STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. BUILDING _____ B. WING _____	C 08/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWDALE VILLAGE	**404 W WILLOW RD DALE, IN 47523**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaints IN00382462 and IN00387772.

Complaint IN00382462 - Substantiated. No deficiencies related to the allegations are cited.

Complaint IN00387772- Unsubstantiated due to lack of evidence.

Survey dates: August 22, 23, 2022.

Facility number: 000254
Provider number: 155363
AIM number: 100266270

Census Bed Type:
SNF/NF: 31
Total: 31

Census Payor Type:
Medicaid: 19
Other: 12
Total: 31

Willowdale Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00382462 and IN00387772.

Quality review completed on August 24, 2022.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE