

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013367 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 09/21/2020 |
| NAME OF PROVIDER OR SUPPLIER CRESTWOOD VILLAGE SOUTH APARTMENTS LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8809 MADISON AVENUE INDIANAPOLIS, IN 46227 | | |
| (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 Complaint IN00334812.</p> <p>Complaint IN00334812 - Unsubstantiated due to lack of evidence</p> <p>Survey date: September 21, 2020</p> <p>Facility number: 013367</p> <p>Residential Census: 68</p> <p>Crestwood Village South Apartments LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00334812.</p> <p>Quality Review completed on September 23, 2020.</p> | R 000 | | | |

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

TITLE

(X6) DATE