

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155717	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/27/2012
NAME OF PROVIDER OR SUPPLIER ALPHA HOME ASSOC OF GREATER INDIANAPOLIS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2640 COLD SPRING RD INDIANAPOLIS, IN 46222		
(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}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (P.S.R.) to the Investigation of Complaint IN00102637 completed 2/01/12.</p> <p>This visit was in conjunction with the P.S.R. to the Investigation of Complaints IN00101566 and IN00101887 completed 1/10/12.</p> <p>Complaint IN00102637-Corrected.</p> <p>Survey date: March 27, 2012</p> <p>Facility number: 000376 Provider number: 155717 AIM number: 100275510</p> <p>Survey team: Charles Stevenson, RN</p> <p>Census bed type: SNF/ NF: 55 Total: 55</p> <p>Census payor type: Medicare: 5 Medicaid: 41 Other: 9 Total: 55</p> <p>Sample: 9</p> <p>Alpha Home Association was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the P.S.R. to the Investigation of Complaint IN00102637.</p> <p>Quality review completed on March 28, 2012 by</p>	{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 Bev Faulkner, RN	{F 000}			