

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012229	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2018
NAME OF PROVIDER OR SUPPLIER HEARTH AT JUDAY CREEK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6330 N FIR RD GRANGER, IN 46530		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00251139 and IN00259486.</p> <p>Complaint IN00251139 - Substantiated. No deficiencies related to the allegation are cited</p> <p>Complaint IN00259486 - Substantiated. No deficiencies related to the allegation are cited</p> <p>Survey date: April 25, 2017</p> <p>Facility number: 012229</p> <p>Residential Census: 128</p> <p>Hearth at Juday Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00251139 and IN00259486.</p> <p>Quality Review was completed on April 29, 2018.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE