Indiana State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 014706 | A. BUILDING: ______<br>B. WING ______ | C<br>**08/02/2022** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SWEET GALILEE AT THE WIGWAM** | **1315 JOHN STREET**<br>**ANDERSON, IN 46016** |

| (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 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaints IN00386839 and IN00386499.<br><br>Complaint IN00386839 - Substantiated. No State Residential Findings related to the allegations were cited.<br><br>Complaint IN00386499 - Unsubstantiated due to lack of evidence<br><br>Survey date: August 2, 2022<br><br>Facility number: 014706<br><br>Residential Census: 59<br><br>Sweet Galilee At The Wigwam was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00386839 and IN00386499.<br><br>Quality reveiw completed on August 8, 2022. | R 000 | | |

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