

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/16/2023
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF WEST ZIONSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 6800 CENTRAL BOULEVARD ZIONSVILLE, IN 46077		
(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 IN00415104.</p> <p>Complaint IN00415104 - No deficiencies related to the allegation were cited.</p> <p>Survey dates: August 16, 2023.</p> <p>Facility number: 014059</p> <p>Census Bed Type: Residential: 44 Total: 44</p> <p>Census Payor Type: Other: 44 Total: 44</p> <p>Independence Village of West Zionville 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 Complaint IN00415104.</p> <p>Quality review completed on August 23, 2023.</p>	R 000		

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

TITLE

(X6) DATE