

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 08/01/2024	
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF FISHERS EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 12950 TALBLICK STREET, FISHERS, , 46037					
(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 Complaints IN00436173 and IN00439384. Complaint IN00436173 -- No deficiencies related to the allegations are cited. Complaint IN00439384 -- No deficiencies related to the allegations are cited. Survey date: August 1, 2024 Facility number: 013945 Residential Census: 55 Independence Village of Fishers East was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00436173 and IN00439384. Quality review completed on August 2, 2024.	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

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