STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/22/2026

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 visit was for Investigation of Intake 467194, 466331, 466316, and 466221. Intake 467194 - No deficiencies related to the allegations are cited. Intake 466331 - No deficiencies related to the allegations are cited. Intake 466316 - No deficiencies related to the allegations are cited. Intake 466221 - No deficiencies related to the allegations are cited. Survey date: January 22, 2026 Facility number: 014062 Residential Census: 115 Hellenic Senior Living of Indianapolis was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 467194, 466331,	R 0000		

	466316, and 466221. Quality review completed January 28, 2026.			

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