

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013978	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/17/2022
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NAME OF PROVIDER OR SUPPLIER SAINT ANNE - VICTORY NOLL	STREET ADDRESS, CITY, STATE, ZIP CODE 25 VICTORY NOLL DRIVE HUNTINGTON, IN 46750
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(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 IN00372989. This visit included a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Complaint IN00372989- Unsubstantiated due to lack of evidence.</p> <p>Survey date: February 17, 2022</p> <p>Facility number: 013978</p> <p>Residential Census: 33</p> <p>Saint Anne was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00372989 and the Residential COVID-19 Quality Assurance Walk Through.</p> <p>Quality review completed on February 22, 2022.</p>	R 000		

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE