

Indiana State 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 06/16/2023
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	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00410556. Complaint IN00410556 - No deficiencies related to the allegations are cited. Survey date: June 15 and 16, 2023. Facility number: 014045 Residential Census: 94 The Harrison at Eagle Valley was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00410556. Quality review completed on June 21, 2023.	R 000			

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

TITLE

(X6) DATE