| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 014166 | A. BUILDING: _____ B. WING _____ | C 10/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HELLENIC SENIOR LIVING OF NEW ALBANY | 2632 GRANT LINE ROAD NEW ALBANY, IN 47150 |

| (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<br><br>This visit was for the Investigation of Complaints IN00418985 and IN00419629.<br><br>Complaint IN00418985 - No deficiencies related to the allegations are cited.<br><br>Complaint IN00419629 - No deficiencies related to the allegations are cited.<br><br>Survey date: October 19, 2023<br><br>Facility number: 014166<br><br>Residential Census: 111<br><br>Hellenic Senior Living of New Albany was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00418985 and IN00419629.<br><br>Quality review completed on October 23, 2023. | R 000 | | |