

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE OF NEW PALESTINE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4400 TERRACE DRIVE NEW PALESTINE, IN 46163		
(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 a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00384149 and IN00385160.</p> <p>Complaint IN00384149 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00385160 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 19, 20, and 21, 2022</p> <p>Facility number: 013896</p> <p>Residential Census: 89</p> <p>Woodland Terrace Of New Palestine was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaints IN00384149 and IN00385160.</p> <p>Quality review completed on December 22, 2022</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE