

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005722	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/11/2023
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF GREENWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2339 S STATE ROAD 135 GREENWOOD, IN 46143		
(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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00402746 completed on February 28, 2023.</p> <p>This visit was in conjunction with the PSR to the State Residential Licensure Survey and the Investigation of Complaint IN00397266 completed February 20, 2023.</p> <p>Complaint IN00402746 - Corrected.</p> <p>Complaint IN00397266 - Corrected.</p> <p>Survey date: April 11, 2023</p> <p>Facility number: 005722</p> <p>Residential Census: 69</p> <p>Independence Village of Greenwood was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00402746.</p> <p>Quality review completed April 12, 2023.</p>	{R 000}		

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

TITLE

(X6) DATE