

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013978	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/13/2021
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NAME OF PROVIDER OR SUPPLIER SAINT ANNE - VICTORY NOLL	STREET ADDRESS, CITY, STATE, ZIP CODE 25 VICTORY NOLL DRIVE HUNTINGTON, IN 46750
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(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 IN00360307 completed on August 17, 2021.</p> <p>Complaint IN00360307- Corrected</p> <p>Survey dates: September 13, 2021.</p> <p>Facility number: 013978</p> <p>Residential Census: 31</p> <p>Saint Anne - Victory Noll was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00360307.</p> <p>Quality review completed on September 14, 2021.</p>	{R 000}		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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