

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 12/02/2024	
NAME OF PROVIDER OR SUPPLIER HERITAGE ASSISTED LIVING OF YORKTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE 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 the Post Revisit Survey (PSR) to the Investigation of Complaint IN00444035 completed on October 9, 2024 Complaint IN00444035 - Corrected. Survey date: December 2, 2024 Facility number: 014281 Residential Census: 29 Heritage Assisted Living of Yorktown was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Compliant IN00444035. Quality review completed December 5, 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 instructions.)							
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S			TITLE		(X6) DATE		

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FORM APPROVED

OMB NO. 0938-0391

SIGNATURE		
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