STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF FISHERS EAST	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 IN00421699, IN00421835, IN00423264, IN00423452, and IN00423726. This visit was in conjunction with the Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00410420 on 8/2/23. This visit was in conjunction with the PSR to the Investigation of Complaints IN00419078, IN00417996, IN00418354 and IN00417289 on 10/6/23. Complaint IN00421699 - No deficiencies related to the allegations are cited. Complaint IN00421835 - No deficiencies related to the allegations are cited.	R 0000		

Complaint IN00423264 - No deficiencies related to the allegations are cited.

Complaint IN00423452 - No deficiencies related to the allegations are cited.

Complaint IN00423726 - No deficiencies related to the allegations are cited.

Complaint IN00410420 - Corrected.

Complaint IN00417996 - Corrected

Complaint IN00417289 - Corrected

Complaint IN00419078 - State deficiencies related to the allegations are cited at R0091.

Complaint IN00418345 - State deficiencies related to the allegations are cited at R0091.

Survey dates: January 31 and February 1, 2024

Facility number: 013945

Residential Census: 68

Independence Village Of East Fishers was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00421699, IN00421835, IN00423264, IN00423452, and IN00423726.

	Quality review completed on February 5, 2024			

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