

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 07/14/2025	
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE VILLAGE AT NORTHSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 1251 W 96TH ST, INDIANAPOLIS, , 46260					
(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 the Investigation of Complaint IN00460660 completed on June 3, 2025. This visit was in conjunction with the Investigation of Complaint IN00462046. Complaint IN00460660-Corrected Survey date: July 14, 2025. Facility number: 003282 Residential Census: 64 Rittenhouse Village at Northside was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00460660. Quality review was completed on July 15, 2025.	R 0000					

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.)

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