STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013847	A. BUILDING: _____ B. WING _____	C 11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCORDSVILLE SENIOR LIVING LLC	6311 W CR 900 N MCCORDSVILLE, IN 46055

(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 This visit was for the Investigation of Complaints IN00443339 and IN00445549. Complaint IN00443339 - No deficiencies related to the allegations are cited. Complaint IN00445549 - No deficiencies related to the allegations are cited. Survey date: November 1, 2024 Facility number: 013847 Residential Census: 115 McCordsville Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00443339 and IN00445549. Quality review completed on November 4, 2024.	R 000		