

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2026	
NAME OF PROVIDER OR SUPPLIER BLOOM AT GERMAN CHURCH		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 HARVEST MOON DR, INDIANAPOLIS, , 46229					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS Quality review completed July 17, 2026. This visit was for a Post Survey Revisit (PSR) to Investigation of Intake 470050 completed on 6/12/26. Intake 470050 - Corrected Survey dates: July 16, 2026 Facility number: 003916 Residential Census: 52 Bloom at German Church was found to be in compliance with 410 IAC (Indiana Administrative Code) 16.2-5 in regard to the PSR to Investigation of Intake 470050.	R 0000					
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from:	R 0052				07/21/2026	

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FORM APPROVED

OMB NO. 0938-0391

(1) sexual abuse;			
(2) physical abuse;			
(3) mental abuse;			
(4) corporal punishment;			
(5) neglect; and			
(6) involuntary seclusion.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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