

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003902	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/20/2025
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF AVON			STREET ADDRESS, CITY, STATE, ZIP CODE 182 S COUNTY ROAD 550 E AVON, IN 46123		
(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 IN00452382.</p> <p>Complaint IN00452382 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 20, 2025</p> <p>Facility number: 003902</p> <p>Residential Census: 76</p> <p>Independence Village of Avon was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00452382.</p> <p>Quality review completed on February 26, 2025.</p>	R 000			

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

TITLE

(X6) DATE