STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ASSISTED LIVING OF UNION CITY	204 STAUDT DRIVE, UNION CITY, , 47390

(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 IN00437895, IN00437683, IN00437164, and IN00434919. Complaint IN00437895 - No deficiencies related to the allegations are cited. Complaint IN00437683 - No deficiencies related to the allegations are cited. Complaint IN00437164 - No deficiencies related to the allegations are cited. Complaint IN00434919 - No deficiencies related to the allegations are cited. Survey dates: July 17 and 18, 2024 Facility number: 015887 Residential Census: 19 Heritage Assisted Living of Union City was found to be in compliance with 410 IAC 16.2-5	R 0000		

	in regard to the Investigation of Complaints IN00437895, IN00437683, IN00437164, and IN00434919. Quality review completed July 23, 2024.			

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