

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003282	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/14/2025
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NAME OF PROVIDER OR SUPPLIER RITTENHOUSE VILLAGE AT NORTHSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 W 96TH ST INDIANAPOLIS, IN 46260
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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 the Investigation of Complaint IN00460660 completed on June 3, 2025. This visit was in conjunction with the Investigation of Complaint IN00462046.</p> <p>Complaint IN00460660-Corrected</p> <p>Survey date: July 14, 2025.</p> <p>Facility number: 003282</p> <p>Residential Census: 64</p> <p>Rittenhouse Village at Northside was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00460660.</p> <p>Quality review was completed on July 15, 2025.</p>	{R 000}		

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