

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013945	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/01/2024
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF FISHERS EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 12950 TALBLICK STREET FISHERS, IN 46037		
(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 IN00436173 and IN00439384.</p> <p>Complaint IN00436173 -- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00439384 -- No deficiencies related to the allegations are cited.</p> <p>Survey date: August 1, 2024</p> <p>Facility number: 013945</p> <p>Residential Census: 55</p> <p>Independence Village of Fishers East was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00436173 and IN00439384.</p> <p>Quality review completed on August 2, 2024.</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE