

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013824	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/19/2023
NAME OF PROVIDER OR SUPPLIER HI JILL'S HOUSE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 751 E TAMARACK TRAIL BLOOMINGTON, IN 47408		
(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 Investigation of Complaints IN00419838 and IN00417330.</p> <p>Complaint IN00419838 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417330 - No deficiencies related to the allegations are cited.</p> <p>Survey date: October 19, 2023</p> <p>Facility number: 013824</p> <p>Residential Census: 25</p> <p>Hi Jill's House LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00419838 and IN00417330.</p> <p>Quality review completed October 23, 2023.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE