

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>015887</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/18/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE ASSISTED LIVING OF UNION CITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>204 STAUDT DRIVE UNION CITY, IN 47390</b>
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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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00437895, IN00437683, IN00437164, and IN00434919.</p> <p>Complaint IN00437895 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437683 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00437164 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00434919 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 17 and 18, 2024</p> <p>Facility number: 015887</p> <p>Residential Census: 19</p> <p>Heritage Assisted Living of Union City was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00437895, IN00437683, IN00437164, and IN00434919.</p> <p>Quality review completed July 23, 2024.</p>	R 000		

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