

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/30/2022
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NAME OF PROVIDER OR SUPPLIER WALNUT CREEK ALZHEIMER'S	STREET ADDRESS, CITY, STATE, ZIP CODE 525 BENTEE WES COURT EVANSVILLE, IN 47715
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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 IN00391274 and IN00388157.</p> <p>Complaint IN00391274- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00388157-Unsubstantiated due to a lack of evidence.</p> <p>Survey date: November 29, 30, 2022.</p> <p>Facility number: 013642</p> <p>Residential Census: 48</p> <p>Walnut Creek Alzheimer's was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00391274 and IN00388157.</p> <p>Quality review completed on December 2, 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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