

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 11/30/2022
NAME OF PROVIDER OR SUPPLIER HERITAGE WOODS OF NOBLESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 9600 E 146TH STREET, NOBLESVILLE, , 46060			
(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 IN00395314 and IN00394856. Complaint IN00395314 - Substantiated. No State Residential Findings related to the allegations were cited. Complaint IN00394856 - Substantiated. No State Residential Findings related to the allegations were cited. Survey date: November 30, 2022 Facility number: 014213 Residential Census: 119 Heritage Woods of Noblesville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00395314 and IN00394856. Quality review completed December 5, 2022.	R 0000			

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

FORM APPROVED

OMB NO. 0938-0391

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
---	-------	-----------