

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  014062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 02/13/2023
NAME OF PROVIDER OR SUPPLIER  HELLENIC SENIOR LIVING OF INDIANAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE  8601 SOUTH SHELBY STREET INDIANAPOLIS, IN 46227		
(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 Investigation of Complaint IN00397689 completed on December 28, 2022.</p> <p>Complaint IN00397689 - Corrected.</p> <p>Survey date: February 13, 2023</p> <p>Facility number: 014062</p> <p>Residential Census: 106</p> <p>Hellenic Senior Living of Indianapolis was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00397689.</p> <p>Quality review completed February 14, 2023.</p>	{R 000}		

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

TITLE

(X6) DATE