STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR RESIDENCES OF BANTA POINTE	6510 U.S. 31 SOUTH, INDIANAPOLIS, , 46227

(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 Complaint IN00453428 completed on February 14, 2025. Complaint IN00453428 - Corrected. Survey date: March 6, 2025 Facility number: 014018 Residential Census: 54 Five Star Residences of Banta Pointe was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00453428. Quality review completed March 10, 2025. This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00453428 completed on February 14, 2025.	R 0000		

	Complaint IN00453428 - Corrected. Survey date: March 6, 2025 Facility number: 014018 Residential Census: 54 Five Star Residences of Banta Pointe was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00453428. Quality review completed March 10, 2025.			

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