

Indiana Department of Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                               |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>014062</b>                              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C<br/>08/30/2024</b> |
|---|---|---|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HELLENIC SENIOR LIVING OF INDIANAPOLIS</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>8601 SOUTH SHELBY STREET<br/>INDIANAPOLIS, IN 46227</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                     |
| R 000   | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00440217.</p> <p>Complaint IN00440217 - No deficiencies related to the allegations are cited.</p> <p>Survey date: August 30, 2024</p> <p>Facility number: 014062</p> <p>Residential Census: 109</p> <p>Hellenic Senior Living of Indianapolis was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00440217.</p> <p>Quality review completed September 3, 2024.</p> | R 000   |  |  |

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

TITLE

(X6) DATE