

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/26/2022
NAME OF PROVIDER OR SUPPLIER KEEPSAKE VILLAGE OF COLUMBUS		STREET ADDRESS, CITY, STATE, ZIP CODE 2564 FOXPOINTE DR COLUMBUS, IN 47203		
(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 IN00380315.</p> <p>Complaint IN00380315 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: July 26, 2022</p> <p>Facility number: 010680</p> <p>Residential Census: 34</p> <p>Keepsake Village of Columbus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00380315.</p> <p>Quality review completed on July 28, 2022.</p>	R 000		

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

TITLE

(X6) DATE