

Indiana State 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 09/09/2022
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 State Residential Licensure Survey and complaint Investigation IN00385409 completed on July 28, 2022.</p> <p>Complaint IN00385409 - Corrected</p> <p>Survey date: September 9, 2022.</p> <p>Facility number: 014166</p> <p>Residential Census: 119</p> <p>Hellenic Senior Living of New Albany was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and Complaint Investigation.</p> <p>Quality review completed on September 14, 2022.</p>	{R 000}		

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

TITLE

(X6) DATE