Indiana Department of Health

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		R-	c
012619		B. WING		08/26/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
VILLAGES AT HISTORIC SILVERCREST THE  1 SILVERCREST DRIVE  NEW ALBANY IN 47150					
SUMMARY ST	PROVIDER'S PLAN OF CORRECTION	N	(X5)		
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	ON SHOULD BE COMPLETE HE APPROPRIATE DATE	
000) INITIAL COMMENTS		{R 000}			
This visit was for a Post Survey Revisit (PSR) to the Investigation of Residential Complaint IN00434496 completed on 6/20/24.					
This visit was in-conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and a PSR to the State Residential Licensure Survey completed on 7/22/24.					
Residential Complaint IN00434496 - Corrected					
Survey date: August 26, 2024					
Facility number: 012619					
Residential Census: 30					
The Villages at Historic Silvercrest was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00434496.					
Quality review completed on August 27, 2024.					
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I  INITIAL COMMENTS  This visit was for a Pothe Investigation of R IN00434496 complete  This visit was in-conjuted Revisit (PSR) to the Fucensure Survey and Residential Licensure 7/22/24.  Residential Complaine  Survey date: August 2  Facility number: 0126  Residential Census: 3  The Villages at Histor be in compliance with and 410 IAC 16.2-3.1  Investigation of Complete	O12619  ROVIDER OR SUPPLIER  STREET ADD  AT HISTORIC SILVERCREST THE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  This visit was for a Post Survey Revisit (PSR) to the Investigation of Residential Complaint IN00434496 completed on 6/20/24.  This visit was in-conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and a PSR to the State Residential Licensure Survey completed on 7/22/24.  Residential Complaint IN00434496 - Corrected Survey date: August 26, 2024  Facility number: 012619  Residential Census: 30  The Villages at Historic Silvercrest was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00434496.	This visit was for a Post Survey Revisit (PSR) to the Investigation of Recertification and State Licensure Survey and a PSR to the State Residential Complaint IN00434496 - Corrected Survey date: August 26, 2024  Facility number: 012619  Reviber of Complaints IN00434496.	DENTIFICATION NUMBER:  012619  STREET ADDRESS, CITY, STATE, ZIP CODE  1 SILVERCREST DRIVE NEW ALBANY, IN 47150  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  This visit was for a Post Survey Revisit (PSR) to the Investigation of Residential Complaint IN00434496 completed on 6/20/24.  This visit was in-conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and a PSR to the State Residential Licensure Survey completed on 7/22/24.  Residential Complaint IN00434496 - Corrected  Survey date: August 26, 2024  Facility number: 012619  Residential Census: 30  The Villages at Historic Silvercrest was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00434496.	ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1 SILVERCREST DRIVE NEW ALBANY, IN 47150  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)  This visit was for a Post Survey Revisit (PSR) to the Investigation of Residential Complaint IN00434496 completed on 6/20/24.  This visit was in-conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and a PSR to the State Residential Licensure Survey completed on 7/22/24.  Residential Complaint IN00434496 - Corrected  Survey date: August 26, 2024  Facility number: 012619  Residential Census: 30  The Villages at Historic Silvercrest was found to be in complaince with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00434496.

Indiana Department of Health

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

TITLE (X6) DATE