

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/26/2017
NAME OF PROVIDER OR SUPPLIER WELLINGTON AT SOUTHPORT THE		STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 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) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00231960 and IN00232787.</p> <p>Complaint IN00231960 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00232787 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 22 & 26, 2017</p> <p>Facility number: 003283</p> <p>Residential Census: 59</p> <p>The Wellington at Southport was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00231960 and IN00232787.</p> <p>Quality review completed on 6/26/17.</p>	R 000		

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

TITLE

(X6) DATE