STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ASSISTED LIVING OF YORKTOWN	1400 S PATRIOT DRIVE, YORKTOWN, , 47396

(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 Investigation of Complaint IN00419023 completed on October 10, 2023. Complaint IN00419023 - Corrected Survey date: November 21, 2023 Facility number: 014281 Residential Census: 9 Heritage Assisted Living of Yorktown was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00419023. Quality review completed November 27, 2023. This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00419023 completed on October 10, 2023. Complaint IN00419023 -	R 0000		

	Corrected Survey date: November 21, 2023 Facility number: 014281 Residential Census: 9 Heritage Assisted Living of Yorktown was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00419023. Quality review completed November 27, 2023.			

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