STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELLENIC SENIOR LIVING OF NEW ALBANY	2632 GRANT LINE ROAD, NEW ALBANY, , 47150

(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 IN00394551, IN00395835, IN00396066 and IN00396072 Complaint IN00394551 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00395835 - Unsubstantiated due to lack of sufficient evidence. Complaint IN00396066 - Unsubstantiated due to lack of sufficient evidence. Complaint IN00396072 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: February 6 and 7, 2023 Facility number: 014166 Residential Census: 113 Hellenic Senior Living of New	R 0000		

	Albany was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00394551, IN00395835, IN00396066 and IN00396072. Quality review completed on February 8, 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