

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/29/2014
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF COLLEGE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 8810 COLBY BLVD INDIANAPOLIS, IN 46268
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(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 Complaint IN00156706.</p> <p>Complaint IN00156706 Unsubstantiated. Allegation did not occur.</p> <p>Survey Date: September 29, 2014</p> <p>Facility Number: 013034 Provider Number: NA Aim Number: NA</p> <p>Survey Team: Mary Jane G. Fischer RN TC</p> <p>Census Bed Type: Residential: 20 Total: 20</p> <p>Census Payor Type: Other: 20 Total: 20</p> <p>Sample: NA</p> <p>Morningside of College Park was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00156706.</p> <p>Quality Review 09/30/14 by Lisa McColly</p>	R 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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