

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2023
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NAME OF PROVIDER OR SUPPLIER HERITAGE WOODS OF NOBLESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9600 E 146TH STREET NOBLESVILLE, IN 46060
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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 the Investigation of Complaints IN00423518 and IN00420451.</p> <p>Complaint IN00423518 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420451 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 28 and 29, 2023</p> <p>Facility number: 014213</p> <p>Residential Census: 122</p> <p>Heritage Woods of Noblesville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00423518 and IN00420451.</p> <p>Quality review completed January 3, 2024.</p>	R 000		

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