

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/13/2024
NAME OF PROVIDER OR SUPPLIER FIVE STAR RESIDENCES OF NOBLESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY N NOBLESVILLE, IN 46062		
(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 Complaints IN00430207, IN00430039, and IN00429927.</p> <p>Complaint IN00430207 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430039 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429927 - No deficiencies related to the allegations are cited.</p> <p>Survey date: 3/12/24 and 3/13/24</p> <p>Facility number: 004417</p> <p>Residential Census: 88</p> <p>Five Star Residences of Noblesville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00430207, IN00430039, and IN00429927.</p> <p>Quality review completed March 22, 2024.</p>	R 000		

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

TITLE

(X6) DATE