

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003902	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/14/2023
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF AVON		STREET ADDRESS, CITY, STATE, ZIP CODE 182 S COUNTY ROAD 550 E AVON, IN 46123		
(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 IN00415627 and IN00417009.</p> <p>Complaint IN00415627 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417009 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 13 and 14, 2023</p> <p>Facility number: 003902</p> <p>Residential Census: 94</p> <p>Independence Village of Avon was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00415627 and IN00417009.</p> <p>Quality review was completed on September 20, 2023.</p>	R 000		

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

TITLE

(X6) DATE