STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/22/2023

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 the Investigation of Complaints IN00399630, IN00401219, IN00401285, IN00401406, and IN00402150. Complaint IN00399630 - Substantiated. No deficiencies related to the allegations were cited. Complaint IN00401219 - Substantiated. No deficiencies related to the allegations were cited. Complaint IN00401406 - Substantiated. No deficiencies related to the allegations were cited. Complaint IN00401285 - Unsubstantiated due to lack of evidence. Complaint IN00402150 - Unsubstantiated due to lack of evidence. Survey dates: February 21 and	R 0000		

	22, 2023 Facility number: 014062 Residential Census: 109 Hellenic Senior Living of Indianapolis was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00399630, IN00402150, IN00401406, IN00401219, and IN00401285. Quality review completed February 27, 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