STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155692	A. BUILDING **01** B. WING _____	C **12/28/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE POINTE OF HUNTINGTON	**1180 WEST 500 NORTH** **HUNTINGTON, IN 46750**

(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) COMPLETION DATE
K 000	INITIAL COMMENTS An investigation of Complaint Number IN00397749 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Complaint Number IN00397749 was substantiated but had no Life Safety Code deficiencies. Survey Date: 12/28/22 Facility Number: 002910 Provider Number: 155692 AIM Number: 200345390 At this Complaint survey, Heritage Pointe of Huntington was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one-story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and hard-wired smoke detectors in the resident rooms. The facility has a capacity of 78 and had a census of 65 at the time of this survey. All areas where the residents have customary access were sprinklered. The facility had a detached garage providing facility services including the bus, lawn equipment, a golf cart and	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155692	A. BUILDING **01** B. WING _____	C **12/28/2022**

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K 000	Continued From page 1 maintenance supplies that was not sprinklered. Quality Review completed on 01/03/23	K 000		