

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
NAME OF PROVIDER OR SUPPLIER HARRISON AT EAGLE VALLEY, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 3060 VALLEY FARMS ROAD INDIANAPOLIS, IN 46214		
(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 Complaints IN00420868, IN00419036, and IN00416884.</p> <p>Complaint IN00420868 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419036 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00416884 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 27 and 28, 2023</p> <p>Facility number: 014045</p> <p>Residential Census: 101</p> <p>The Harrison At Eagle Valley was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00420868, IN00419036, and IN00416884.</p> <p>Quality review completed on November 29, 2023</p>	R 000		

Indiana Department of Health

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

TITLE

(X6) DATE