

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 04/21/2026	
NAME OF PROVIDER OR SUPPLIER HARMONY AT AVON		STREET ADDRESS, CITY, STATE, ZIP CODE 2141 NORTH DAN JONES ROAD, AVON, , 46123					
(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 467159 and 467699. Intake 467159 - No deficiencies related to the allegations are cited. Intake 467699 - No deficiencies related to the allegations are cited. Survey date: April 21, 2026 Facility number: 014959 Residential Census: 62 Harmony at Avon was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 467159 and 467699. Quality review completed on May 4, 2026.	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							

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instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE