

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/03/2013
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NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN 46227
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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 IN00135660.</p> <p>Complaint IN00135660 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: October 3, 2013</p> <p>Facility number: 003283 Provider number: 003283 AIM number: n/a</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: Residential: 64 Total: 64</p> <p>Census payor type: Medicaid: 36 Other: 28 Total: 64</p> <p>Sample: 3</p> <p>Country Charm Village was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00135660.</p> <p>Quality Review 10/04/13 by Lisa McColly</p>	R 000		

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