

Indiana State Department of Health

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 06/24/2020
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 IN00330919. This visit included a COVID-19 Quality Assurance Walk Through.</p> <p>Complaint IN00330919 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: June 24, 2020</p> <p>Facility number: 013367</p> <p>Residential Census: 82</p> <p>Crestwood Village South Apartments was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00330919 and the COVID-19 Quality Assurance Walk Through.</p> <p>Quality Review completed on June 24, 2020.</p>	R 000		

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

TITLE

(X6) DATE