

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE WOODS OF NOBLESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 9600 E 146TH STREET NOBLESVILLE, IN 46060		
(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 IN00440646.</p> <p>Complaint IN00440646 - No deficiencies related to the allegations are cited.</p> <p>Survey date: August 29 & 30, 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 Complaint IN00440646.</p> <p>Quality review completed September 3, 2024.</p>	R 000		

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

TITLE

(X6) DATE