

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/31/2023
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NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF WEST ZIONSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 6800 CENTRAL BOULEVARD ZIONSVILLE, IN 46077
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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 IN00411530 completed on June 30, 2023.</p> <p>Complaint IN00411530- Corrected</p> <p>Survey dates: August 31, 2023</p> <p>Facility number: 014059</p> <p>Residential Census: 45</p> <p>Independence Village Zionsville West was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00411530.</p> <p>Quality review completed on September 1, 2023.</p>	{R 000}		

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