STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002999	A. BUILDING: _____ B. WING _____	C 02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF FISHERS SOUTH	**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	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00452612 and IN00445970. Complaint IN00452612 - No deficiencies related to the allegations are cited. Complaint IN00445970 - No deficiencies related to the allegations are cited. Survey Date: February 11, 2025 Facility Number: 002999 Residential: 90 Independence Village of Fishers South was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00452612 and IN00445970. Quality review completed on February 12, 2025.	R 000		