

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 02/07/2024	
NAME OF PROVIDER OR SUPPLIER HELLENIC SENIOR LIVING OF INDIANAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 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 visit was for the Investigation of Complaints IN00423650 and IN00422894. Complaint IN00423650 - No deficiencies related to the allegations are cited. Complaint IN00422894 - No deficiencies related to the allegations are cited. Survey date: February 7, 2024 Facility number: 014062 Residential Census: 109 Hellenic Senior Living of Indianapolis was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00423650 and IN00422894. Quality review completed February 8, 2024.	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

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

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