

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/16/2026	
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF FISHERS SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a Post Survey Revisit (PSR) to Intake 467258, completed on 02-05-2026. Survey date: March 16, 2026 Facility number: 002999 Residential Census: 90 Independence Village of Fishers South was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Intake 467258. Quality review completed on March 22, 2026.	R 0000					
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse;	R 0052				03/27/2026	

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FORM APPROVED

OMB NO. 0938-0391

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| (3) mental abuse; | | | |
| (4) corporal punishment; | | | |
| (5) neglect; and | | | |
| (6) involuntary seclusion. | | | |

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
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