

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 C 02/22/2023
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 the Investigation of Complaints IN00399630, IN00401219, IN00401285, IN00401406, and IN00402150.</p> <p>Complaint IN00399630 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00401219 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00401406 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00401285 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00402150 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: February 21 and 22, 2023</p> <p>Facility number: 014062</p> <p>Residential Census: 109</p> <p>Hellenic Senior Living of Indianapolis was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00399630, IN00402150, IN00401406, IN00401219, and IN00401285.</p> <p>Quality review completed February 27, 2023.</p>	R 000		

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

TITLE

(X6) DATE