

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 02/20/2026	
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF ZIONSVILLE WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 6800 CENTRAL BOULEVARD, ZIONSVILLE, , 46077					
(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 Intakes 466708, 467323, and 467639. Intake 466708 - No deficiencies related to the allegations are cited. Intake 467323 - No deficiencies related to the allegations are cited. Intake 467639 - No deficiencies related to the allegations are cited. Survey date: February 18, 19, and 20, 2026 Facility number: 014059 Residential Census: 59 Independence Village of West Zionsville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 466708, 467323, and 467639.	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

	Quality review completed on February 23, 2026.			
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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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