

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014518	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2022
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NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE OF DANVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 S ARBOR LANE DANVILLE, IN 46122
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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 Complaint IN00395128.</p> <p>Complaint IN00395128 - Unsubstantiated due to lack of evidence</p> <p>Survey date: November 28, and 29, 2022</p> <p>Facility number: 014518</p> <p>Residential Census: 36</p> <p>Woodland Terrace Of Danville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00395128.</p> <p>Quality review completed on December 1, 2022.</p>	R 000		

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