

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 09/07/2016
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 Complaints #IN00207728. Complaint #IN00207728 - Substantiated. No deficiencies related to the allegations were cited. Survey dates: September 7, 2016 Facility number: 012229 Provider number: 012229 AIM number: n/a Residential Census: 120 Sample: 04 Hearth at Juday Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint #IN00207728. QR was completed by 99993 on 09/08/16.	R 000		

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

TITLE

(X6) DATE