

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014548	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/24/2022
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NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176
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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 the Investigation of Complaints IN00383572 and IN00389866 completed on September 14, 2022.</p> <p>Complaint IN00383572 -- Corrected. Complaint IN00389866 -- Corrected.</p> <p>Survey date: October 24, 2022</p> <p>Facility number: 0014548</p> <p>Residential Census: 42</p> <p>Timber Creek Village was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00383572 and IN00389866.</p> <p>Quality review completed on October 25, 2022</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____