 02, Home #2 is Building ng 04, Home #4 is Building ng 06, and Home #6 is 04 was surveyed with					
	Building 07 is a one-s of Type V (111) constr sprinklered. Building 0 with smoke detection open to the corridor. E total of 12 resident sle through 612, which w operated smoke detection	atth Care Occupancies.  Itory facility determined to be ruction and was fully on has a fire alarm system in the corridor and in areas Building 07, Home #6, has a deeping rooms, Rooms 601 ere equipped with battery ction. The entire facility has had a census of 70 at the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06, 07			(X3) DATE SURVEY COMPLETED	
		155858	B. WING			R 03/07/2025	
	ROVIDER OR SUPPLIER	THE	•	STREET ADDRESS, CITY, STAT 6712 RESTORACY DRIVE WHITESTOWN, IN 46075	E, ZIP CODE	, ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	( (EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD B IED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
{K 000}	Continued From page time of this survey.  All areas where reside	e 8  ents have customary access all areas providing facility ered.	{K 0	DE		AIE	