STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELLENIC SENIOR LIVING OF INDIANAPOLIS	8601 SOUTH SHELBY STREET, 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 was an offsite Licensure Investigation Survey Survey Date: June 18, 2026 Facility: #014062 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed June 18, 2026	R 0000	The filing of this plan of correction does not constitute an admission the alleged deficiencies did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirement and to continue providing quality care and services to all residents. Acceptance of this Plan of Correction (POC) provides the facility's credible evidence of compliance effective June 22, 2026. We respectfully request desk review and consideration for paper compliance of substantial compliance based on the POC and supporting documents submitted.	
R 9999	FINAL OBSERVATIONS 16.2-5-1.1 Licenses (1) The facility shall submit a renewal application to the	R 9999	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?	06/22/2026

	director at least forty-five (45) days prior to the expiration of the license. This state rule was not met as evidenced by: Based on document review, the facility failed to ensure it had timely renewed their license to operate as a residential care facility before their current license expired on April 30, 2026. The agency received the facility's renewal application and payment post marked May 20, 2026, which was not at least 45 days of the current license expiration date of April 30, 2026.		No residents were negatively affected by the deficient practice. Upon identification, the facility immediately completed and submitted the renewal application and payment for the community license. Documentation of renewal has been maintained in the facility compliance records. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All facility licenses, permits, certifications, and regulatory documents were reviewed to identify any additional expired or soon-to-expire documents. No additional expired regulatory documents were identified. 3. What measures will be put into place or what systemic changes will the facility make to ensure the deficient practice does not recur?	

			The facility implemented a regulatory compliance tracking log that includes expiration dates for all licenses, permits, certifications, and waivers. The Executive Director or designee will receive reminder notifications at least 60 days prior to expiration to ensure timely renewal submission. 4. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Executive Director or designee will audit the regulatory compliance log monthly for six months to verify that all documents remain current. Findings will be reviewed during Quality Assurance meetings, and corrective action will be initiated promptly if concerns are identified.	

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 SIGNATURETeresa Glidden	TITLEExecutive Director	(X6) DATE06/23/2026