

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 11/15/2022
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 IN00391522, IN00393390, and IN00394048. Complaint IN00394048 - Unsubstantiated due to lack of evidence. Complaint IN00391522 - Unsubstantiated due to lack of evidence. Complaint IN00393390 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: November 14 and 15, 2022 Facility number: 014062 Residential Census: 114	R 0000			

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Hellenic Senior Living of Indianapolis was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00391522, IN00393390, and IN00394048.

Quality review completed
November 16, 2022.

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