STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF FISHERS SOUTH	9745 OLYMPIA DR, FISHERS, , 46038

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00414818. This visit was in conjunction with a Post Survey Revisit (PSR) to the State Residential Licensure Survey and Complaint investigation completed on July 7, 2023. Complaint IN00414818 - No deficiencies related to the allegations are cited. Complaint IN00411223 - Corrected Survey date: September 5 and 6, 2023 Facility number: 002999 Residential Census: 91 Independence Village Fishers South was found to be in compliance with 410 IAC 16.2-5 in regard to Complaint IN00414818.	R 0000		

	Quality review completed on September 7, 2023			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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