

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013824	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/10/2025
NAME OF PROVIDER OR SUPPLIER HI JILL'S HOUSE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 751 E TAMARACK TRAIL BLOOMINGTON, IN 47408		
(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 Intake IN00464585. Intake IN00464585 - No deficiencies related to the allegations are cited. Survey date: September 10, 2025 Facility number: 013824 Residential Census: 26 Hi Jill's House LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intake IN00464585. Quality review completed September 10, 2025.	R 000			

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE