| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155823 | A. BUILDING _____ B. WING _____ | C 09/14/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SOUTHPOINTE HEALTHCARE CENTER | 4904 WAR ADMIRAL DRIVE INDIANAPOLIS, IN 46237 |

| (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) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS | F 000 | | |

This visit was for the Investigation of Complaint IN00413194.

Complaint IN00413194 - No deficiencies related to the allegations are cited.

Survey date: September 14, 2023

Facility number: 013126
Provider number: 155823
AIM number: 300029591

Census Bed Type:
SNF/NF: 89
Total: 89

Census Payor Type:
Medicare: 12
Medicaid: 53
Other: 24
Total: 89

Southpointe Healthcare Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00413194.

Quality review completed September 15, 2023.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE