

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002999	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/02/2024
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF FISHERS SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 9745 OLYMPIA DR FISHERS, IN 46038		
(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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00417075, IN00419230, and IN00419251 completed on 10/20/2023.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00421384, IN00424469, and IN00426816.</p> <p>Complaint IN00417075 - Corrected</p> <p>Complaint IN00419230 - Corrected</p> <p>Complaint IN00419251 - Corrected</p> <p>Complaint IN00421384 - State deficiencies related to the allegations are cited at R216.</p> <p>Complaint IN00424469 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00426816 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: Feburary 1, 2, 2024</p> <p>Facility number: 002999</p> <p>Residential Census: 73</p> <p>Independence Village of Fishers South was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00417075, IN00419230, and IN00419251.</p> <p>Quality review completed on Febraury 5, 2024</p>	{R 000}		

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

TITLE

(X6) DATE