

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 06/30/2016
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	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00201097. Complaint IN00201097 - Substantiated. No deficiencies related to the allegation are cited. Survey date: June 30, 2016 Facility number: 012229 Provider number: 012229 AIM number: N/A Census bed type: Residential: 133 Total: 133 Sample: 3 Hearth at Juday Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00201097. QR was completed by 99993 on 07/01/16.	R 000		

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

TITLE

(X6) DATE