

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  014002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/01/2025
NAME OF PROVIDER OR SUPPLIER  <b>EVERGREEN VILLAGE AT BLOOMINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>3607 SOUTH HEIRLOOM DRIVE</b> <b>BLOOMINGTON, IN 47401</b>		
(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 State Residential Licensure Survey. This visit included the Investigation of Complaint IN00458525.</p> <p>Complaint IN00458525 - No deficiencies related to the allegations are cited.</p> <p>Survey date: May 1, 2025</p> <p>Facility number: 014002</p> <p>Residential Census: 113</p> <p>Evergreen Village at Bloomington was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaint IN00458525.</p> <p>Quality review completed May 2, 2025.</p>	R 000		

Indiana Department of Health

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

TITLE

(X6) DATE