PRINTED: 03/17/2011

Statement of Deficiencies
Citation Summary Sheet

For: UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY INC (155327 / 000220)

Survey Event: IFYT12, Exit Date 03/11/2011

Citations Cited This Visit

Regulation Type	Regulation ID	Regulation Version	Building Number	Tag Number	Tag Title	Scope/ Severity
Federal	FF07	12.00	00	0000	INITIAL COMMENTS	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155327	A. BUILDING _____ B. WING _____	R-C 03/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY INC	1380 E COUNTY LINE RD S 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) COMPLETION DATE
{F 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit [PSR] to the Investigation of Complaint Number IN00085599 completed on 2/8/11. This visit was in conjunction with a PSR to the Recertification and State Licensure Survey and Investigation of Complaint Number IN00084479 completed on 1/7/11. This visit was in conjunction with the Investigations of Complaints Number IN00086393 and IN00086955 completed on 3/11/11. Complaint Number IN00085599 corrected. Survey dates: March 8, 9, 10 & 11, 2011 Facility number: 000220 Provider number: 155327 AIM number: 100267650 Survey team: Marcy Smith RN TC (March 8, 10 & 11, 2011) Leia Alley RN Rhonda Stout RN Diane Dierks RN (March 9 & 10, 2011) Census bed type: SNF/NF: 132 SNF: 23 Total: 155 Census payor type: Medicare: 25 Medicaid: 104 Other: 26	{F 000}		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 Total: 155 Sample: 4 University Heights Health & Living Community was found to be in compliance with 42 CFR Part 483, subpart B and 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint number IN00085599. Quality review completed 3-15-11 Cathy Emswiller RN	{F 000}		