

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 03/18/2015
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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 IN00167691.</p> <p>Complaint IN00167691 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: March 18, 2015</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: 47 Total: 47</p> <p>Census payor type: Medicaid: 31 Medicare: 16 Total: 47</p> <p>Sample: 3</p> <p>Country Charm Village was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00167691.</p> <p>Quality Review 03/19/15 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____