

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/03/2023
NAME OF PROVIDER OR SUPPLIER HELLENIC SENIOR LIVING OF NEW ALBANY		STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00417719 and IN00418480 completed on September 29, 2023.</p> <p>Complaint IN00417719 - Corrected</p> <p>Complaint IN00418480 - Corrected</p> <p>Survey date: November 3, 2023</p> <p>Facility number: 014166</p> <p>Residential Census: 110</p> <p>Hellenic Senior Living of New Albany was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of the PSR to Complaints IN00417719 and IN00418480.</p> <p>Quality review completed on November 4, 2023.</p>	{R 000}		

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

TITLE

(X6) DATE