

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002999	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/06/2023
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF FISHERS SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 9745 OLYMPIA DR FISHERS, IN 46038		
(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 IN00414818. This visit was in conjunction with a Post Survey Revisit (PSR) to the State Residential Licensure Survey and Complaint investigation completed on July 7, 2023.</p> <p>Complaint IN00414818 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00411223 - Corrected</p> <p>Survey date: September 5 and 6, 2023</p> <p>Facility number: 002999</p> <p>Residential Census: 91</p> <p>Independence Village Fishers South was found to be in compliance with 410 IAC 16.2-5 in regard to Complaint IN00414818.</p> <p>Quality review completed on September 7, 2023</p>	R 000		

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

TITLE

(X6) DATE