

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012229	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/26/2017
NAME OF PROVIDER OR SUPPLIER HEARTH AT JUDAY CREEK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6330 N FIR RD GRANGER, IN 46530		
(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 IN00216621 and IN00227133.</p> <p>Complaint IN00216621 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00227133 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: April 25 and 26, 2017</p> <p>Facility number: 012229</p> <p>Residential census: 108</p> <p>Hearth at Juday Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00216621 and IN00227133.</p> <p>Quality Review was completed on 04/27/17.</p>	R 000		

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

TITLE

(X6) DATE