

Indiana State 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 04/18/2023
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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 IN00404530.</p> <p>Complaint IN00404530 - No deficiencies related to the allegations are cited.</p> <p>Survey date: April 18, 2023</p> <p>Facility number: 014518</p> <p>Residential Census: 41</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 IN00404530.</p> <p>Quality review was completed on April 18, 2023.</p>	R 000		

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