

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE WOODS OF NOBLESVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9600 E 146TH STREET</b> <b>NOBLESVILLE, IN 46060</b>		
(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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00436239 and IN00435382.</p> <p>Complaint IN00436239 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00435382 - No deficiencies related to the allegations are cited.</p> <p>Survey date: June 25, 2024</p> <p>Facility number: 014213</p> <p>Residential Census: 120</p> <p>Heritage Woods of Noblesville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00436239 and IN00435382.</p> <p>Quality review completed June 26, 2024.</p>	R 000		

Indiana Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE