

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/25/2022
NAME OF PROVIDER OR SUPPLIER MILL POND HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 MILL POND LANE GREENCASTLE, IN 46135		
(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 Complaints IN00392307 and IN00392818.</p> <p>Complaint IN00392307 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00392818 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: October 24 and 25, 2022</p> <p>Facility number: 004550</p> <p>Residential Census: 29</p> <p>Mill Pond Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00392307 and IN00392818.</p> <p>Quality review completed on October 27, 2022.</p>	R 000		

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

TITLE

(X6) DATE