STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/10/2023

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 a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed April 5, 2023. This visit included the PSR to the Investigations of Complaints IN00404718, IN00404885, IN00403205, and IN00404427 completed on April 5, 2023. Complaint IN00404718 - Corrected. Complaint IN00404885 - Corrected. Complaint IN00403205 - Corrected, Complaint IN00404427 - Corrected. Survey date: May 10, 2023 Facility number: 014062 Residential Census: 109 Hellenic Senior Living of Indianapolis was found to be in compliance with 410 IAC 16.2-5	R 0000		

	in regard to the PSR to the State Residential Licensure Survey and the Investigation of Complaints IN00404718, IN00404885, IN00403205, and IN00404427. Quality review completed May 15, 2023.			

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