STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003283	A. BUILDING: _____ B. WING _____	C 10/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON AT SOUTHPORT THE	**7212 US HWY 31 S INDIANAPOLIS, IN 46227**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was the Investigation of Complaints IN00211688 and IN00212912. Complaint IN00211688 - Unsubstantiated due to lack of evidence. Complaint IN00212912 - Unsubstantiated due to lack of evidence. Survey date: October 31, 2016 Facility number: 003283 Provider number: 003283 AIM number: n/a Residential Census: 55 Sample: 3 Wellington at Southport was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00211688 and IN00212912. QR was completed by 99993 on 11/01/16.	R 000		