

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 05/22/2025	
NAME OF PROVIDER OR SUPPLIER COMMONS ON MERIDIAN, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 the Investigation of Complaints IN00459126 and IN00458393. Complaint IN00459126-No deficiencies related to the allegations are cited. Complaint IN00458393-No deficiencies related to the allegations are cited. Survey dates: May 21 & 22, 2025 Facility number: 013933 Residential Census: 49 The Commons on Meridian was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00459126 and IN00458393. Quality review was completed on May 23, 2025.	R 0000					

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

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