

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014059</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/29/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDEPENDENCE VILLAGE OF WEST ZIONSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6800 CENTRAL BOULEVARD</b> <b>ZIONSVILLE, IN 46077</b>		
(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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00390478.</p> <p>Complaint IN00390478- Unsubstantiated due to lack of evidence.</p> <p>Survey date: September 28, and 29, 2022</p> <p>Facility number: 014059</p> <p>Residential Census: 42</p> <p>Independence Village of West Zionsville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00390478.</p> <p>Quality review completed on October 7, 2022.</p>	R 000		

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

TITLE

(X6) DATE