

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/19/2022
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NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF WHITESTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 5829 NEW HOPE BOULEVARD WHITESTOWN, IN 46075
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(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 IN00390003 and IN00393342.</p> <p>Complaint IN00390003 - Unsubstantiated due to lack of evidence</p> <p>Complaint IN00393342 - Unsubstantiated due to lack of evidence</p> <p>Survey date: November 19, 2022</p> <p>Facility number: 015004</p> <p>Residential Census: 47</p> <p>Glasswater Creek of Whitestown was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00390003 and IN00393342.</p> <p>Quality review completed on November 22, 2022.</p>	R 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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