STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155747	A. BUILDING _____ B. WING _____	C 12/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAMS WOODCREST	**1300 MERCER AVE DECATUR, IN 46733**

(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 a Recertification and State Licensure Survey. This visit included Investigation of Complaints IN00423586, IN00422838, IN00422872, & IN00423590. This visit also included a State Residential Licensure Survey.

Complaint IN00423586 - No deficiencies related to the allegations are cited.

Complaint IN00422838 - No deficiencies related to the allegations are cited.

Complaint IN00422872 - No deficiencies related to the allegations are cited.

Complaint IN00423590 - No deficiencies related to the allegations are cited.

Survey dates: December 13, 14, 15, 18, 19, & 21, 2023.

Facility number: 000556
Provider number: 155747
AIM number: 100290130

Census Bed Type:
SNF/NF: 109
Residential: 19
Total: 128

Census Payor Type:
Medicare: 9
Medicaid: 52
Other: 48
Total: 109

Adams Woodcrest was found to be in compliance

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155747	A. BUILDING _____ B. WING _____	C 12/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAMS WOODCREST	**1300 MERCER AVE DECATUR, IN 46733**

(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	Continued From page 1 with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Recertification and State Licensure Survey and the Investigation of Complaints IN00423586, IN00422838, IN00422872, & IN00423590. Quality review completed December 27, 2023.	F 000		