STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMONS ON MERIDIAN, THE	8549 N MERIDIAN STREET, INDIANAPOLIS, , 46260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00414444 and IN00413906 completed on August 8, 2023. This visit was inconjunction with a PSR to the State Ressidential Licensure Survey completed on May 10, 2023. Complaint IN00414444 - Corrected. Complaint IN00413906 - Corrected Survey dates: September 26 and 27, 2023 Facility number: 013933 Residential Census: 38 Anthology of Meridian Hills was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00414444 and IN00413906. Quality review was completed	R 0000		

	on October 4, 2023.			
R 0036	Residents' Rights- Deficiency 410 IAC 16.2-5-1.2(k)(1-2) (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.	R 0036		
R 0240	Health Services - Deficiency 410 IAC 16.2-5-4(d) (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.	R 0240		
R 0305	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(f)(1-3) (f) Residents may use the pharmacy of their choice for medications administered by the facility, as long as the pharmacy:	R 0305		

	(1) complies with the facility policy receiving, packaging, and labeling of pharmaceutical products unless contrary to state and federal laws; (2) provides prescribed service on a prompt and timely basis; and (3) refills prescription drugs when needed, in order to prevent interruption of drug regimens.			

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