

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 009894	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/18/2025
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NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF CASTLETON, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8480 CRAIG ST INDIANAPOLIS, IN 46250
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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 IN00452588 and IN00454317.</p> <p>Complaint IN00452588 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00454317 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 18, 2025</p> <p>Facility number: 009894</p> <p>Residential Census: 114</p> <p>Wyndmoor of Castleton LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00452588 and IN00454317.</p> <p>Quality review completed March 20, 2025.</p>	R 000		

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